



# ELDERLY NUTRITION PROGRAM OPERATION STANDARDS

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## **Introduction**

This manual contains the operation standards for the Elderly Nutrition Program (ENP), which consists of the Congregate Nutrition Program and the Home Delivered Meal Program (HDM). Standards listed in Chapter 1 ENP General Requirements apply to both programs while Chapters 2 and 3 of this manual address the operations requirements specific to each program. Chapters 4 and 5 consist of a program monitoring tool and a production kitchen monitoring tool that include standards listed in chapters 1, 2, and 3, and standards pertinent to ENP operations as defined in other governing regulations and/or guidelines (see ENP Regulations and Guidelines below).

## **ENP Regulations and Guidelines**

The standards for the ENP are based on the following State and Federal regulations and guidelines: Older Americans Act (OAA) as amended; California Retail Food Code (CRFC) as amended; California Welfare and Institutions (W&I) Code, California Code of Regulations (CCR) Title 22 Division 1.8 as amended; California Safety and Health Administration (OSHA) Code of Federal Regulations Title 29 CFR Part 1321 as amended; U.S. Food and Drug Administration Publication, Federal Food Code as amended, California Department of Aging Area Plan Contract and Program Memoranda; 2015-2020 Dietary Guidelines for Americans; and Best Food and Nutrition Practices.

## **Goals, Purposes, and Target Populations**

The goals of the ENP are to provide nutritionally balanced meals on a daily basis to eligible individuals at a congregate setting or in their own homes within the boundaries of Planning and Service Area (PSA 28) in Napa County and Solano County, California; and to assist them in maintaining optimal health and independence so that they may continue to reside in the community for as long as possible. The ENP will help address a number of problems faced by many individuals including poor diets, health problems, food insecurity, and loneliness.

The purpose of the ENP is to provide older individuals healthy meals served in strategically located congregate sites or delivered to the homes of homebound individuals, to 1) reduce hunger and food insecurity, 2) promote socialization, 3) promote health and well-being, 4) delay adverse health conditions, and 5) provide a link to other social and community services.

The elderly nutrition programs are targeted to adults age 60 and older who are in greatest social and economic need with particular attention to older individuals who are: 1) low income, 2) minority, 3) in rural communities, 4) with limited English proficiency, or 5) at risk of institutional care.

## **Types of Services**

Congregate Meals: The congregate meal site must be located in an area easily accessible to the target populations listed above and identified in the Area Plan. To the maximum extent possible, the congregate site must be in a facility where social and health promotional activities are offered directly by the nutrition service providers or through partnership and/or collaboration with other organizations. The site must meet all of the Americans with Disabilities Act requirements, and operated in a cost effective and efficiency manner.

Home-Delivered Meals (HDM): The home-delivered meals must be provided throughout the service areas identified in the Area Plan and to meet the needs of the target populations identified by AAOA. Meals for HDM must be appropriate for proposed target populations and may be delivered hot, chilled, or frozen.

## **Service Components**

The following lists the service components for both the HDM and congregate nutrition programs.

Meal Program Management: Coordination of meal service delivery, including transporting meals to service sites or to the homes of program participants. Administration of the annual consumer satisfaction survey and monthly meal count and consumer data input, and ensure program's compliance with standards.

Meal Production: From food procurements to completion of cooking and packaging at project-operated facilities or meal catering facilities, including meeting all CRFC and Title 22 requirements and development of standardized recipes. Delivery of prepared meals to Meal Program Management providers' designated locations. Development of cycle menus based on program participants' needs.

Hazard Analysis Critical Control Point (HACCP) Nutrition Compliance Management: Provision of food service in-service training for all food service personnel (paid or volunteer) from kitchen to meal site to HDM meal route. Provision of food service safety and sanitation monitoring and on site in-service training or technical assistance at the kitchen, meal site, and HDM meal route. Development and implementation of a food service HACCP policies and procedures manual.

Meal Service Site Management: Meal service coordination includes input to the development of cycle menus, serving the meals, meal service and food temperature record, and facility maintenance. Additional administrative service elements include consumer intake and enrollment, nutrition risk screening, web-based consumer and service reporting, etc.

Meal Service Home-Delivered Meal Route Management: Meal delivery coordination includes input to the development of cycle menus, meal route development, and meal delivery and food temperature record. Additional administrative service elements include consumer intake and enrollment, nutrition risk screening, web-based consumer and service reporting, etc.

Nutrition Education: Provision of nutrition education information at congregate meal sites and to HDM consumers on a quarterly basis, by a Registered Dietitian or qualified individuals whose credentials are approved by the AAOA and its Nutrition Consultant. Nutrition education topics must be based on a needs assessment and a yearly training plan established.

In-Service Training: Provision of four (4) hours of staff/volunteer in-service training with at least two (2) hours of training on food service safety and sanitation. Other topics include OSHA compliance, emergency preparedness, and elder abuse prevention/reporting. A yearly training plan must be established.

HDM Eligibility Assessment: Initial intake and annual comprehensive assessment and quarterly re-assessment for HDM participants. The reassessment must be conducted at the homes of the program participants at least twice a year.

# **CHAPTER 1: ENP GENERAL REQUIREMENTS**

for both Congregate and Home-Delivered Meal Programs

## **Program Provider Organization Standards & Staff Qualifications**

Program provider should maintain a current organization chart that indicates agency's organization structure, communication channels and clearly indicates that a responsible person (program director) has administrative authority over the operation of the program. Program should have a Registered Dietitian (RD) or RD-eligible in the organizational chart, either as a contracted position or paid staff, to oversee food service and nutrition components of the program as required by the California Department of Aging.

Program director qualification meets the following criteria: (1) an associate degree with emphasis in food service management or business administration, and (2) two years' experience with increasing responsibility and an emphasis on food service management or experience and work performance demonstrating equivalent expertise. Program director qualification should be included in the RFP and approved by AAOA.

Program's food service manager or nutrition manager shall meet one of the following qualifications: (1) be a registered dietitian or RD-eligible, or (2) possess an associate degree in institutional food service management, or a closely related field, such as, but not limited to, restaurant management, diet technician, nutrition assistance, plus two years' experience as a food service supervisor, or (3) have experience in food service, and with twelve months of successfully complete both of the following: (a) a minimum of one semester or 20 clock hours of instruction in food service sanitation, or coursework approved by AAOA, and (b) a minimum of 20 clock hours specifically related to food service management, or coursework approved by AAOA.

Program director, food service manager/nutrition manager, and meal production manager/chef shall possess a valid food safety certification as required by CRFC. At the congregate site, a responsible individual, paid or volunteer, is in charge of all elements of program operation and ensures all programmatic and safety/sanitation standards are met. Site managers, site hosts or HDM coordinators have the option to obtain a food safety certificate or food handler certificate.

## **Nutrition Risk Screening Requirements**

Program participants are required to be screened, on an annual basis, for his or her nutritional status using the nutrition risk-screening tool provided by the AAOA. The nutrition risk screening tool shall be administered at the congregate nutrition sites and in the homes of the homebound seniors in the HDM program. It is to be administered by any one of the following: social workers, dietitians, nutritionists, nurses, home-delivered meals' coordinators, caretakers, congregate site managers/coordinators, other qualified individuals, or seniors themselves. Methods of the checklist administration will include an in-person interview, telephone interview, self-administered with or without supervision and by mail. If the risk screening tool is administered in a group setting at a congregate nutrition site by qualified individuals as approved by the AAOA, the session could be counted as meeting one unit of nutrition education services. If the screening is done for home-delivered meal clients, it could be counted toward meeting the home-delivered meal assessment or reassessment requirement provided it be performed by qualified individuals as approved by the AAOA.

## **Meals Requirements**

Program participant shall receive at least one meal per day. Each meal shall provide one-third (1/3) the Dietary Reference Intakes (DRI) and comply with the current Dietary Guidelines for Americans (DGA), published by the USDA and the U.S. Department of Health and Human Services, and the California Daily Food Guide. A meal analysis shall be performed by a Registered Dietitian to ensure compliance with the one-third (1/3) of the Dietary Reference Intakes (DRI) as described in program requirements. Meals must be produced at a HACCP compliance kitchen with valid health permit and current health inspection status from the Environmental Health Division of the Napa Public Health Department or Solano Public Health Department, and conform to California Retail Food Code (CFRC). Health permits and regular inspections at the satellite meal sites may be waived by

the local Public Health Department, if applicable.

Programs should consider the preferences of the participants. Program also should reduce plate waste and to allow more choices. It is encouraged to offer versus serve, to provide soup and salad bars, to provide family or cafeteria style service versus pre-plated service, and use fruit as a dessert as often as possible.

### Menu Requirements

The proposed menus shall be appropriate, serve the needs of the targeted population, and comply with the Dietary Reference Intakes (DRIs) and the most recent Dietary Guidelines for Americans (DGA). Service providers shall assure the meals programs sustain and improve consumers' health through the provision of safe and nutritious meals by implementing the DGA and providing each participant a minimum of 1/3 of the DRIs. By ensuring adequate nutrient intake, the DRIs prevent nutrient deficiencies and reduce the risk of chronic diseases such as osteoporosis, cancer, and cardiovascular disease.

The menu and meal pattern requirements set forth in this section shall be followed for all meals to assure compliance with the Older Americans Act (OAA), Section 339, and California Regulations, Title 22, Division 1.8, Chapter 4, Article 5, Section 7638.5. At a minimum, the key nutrient recommendations noted in the DGA that affect older individual's health status should be integrated into the menu planning.

### Computerized Nutrient Analysis Requirements

One month prior to menu use, computerized nutrient analysis based on the **standardized recipes**, shall be submitted to the AAOA Nutrition Consultant, along with the menus using AAOA meal pattern form. Meals shall be analyzed on a weekly basis for a minimum of 2 weeks of the 5-week cycle menu. At a minimum, the target nutrients listed below should be included in the analysis.

The following table lists target nutrients to promote health and prevent disease, prevent deficiencies, indicate diet quality, and manage disease. These target nutrients must be included in the nutrient analysis of the menus submitted to the Area Agency on Aging for approval and certification. The values provided in the table are based on the U.S. Department of Agriculture (USDA) Food Guide calculated for one meal for a woman over 70 years old whose activity level is sedentary. This example represents a majority of the older adult population served by the Napa and Solano elderly nutrition programs. Each meal should provide a minimum 33-1/3 percent of the DRIs; a minimum of 66-2/3 percent of the DRIs if the project provides two meals per day; and 100 percent of the DRIs if the project provides three meals per day.

#### Target Nutrients

Nutrient	Target Value per meal on a <b>weekly average</b> -represent 1/3 DRI for a 1600 calorie range	Daily Compliance Range
Calories (Kcal)	>550 Kcal	>550-700 Kcal
Protein	15 gm	15 gm (in the entrée or primary protein source)
Fat (% of total calories)	25-35%	<35% (may average over a week)
Saturated Fat ((% of total calories)	<10%	<10%
Trans Fat	<0.5g	CRFC Chapter 12.6 section 114377
Sodium (mg)	500-750 mg	<1000 mg place an icon on the menu if > 1000 mg
Fiber (gm)	>7 gm	>7 gm (may average over a week) based on AI value
Vitamin A (ug RAE)	233 ug	>233 ug 3 out of 5 days/wk or 4 out of 7 days/wk
Vitamin C (mg)	25 mg	25 mg
Vitamin B12 (ug)	0.8 ug	0.8 ug (may average over a week)
Calcium (mg)	400 mg	>400 mg (may average over a week)
Magnesium (mg)	105mg	>105 mg (may average over a week)
Potassium (gm)	1565 mg	1565 mg (may average over a week) based on AI value

Vitamin D	200 IU / 3 ug	200 IU/ 3 ug (may average over a week)
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### Component Meal Pattern Requirements

It is possible that each meal will meet the required DGAs and DRIs by providing the recommended number of servings from each food group in a component meal pattern. However, menus must include specific types of fruits and vegetables, whole grains, and high fiber foods to ensure they meet the required nutrient intake level.

The California 1600 calorie component meal pattern has been developed to reflect the new DGA requirements for those programs that are not using computerized nutrient analysis. In addition to the California 1600 calorie component meal pattern, the programs may choose either of the DGA suggested meal patterns: (1) The Dietary Approaches to Stop Hypertension (DASH) diet, or (2) The USDA Food Guide meal pattern.

Any of the recommended component meal patterns may be used as a menu planning tool to ensure that the appropriate types and amounts of foods are served. Fortified food products and combination dishes in a menu may be used for the required nutrient values. When using a component meal pattern the following target nutrients should be identified on the menu:

- Vitamin C – 25 mg each meal.
- Vitamin A – at least three times per week, 233 ug Retinol Activity Equivalent (RAE) per meal.
- Sodium – meals that contain over 1,000 mg must be noted on the menu as a high sodium meal. Noting meals that have more than 1,000 mg of sodium on the menu as such: “This meal contains more than 1,000 mg of sodium,” or using an icon denoting a high sodium meal.
- Fiber – Provide 7 grams of fiber per meal.

Menus developed with the component meal patterns may be deficient in vitamins D, E, and B12, magnesium and zinc. Meals that do not meet the nutrients requirements should be the focus of future menu revisions. Nutrients that are not supplied in meals should be the focus on nutrition education.

The following table describes the elements in the California 1600 Calorie meal pattern. Serving sizes are based on the USDA Food Guide Pyramid. This sample component meal pattern does not assure that meals meet 1/3 of the DRIs and the DGA. Meals will require specific types of fruits and vegetables, whole grains, and high fiber foods in order to assure the target nutrients are provided. The component meal pattern may be deficient in vitamins E, B12, and Zinc, requiring additional nutrition education for participants on the selection of foods that are good sources of these nutrients. The meal pattern below is based on the minimum requirements for a sedentary female 70 years old.

California 1600 Calorie per Day Component Meal Pattern Minimum Recommended Elements

Food Group	Servings for 550 calories per meal	Serving Size for 1600 calorie level
Protein – meat, fish, poultry, legumes, eggs, cheese	1 serving, 2 –3 ounces cooked edible	2 – 3 ounces = 1 serving
Vegetables	1-2 servings	½ cup = 1 serving 1 cup raw leafy vegetables = 1 serving
Fruit	1 serving	½ cup = 1 serving
Bread or Grain	1-2 servings (½ be whole grain)	1 slice Bread – 1 serving ½ cup of rice or pasta = 1 serving
Low-fat milk or milk alternate	1 serving	1 cup or equivalent measure
Dessert	Optional – limit sweets, use fruit	Foods high in fiber and low in fat and sugar

Protein. At least 14 grams must be provided. Legumes should not be counted as both vegetable and protein. Providers may use other protein sources such as those in the vegetarian meal to meet the protein requirements.

Vegetables. Vegetables as a primary ingredient in soups, stews, casseroles, or the combination dishes should total ½ cup per serving and raw leafy vegetables (salads) should equal 1 cup if they are to be considered a serving.

Fruit. A serving of fruit is generally a medium sized whole fruit, ½ cup fresh, chopped, cooked, frozen or canned, drained fruit, or ½ cup 100 percent fruit juice. Fresh, frozen, or canned fruit should be packed in juice, light syrup, or without sugar.

Breads/Grains. One-half of the daily intakes of grains should be from whole grains. Grains that are processed (not whole) must be fortified.

Milk. Each meal shall contain 8 ounces of fortified skim, low fat, or buttermilk. If religious preference precludes the acceptance of milk with the meal, it may be omitted from the menu; however, an equivalent substitute must be used.

Fat. Fat is optional. Fat may be used in food preparation or served as an accompaniment to the meal. Fats and oils are part of a healthy diet, but the type of fat makes a difference to heart health, and the total amount of fat consumed is also important. **No trans fat** shall be used in the meal preparation or have a more than 0.5 grams value in one serving of the foods. Food labels for all food or food additives containing oil or shortening shall be kept for as long as the food is stored, distributed, served, or used in the preparation of any food. The menus should reflect less than 10 percent of calories from saturated fatty acids and provide no trans fatty acid. Total fat should be between 20 to 35 percent of calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids. When selecting and preparing meat, poultry, dry beans, and milk or milk products, make choices that are lean, low-fat, or fat-free.

Dessert. Dessert may be provided as an option to satisfy the calorie requirements or for additional nutrients. Use fruit as a desert as often as possible and limit sweets. The fruit, grains, and dairy products served as dessert can count towards the fruit, grain, or dairy requirements. Desserts that are low in fat and/or low in sugar are encouraged.

Condiments and Product Substitutes. Sugar substitutes, pepper, herbal seasonings, lemon, vinegar, non-dairy coffee creamer, salt, and sugar may be provided, but should not be counted as fulfilling any part of the nutritive requirements. Condiments such as salad dressings, ketchup, soy sauce, mustard, and mayonnaise, do not need to be counted in a menu analysis if they are served “on the side” and are not combined with the food.

Sodium. Use low sodium versions of high sodium foods when available and feasible within budget allowances. Do not provide potassium chloride salt substitutes. Use foods that are a good source of potassium on the menus to provide maximum benefit to the participants.

The DGAs encourages reducing daily sodium intake to 1,500 mg per day for persons aged 51 or older, African Americans, persons who have hypertension, diabetes, or chronic kidney disease. The target value for sodium is 500 mg per meal. The acceptable range is 500 to 750 mg per meal. However, the ENP meal provides 40-50 percent of the nutrient intake for the day for more than half of its participants. This fact provided the basis for establishing an acceptable sodium range that is slightly higher than the DGAs recommends.

A potassium rich diet blunts the effect of sodium on blood pressure. Research suggests that the general population does not consume sufficient amounts of potassium and would benefit from increasing potassium intake from foods.

ENP menu planners should take steps to reduce the levels of sodium in meals over time, including the following:

- Focus on a stepwise reduction of sodium over time



- Set a goal to reduce sodium content of meals each year.(e.g., the local ENP will reduce the sodium level of the meals by 5 percent over this Fiscal Year; the ENP will provide not more than two high sodium meals per month)
- Maintain documentation of the reduction of sodium content of meals
- Place potassium rich foods on the menu consistently
- Provide nutrition education on the health impacts of high sodium intake on older adults
- Prepare foods without adding salt in the cooking process
- Use herbal seasoning to replace salt

### **Other Menu Requirements**

1. A minimum of a 5-week cycle of menu shall be planned.
2. Menus shall be approved by a registered dietician (R.D.) and submitted to the AAOA at least one month prior to use, to allow for review and certification by AAOA Nutrition Consultant.
3. A minimum of a week's menu shall be posted in a spot conspicuous to participants at each congregate meal site as well as in the preparation area. A minimum of a week's menu shall be made available to HDM participants.
4. Menus posted shall be legible, easy to read and in the languages of the participant group.
5. Menu items high in sodium (more than 1,000 mg) shall be highlighted so that participants are properly informed.
6. Meals shall be served as indicated on menus certified by AAOA Nutrition Consultant. Substitutions shall be approved by the program nutritionist or program director and kept on file for audit purposes

### **Food Procurement Requirements**

1. All foods shall be of good quality and shall be obtained from sources that conform to Federal, State, and local regulatory standards for quality, sanitation, and safety.
2. Food in hermetically sealed containers shall be processed in a licensed establishment. No home-prepared or home-canned food shall be used.
3. Food from broken containers, unlabeled, rusty, or leaking cans or cans with side seam dents, rim dents, or swells shall not be used.
4. Milk shall be purchased from a reliable source whose standards of quality, sanitation, and safety comply with Division 15 of California Food and Agricultural Code. All milk products used and served shall be pasteurized.
5. All food contributions shall meet the standards of quality, sanitation, and safety set forth in this manual. Fresh fruits and vegetables of good quality may be contributed to the program. Prior to use, all fruits and vegetables shall be washed to remove dirt or insecticide residues. The program shall not accept contribution of wild game. Fresh ocean going and frozen fish may be accepted.
7. To the extent feasible all procurements shall be transacted in accordance with these standards. Providers are encouraged to participate in group food purchasing to the extent allowed by the above standard.
8. A comparative cost analysis shall be performed either by the provider or its group purchasing organization on an ongoing basis to obtain the highest quality food for the lowest price available.

### **Food Storage Requirements**

1. Adequate and suitable space free from dirt, vermin and contamination or adulteration shall be provided for the storage of food, beverages, and cooking, serving, and eating utensils.
2. The dry storage area shall be cool, dark, well-ventilated, clean, orderly, and free from leakage, insects, rodents, and vermin, or other contamination. It shall have at least 10 foot-candles of light. It is recommended that the temperature of the dry storage area be maintained at *50-70 °F*.
3. Inventory systems shall be established and used. Stored goods shall be rotated to prevent deterioration. The first-in-first-out food rotation system shall be maintained.
4. All foods shall be stored at least 6 inches above the floor, 6 inches from the ceiling and away from the wall to permit free circulation of air and prevent contamination.

5. All food and non-food items shall be clearly labeled so that their contents are easily identifiable.
6. All chemicals and cleaning supplies shall be stored in an area separate from food.
7. Opened packages of foods, such as sugar, flour and noodles shall be stored in tightly closed containers and clearly labeled on the main part of the container.
8. Windows shall be screened to prevent insect invasion. Open doors shall be screened or equipped with self-closing devices or high velocity fans when left open for extended periods of time, e.g., during delivery times.
9. Street clothing and purses shall be stored in an area separated from toilets, food, paper goods, utensils, kitchen equipment, and other supplies used in the preparation or service of food.
10. Refrigerators and freezers shall be kept clean and in good repair. All refrigerators shall maintain a maximum temperature of 40 °F. All freezers shall maintain a maximum of 0 °F. An accurate and readily visible thermometer shall be installed in all refrigerators and freezers.
11. Refrigerators/freezers temperature log shall be maintained daily at the kitchen and satellite meal sites when elderly nutrition program (ENP) meals are served.

### **Food Production Requirements**

Food production and meal service shall be under the supervision of a person trained in food service management and certified according to CRFC to ensure HACCP procedures are followed. All frozen meat, fish, poultry, shellfish, and frozen products containing these foods shall be kept frozen until processing or cooking begins; defrosted in the refrigerator; or defrosted in cold running water of sufficient velocity to flush loose food particles into the sink drain.

1. Food Production Kitchens.  
Have a valid health permit and a current health inspection certificate. Have a responsible person with valid food safety certificate overseeing the kitchen.
2. Production Control
  - a. Production schedules or worksheets shall be available in the food preparation area.
  - b. Food shall be prepared in sufficient quantities to serve all participants. Careful planning shall minimize leftover food and prevent waste.
  - c. Standardized recipes shall be used to ensure consistency of quality and quantity and adherence to menu guidelines.
  - d. Appropriate utensils for correct and consistent portion control shall be available and used at each site.
3. Sulfites shall not be added to fresh fruits, vegetables and potentially hazardous foods at the food production kitchen.
4. Ground beef products shall be cooked to heat all parts of the food to at least 155 °F for 16 seconds or until the meat is no longer pink and the juices are clear.
5. Potentially hazardous food shall be cooled rapidly from 135°F to 41°F or below within a total of 6 hours and during this time the decrease in temperature from 135°F to 70°F shall occur within 2 hours.
6. No oil, shortening, or margarine containing artificial trans fat shall be used in meal preparation. Food label shall be maintained for all food or food additives that are or includes any fat, oil, or shortening for as long as the food is stored, distributed, served, or used in the preparation of food.
7. Home-Delivered meals not assembled for same day delivery shall be packaged within 2 hours from the completion of preparation; and immediately refrigerated or frozen after packaging.
8. Frozen Meals produce in the production kitchen which are not commercially prepared shall:
  - a. Be prepared and packaged only in a central kitchen or on-site preparation kitchen
  - b. Be packaged within 2 hours of the end of food production. At the time of packaging, hot foods shall be at least 140 °F and cold foods at 40 °F or below;
  - c. Be frozen as quickly as possible, and assured that they have been cooled to a temperature below 40 °F within 4 hours;
  - d. Have food temperatures taken and recorded at the end of food production, at the time of packaging and throughout the frozen process. Temperature shall be recorded and kept on file for

- audit;
- e. Be packaged in individual trays, properly sealed, and labeled with the date, contents and instructions for storage and reheating;
- f. Be frozen in a manner that allows air circulation around each individual tray;
- g. Be kept in a frozen state throughout storage, transport and delivery to the senior participant; and
- h. Be discarded after 30 days.

## **Meal Service Requirements**

### 1. Food Transport

All food for congregate and home-delivered meals shall be packaged and transported in a manner which protects it from potential contamination, including dust, insects, rodents, unclean equipment and utensils, and unnecessary handling. Assembling and transport equipment shall be capable of supporting or maintaining appropriate food temperatures.

### 2. Temperature Maintenance

Hot food shall be maintained at or above 140 °F and cold food shall be maintained at or below 40 °F throughout the meal service period or until delivered to the homebound participant.

### 3. Systematic Temperature Checks

- a. Congregate food temperatures shall be taken daily at the end of production, upon delivery and at the time of service.
- b. Home-delivered meal food temperatures shall be taken:
  - 1) Daily at the end of production and at the time of meal assembly/packaging;
  - 2) On a regular basis not less than twice a month at the end of each delivered route; and
  - 3) End-of-route temperatures not meeting temperature requirements shall have temperatures taken not less than weekly until the problem is corrected.
- c. A copy of the temperature records shall be returned to the provider for monitoring and review by management. Records of all temperature checks shall be kept on file for review by AAA Nutrition Consultant.

### 4. Holding time

To maintain quality in prepared foods, holding times shall be kept to a minimum. Long periods of holding hot foods at required temperatures diminish the nutrient content and the palatability of foods.

- a. Temperatures of food during the holding time shall be maintained at 140 °F or above for hot foods and 40 °F and below for cold foods.
  - b. Holding time between the end of production and the beginning of food service at the congregate site or the delivery of the last home-delivered meal, shall not exceed 2 hours.
  - c. Home-delivered meal holding time may be extended to 3 hours for isolated and remote locations, which cannot be accessed in 2 hours, if approved by the AAA. Required temperatures shall be maintained.
  - d. Frozen home-delivered meals may exceed the 2-hour holding time when the food is maintained in a frozen state until delivery.
  - e. Cold home-delivered meals may exceed the 2-hour holding time when food is maintained at or below 40 °F until delivery.
5. Milk and products resembling milk shall be provided in individual, commercially-filled containers, or shall be poured directly from commercially-filled bulk containers into the glass or cup from which it is consumed.
6. Single service utensils and tableware shall be used one time only and then discarded.
7. Appropriate food containers and utensils for blind and disabled participants shall be available on request or other assistance provided.

## **Sanitation Requirements**

State and local health, sanitation and safety regulations, applicable to the particular types of food preparation and meal delivery systems used by the project shall be followed in all stages of food service operations. Meals

shall be produced and served at premises, which have valid permits, licenses, or certificates.

1. The health permits shall be posted at the production kitchen.
2. Annual inspections by local health officials shall be secured for all kitchens.
3. Photocopies of all initial inspection certificates and health permits shall be forwarded to AAOA prior to the commencement of program operations. The originals of all sanitation reports are to be retained in project files for 3 years.
4. Photocopies of all renewal inspection certificates shall be forwarded upon receipt to AAOA.
5. Copies of all sanitation reports shall be submitted to AAOA.
6. Dish washing facilities and techniques shall comply with local and State Health Department regulations. Domestic dish washing machines may be used if they comply with sanitation regulations. Written approval by the AAA should be obtained before purchasing any equipment. A dishwashing temperature and sanitizer log must be maintained on a daily basis and posted in the kitchen or at the meal sites.
7. All new and replacement equipment shall meet or be equivalent to applicable National Sanitation Foundation (NSF) standards, or in the absence of such standards, be approved by the local health department.
8. All programs shall provide facilities and equipment necessary to properly store or dispose of all waste material.
9. All food waste and rubbish containing food waste shall be kept in tight, non-absorbent, rodent-proof containers, covered with close-fitting lids. Trashcans in food production areas shall be kept covered, except during production time. Waste containers used for storing garbage shall be maintained in a clean and sanitary condition.
10. Cleaning schedule and procedures shall be posted and followed at all kitchens and meal sites. Cleaning schedules are to include what is to be cleaned, frequency of cleaning, how it is to be cleaned and who is to do the cleaning.
11. Safety Data Sheets (SDS) for all chemical products used in the kitchen or meal sites shall be obtained and maintained in the kitchen or at the meal sites. Instructions on SDS must be provided to food service workers, paid or volunteer, during the orientation and thereafter on an ongoing basis.

### **Employee Health Standards**

1. **Communicable Diseases.** All food handlers and servers shall be free of communicable disease. If an employee or volunteer is believed ill or a carrier of a communicable disease, she/he shall be restricted from performing food preparation and service activities. Clearance from a physician may be requested by the provider prior to permitting the employee to return to work.
2. **Clothing, Head Coverings.** All food handlers and servers shall wear clean, washable clothing, close-toed protective footwear, and hairnets, caps, or other suitable hair coverings to prevent contamination of foods, beverages and/or utensils.
3. **Tongs, Disposable Hand Coverings.** All food handlers and servers shall use tongs or other implements while serving food. If hand contact with the food is unavoidable, disposable hand coverings shall be worn.
4. **Tobacco.** All food handlers and servers are prohibited from using tobacco in any form while preparing, handling, or serving food or beverages. Tobacco shall not be used in any form in any room or space used primarily for the preparation or storage of food. Projects shall post and maintain “No Smoking” signs in such rooms or places.
5. **Hand Washing.** All food handlers and servers shall thoroughly wash their hands prior to beginning work, after using the toilet, and every time hands are soiled. Hand washing facilities in good repair and equipped with hot and cold running water shall be provided for employees within or adjacent to the food preparation area. A permanently installed detergent or soap dispenser and single use paper towels or hot air blowers shall be provided at or adjacent to all hand washing facilities. Legible signs shall be posted in each toilet room directing employees that they shall wash hands with soap before returning to work.

## Leftover Meals Requirements

Potentially hazardous leftovers shall be discarded unless the procedures outlined below are followed.

Potentially hazardous foods (PHF) are capable of supporting rapid and progressive growth of microorganisms, which may cause food infections or food intoxications. PHF include, but are not limited to, fresh eggs; most main dishes and gravies; cooked vegetables and starches such as cooked rice, potatoes, and beans; creamed dishes; desserts made chiefly from milk and eggs such as puddings and cream pies; and salad dressings with a low acid content. Foods with a low protein, low moisture, high sugar or salt content, or which are acidic, are not considered hazardous (e.g. canned fruit, vinegar-based salad dressings, breads and rolls).

### 1. Site Prepared Leftovers [Only Applicable to Solano County for Frozen Vegetables Cooked on Site].

Leftovers from food which has been prepared at a site shall be handled and used in the following manner:

- a. All leftovers shall be covered, labeled, and dated;
- b. All leftover foods shall be brought to an internal temperature of 40 °F within 4 hours. Hot food should be placed in shallow containers no more than 4 inches deep, and refrigerated to allow for air circulation around the container;
- c. Refrigerated leftover food shall be used within 2 days. Frozen leftovers held at 0 °F shall be used within 30 days;
- d. Reheating of all leftover foods shall occur rapidly to an internal temperature of 165 °F for 15 seconds;
- e. Priority shall be given to serving leftovers as seconds to congregate participants; and
- f. Leftover meals cannot be counted as additional participant meals nor are they eligible for AAOA reimbursement.

### 2. Satellite Site Leftovers.

Central kitchen or caterer prepared foods transported to a satellite site shall be handled and served in the following manner:

- a. Food shall be served and consumed at the site;
- b. Food which has been transported to the site and not eaten shall be discarded unless it is in the original unopened containers, and been maintained at proper temperatures. Such items are canned juice, fresh fruits, vegetables, milk, bread, etc.;
- c. Priority shall be given to serving leftovers as seconds to congregate participants; and
- d. Leftover meals cannot be counted as additional participant meals nor are they eligible for AAOA reimbursement.
- e. Satellite leftover meals shall not be used for home-delivered meals.

### 3. Central Kitchen Leftovers.

Leftovers from a central kitchen or catered prepared foods are to be handled according to relevant sections above.

### 4. Foods Taken from Sites.

Employees, volunteers, or participants shall not take un-served leftover foods from kitchens or sites. The meals that are packaged and sent to ill congregate participants shall follow procedures below:

- a. Providers shall establish procedures to identify and track meals sent to congregate participants who are ill.
- b. After 5 consecutive days of receiving a meal, the congregate meal is to be discontinued and the participant assessed for home-delivered meal service.
- c. If a provider has a waiting list for home-delivered meals, an individual may continue to receive a congregate meal upon assessment of the need by the provider and approval by AAOA
- d. Providers shall educate food service staff and volunteers on proper handling of these meals to ensure the food safety of meals sent to ill congregate participants.

### 5. Safety of the food after it has been served to a participant and when it has been removed from the congregate site is the responsibility of the recipient and may be consumed, as that participant deems appropriate. Providers shall post signs stating that:

“For health reasons, taking out potentially hazardous food is not recommended. Doing so is at your own

risk.”

6. Reservation System to Prevent Excessive Leftovers.

Providers must establish operational procedures for estimation of the number of meals to prepare and serve and the amount of food to purchase so that leftovers shall be kept to a minimum. To help reduce the number of leftover meals, it is recommended that providers use a reservation system. Use of such a system shall not exclude eligible participants who have not made a reservation.

### **Food Borne Illness Incidence Reporting**

Whenever two or more persons complain of becoming ill within the same period of time after eating food from the same source, a food borne illness incidence report must be filed within 24 hours with the AAOA.

The process starts at the program location where the participant reported the suspected food borne illness. Upon taking the complaint, the staff person must complete the Food Borne Illness Complaint Form and submit it immediately to either of the following: the site manager, food production manager or person in charge immediately. The manager or person in charge should inform the Project Director or Food Coordinator who will immediately *impound all implicated leftover foods*, if possible. Cover, label, date and refrigerate all the leftovers. It is the job of the Project director to verify the impounding of all implicated food according to the procedures outlined; contact the project nutritionist requesting immediate consultation and investigation; while at the same time contacting the local health department for consultation and/or investigation. Lastly, the Project Director report should report the incident to the AAOA within 24 hours of the complaint, including the following information: the location of the food production; whether it is a home delivered meal or a congregate meal; the name of the program participant; a copy of the complaint; the date of the occurrence; the estimated number of people involved; and what is being done to investigate the allegation. Whoever conducts the investigation, they should ascertain the following information:

- How the suspected food was handled and the holding, cooking, storage practices used
- Who prepared/handled the food and if that person or any other food production staff are sick.
- The temperature of the equipment used to cook the food
- How the food was held and how was it cooled
- What was the temperature of the suspected food
- How much time elapsed between eating the suspected food and the onset of the symptoms (to help identify the possible type of microorganism involved).

See Appendices for **reporting form**.

### **Contributed Food and Equipment Requirements**

All food contributions accepted by the project shall meet the standards of quality, sanitation and safety set forth in this manual. Food prepared or canned in private homes may not be used in meals provided by the projects financed under nutrition funds. Only commercially prepared or canned foods may be used. Fresh fruits and vegetable of good quality may be contributed to the project.

### **Food Service Contract Provisions**

Food service contracts are hereby defined as contracts for the purchase of meals, portion of meals or for food preparation. All recipients of grants shall adhere to all of the standards set forth in federal and State procurement regulations, and policies set forth by the AAOA. The food service contract shall become part of the service contract with the AAOA.

### **Program Income Requirements**

Revenue generated from grant-supported activities must be identified as program income, which is to be used to increase the meal service level or facilitate access to meals service or other nutrition-related supportive services. Program income is:

1. Voluntary contributions received from a participant as a result of services. A suggested contribution rate

- must be approved by the AAOA.
2. Income from usage or rental fees of real or personal property acquired with grant funds or funds provided under the Agreement with the AAOA.
  3. Royalties received on patents and copyrights from contract-supported activities.
  4. Proceeds from sale of items fabricated under a contract or grant agreement.

### **Voluntary Participant Contribution Requirements**

All participants shall be given the opportunity to contribute to the costs of the service. Providers may develop suggested contribution schedules. When developing such schedules, the income ranges of the older persons in the community, and the provider's other sources of income shall be considered.

Each participant shall determine the amount of his/her contribution. Contribution schedules shall not be used as a means test to determine eligibility for nutrition services. No older person shall be denied participation because of failure or inability to contribute. Providers shall assure the privacy of each participant relative to his/her contribution. Providers shall establish procedures to protect contributions from loss, mishandling, and theft. All contributions, including those for guest and staff meals, shall be used to increase the number of meals served, to facilitate access to such meals, and to provide other supportive services.

### **Client Grievance and Complaint**

The provider shall establish a Client Grievance and Complaint protocol according to the needs of the program and the AAOA grievance and complaint policy. The policy shall indicate a time frame within which a complaint will be acknowledged. The time frame shall not exceed two (2) working days after receipt of the complaint. The acknowledgement letter will clearly state the grievance levels within the agency.

A written notification shall be issued to the complainant stating the results of the review within ten (10) working days of the receipt of the complaint. If more than 10 working days are required to review the case, a written letter shall be issued to the complainant regarding the proposed timeline of the review decision within 30 days of the receipt of the complaint.

The time frame to resolve a complaint at the nutrition provider level shall be no more than 30 days from the date of receiving a complaint. All notifications to the complainant shall include a statement that the complainant may appeal to the Area Agency on Aging Serving Napa and Solano if dissatisfied with the results of the nutrition provider's review.

The grievance process shall include confidentiality provisions to protect the complainant's right to privacy. Only information relevant to the complaint may be released to the responding party without the consent of the complainant. The complaint has a right to remain anonymous but will need to provide an address for written correspondences. An e-mail address is acceptable.

### **Elder Abuse Reporting Requirements**

The provider shall comply with California Elder and Dependent Adult Abuse Reporting Law (15630 W&I) to report suspected dependent adult/elder abuse to the local County Adult Protective Services or Ombudsman.

All staff including paid and volunteer must report the abuse if staff has knowledge of an incident that reasonably appears to be one of the types of abuse listed below, or reasonably suspect abuse. The types of abuse include all of the following: Physical abuse, abandonment, isolation, financial abuse and neglect including self-neglect.

The abuse must be reported immediately or as practically possible by phone, with a written report following within two working days. Failure to report abuse of an elder or dependent adult, in violation of the mandated reporting law, is a misdemeanor, punishable by not more than six months in the county jail or by a fine of not more than \$1,000, or by both that fine and imprisonment. Any mandated reporter who willfully fails to report

abuse, where that abuse results in death or great bodily injury is punishable by not more than one year in the county jail or by a fine of not more than \$5,000, or by that fine and imprisonment, according to the Law.



## CHAPTER 2: CONGREGATE MEAL PROGRAM

The following chapter presents the operational requirements specifically for the Congregate Meal Program.

### **Service Components:**

Meal Service Site Management: Meal service coordination includes input to the development of cycle menus, serving the meals, meal service and food temperature record, and facility maintenance. Additional administrative service elements include consumer intake and enrollment, nutrition risk screening, web-based consumer and service reporting, etc., and other requirements as stipulated by AAOA.

Nutrition Education: Provision of nutrition education information to congregate meal participants on a quarterly basis. Nutrition education provision shall meet all standards listed in this manual.

### **Target Population**

Congregate Meals services must target eligible individuals who live within the PSA boundaries and are members of one or more of the following target groups that have been identified as demonstrating the greatest economic and social need.

### **Eligibility**

Below are the eligibility criteria for an older adult to be qualified to receive a congregate meal. SEE APPENDIX FOR CONGREGATE INTAKE FORM.

Individuals eligible to receive a meal at a congregate nutrition sites are:

- a. Any person aged 60 or over; or
- b. The spouse, regardless of age, of any person aged 60 or over; or  
A disabled individual as defined in OAA Sec.102 (8) (9), who is under the age of 60 and resides in housing facilities occupied primarily by older persons at which congregate nutrition services are provided; or
- c. A disabled individual, who is under the age of 60 and resides at home with and accompanies an older individual, is eligible under the OAA.

### **Volunteer, Guest, and Staff Meals**

Below are the guidelines for congregate meals to be served to other eligible persons at the congregate meal site not addressed above:

- a. Volunteer Meal (NSIP eligible)  
A volunteer of any age who provides services during program hours may be offered a meal and the opportunity to contribute to the meal cost. The nutrition provider shall develop the volunteer meal policy and obtain approval from the AAOA.
- b. Guest Meal (not NSIP eligible)  
A guest under 60 may be offered a meal during meal hours, if doing so will not deprive an older person of a meal. The guest shall pay a fee for the meal. In determining fees for guest meals, providers may choose to recover either the full cost of the meal or an amount equal to the AAA share of the cost plus required matching funds. Formulas for these determinations are:

$$(\text{Total Budget})/\text{Annual Contracted Number of Meals} = \text{Total Cost Per Meal}$$

$$(\text{AAA Award} + \text{NSIP} + \text{up to 10\% Cash Match})/\text{Annual Contracted Meals} = \text{AAA Cost Per Meal}$$

- c. Staff Meal (not NSIP eligible)  
Nutrition service staff may receive a meal if it will not deprive an eligible person, as outlined above, of a meal; and if the meal cost is recovered either as a cash payment for the meal, or budgeted as employee fringe benefits. When recovered as a direct cash payment, the total meal cost shall be calculated as in C.3.b. above. When provided as employee benefits, staff meals shall be included as employee fringe benefit costs in the budget. It is the responsibility of the service provider to maintain current information concerning State and federal laws for the withholding of income taxes, State Disability

### **Requirements for Congregate Meals**

1. Service providers shall operate the meal site(s) on days that are approved by the AAOA and provide at least one hot or other appropriate meal per day and any additional meals which the provider may elect to provide.
2. Providers shall be of sufficient size to ensure efficient and economical delivery of meals and other nutrition services and to ensure coordination with related programs.
3. Congregate meal site shall:
  - a. Have a valid Food Safety Certificate of an individual responsible for the food service operation.
  - b. Have a responsible person, paid or volunteer, who is designated to serve as the site coordinator, and holds a valid food safety certification or is directly supervised by an individual who has a valid food safety certification
  - c. Permit all participants to eat a leisurely meal
  - d. Be located, if possible, within walking distance of concentrations of older persons
  - e. Be free of architectural barriers which limit the participation of disabled persons. All facilities shall meet the requirements of the Americans With Disabilities Act
  - f. Give preference to those individuals in greatest economic or social need, with particular attention to low-income minority individuals
  - g. Be located in a facility where older persons will feel welcome and comfortable. The cultural and ethnic preferences of the older persons in the service area shall be take into consideration.
  - h. Have adequate lighting and ventilation, which meets all applicable local or state laws and building and fire codes
  - i. Provide restrooms that are clean, adequate, and well equipped. Hand wash sign posted.
  - j. Provide separation between the dining and food preparation areas
  - k. Have equipment, including tables and chairs that are sturdy and appropriate for older persons. Tables shall be arranged to assure ease of access, a pleasant atmosphere and to encourage socialization.
  - l. Provide for appropriate table settings. Use environmental-friendly wares. If disposable ware is used, it shall be resistant to buckling and spillage, nonporous to prevent leakage, sanitary, and attractive. Utensils, such as forks, knives, and spoons must not melt, bend or splinter in normal use.
  - m. Provide for celebration of special occasions by participants
  - n. Provide fire extinguishers that are inspected by the Fire Department within a year and give staff instructions governing their use
  - o. Have an emergency plan developed and implemented; train staff in emergency procedures.
  - p. Provide a Safety Data Sheet (SDS) binder accessible for all staff/volunteers, containing all approved cleaning products used at the site for cleaning the dishes, utensils, equipment, etc.
  - q. Post a cleaning schedule and procedures to be implemented at the sites.
  - r. Maintain daily and post a refrigerator temperature record.

## CHAPTER 3: HOME DELIVERED MEAL PROGRAM

The following chapter presents the operational requirements specifically for the Home Delivered Meal Program (HDM).

### Service Components:

HDM Eligibility Assessment: A comprehensive eligibility assessment is conducted at the initial intake to qualify each participant for the HDM program. After 12 months of participation, the comprehensive assessment is conducted to re-qualify HDM participants. After each quarter a re-assessment is completed for each HDM participant to be sure they are still eligible for the program. Twice a year the reassessment must be conducted at the homes of program participants

Nutrition Education: Provision of nutrition education information to HDM consumers on a quarterly basis.

### Target Population

Home-Delivered Meal services must target eligible *homebound* individuals who have no safe healthy alternative for meals, live in their own homes, or public or senior housing within the PSA boundaries, and are members of one or more of the following target groups that have been identified as demonstrating the greatest economic and social need: Low-income, Minority, and Frail.

### Eligibility

Below are the eligibility criteria for an older adult to be qualified to receive home delivered meals:

- a. Any person aged 60 or over who is frail, homebound by reason of illness or incapacitating disability as defined in OAA Sec.102 (8) (9), or otherwise isolated; or
- b. A spouse of a person in section a. above, regardless of age or condition, may receive a home-delivered meal if it is in the best interest of the homebound older person; or
- c. A disabled individual who resides at home with older individuals eligible under the OAA.

The eligibility, in accordance with a-c above, shall be determined by the following criteria:

- 1) Too frail to travel to a congregate nutrition site
- 2) Acute illness
- 3) Convalescing from acute illness
- 4) Incapacitating due to chronic illness
- 5) Incapable of shopping and preparing meals

### Requirements for Home-Delivered Meals

1. Home-delivered meal providers shall provide five or more meals a week to a participant (except in a rural area where such frequency is not feasible [as defined by the AAA or by regulation] and a lesser frequency if approved by the State agency), provide at least one home-delivered hot, cold, frozen, dried, canned, or supplemental foods (with a satisfactory storage life) meal per day and any additional meals which the provider may elect to provide.
2. Where feasible and appropriate, providers shall make arrangements for the availability of meals to older persons in weather-related or other types of emergencies.
3. With the consent of the older person or their representative, providers shall notify appropriate officials regarding conditions or circumstances, which place the older person, or the household, in imminent danger.
4. Providers shall develop and implement procedures for screening and assessing the need for service of each eligible client.
  - a. Criteria shall be established and used in a screening assessment to determine those individuals who are eligible to receive home-delivered meals. Priority screening criteria must be established if there is a waiting list.

- b. Initial screening and assessment to determine eligibility can be accomplished by telephone.
  - c. Program participant must receive an in-home comprehensive assessment, within two (2) weeks of beginning meal service to determine his or her eligibility and the need for a home-delivered meal. The comprehensive assessment covers physiological, socioeconomic, and psychological factors including the acute or chronic disease, syndromes or conditions, limited functional ability and family/support system.
  - d. Reassessment of need shall be determined no less than quarterly. Such reassessment shall be done in the home of the participant at least every other quarter.
  - e. Qualified staff shall be appropriately trained in screening and assessment policies and procedures.
  - f. A periodic check shall be made to ensure that meals have been consumed.
  - g. To the extent possible, participants shall be screened for need for other services and referred as appropriate.
5. After a meal has been home-delivered, food safety is the responsibility of the participant, and the meal may be consumed as he/she thinks may be appropriate. Program shall encourage participants to store frozen meals immediately in the freezer when delivered and educate them regarding the sources and prevention of food borne illness. Program shall provide heating instructions and expiration date of the meals for frozen meals. Program shall not leave meals outside a participant's home.

## CHAPTER 4: ANNUAL PROGRAM MONITORING TOOL

**Nutrition Program Provider:** \_\_\_\_\_

*On-Site Monitoring Date(s) are to be arranged by AAOA Nutrition Consultant and AAOA Planner/Monitor separately with the nutrition program providers.*

### **Nutrition Program Annual Assessment and Monitoring Process:**

Provider completes the checklist by \_\_\_\_\_ (date).

AAOA Nutrition Consultant and AAOA Planner/Monitor visit program and review documents listed below.

AAOA Nutrition Consultant and AAOA Planner/Monitor interview program staff and volunteers.

AAOA Nutrition Consultant observes meal production kitchen, congregate and home-delivered meal safety/sanitation operations.

AAOA Planner/Monitor observes congregate and home-delivered meal program operations.

AAOA Nutrition Consultant and AAOA Planner/Monitor interview program participants.

AAOA Nutrition Consultant and AAOA Planner/Monitor conduct exit conference with responsible program staff.

**Documents to be Reviewed by AAOA Nutrition Consultant:** To facilitate the audit process, have all documents readily available.

1. Current Program Policies & Procedures containing:
  - a. Procurement policy and procedures
  - b. Inventory policy, procedures and records, including method to ensure FIFO is practiced
  - c. Cleaning policy for all kitchen, meal site and HDM facilities
  - d. Congregate meal site operation policies and procedures
  - e. Production kitchen operation policies and procedures
  - f. Home-delivered meal (HDM) assessments (initial comprehensive assessment and quarterly re-evaluation) policies and procedures e.g., eligibility, prioritization
  - g. HDM general policies and procedures on meal delivery
  - h. HDM welcome orientation information for new participants
  - i. Food borne illness policy and procedures
  - j. Food service employee/volunteer orientation training
  - k. Food Temperature control measures policy
  - l. Meal transport and delivery policy
  - m. Temperature logs for all food service equipment, meal service and deliveries, and dishwashing
2. Food production schedule & delivery records for the last month
3. HDM weekly temperature check of all routes for the last month
4. HDM quarterly route monitoring documentation (monitoring checklist and report) for this fiscal year
5. Congregate site quarterly monitoring documentation (monitoring checklist and report) for this fiscal year
6. Production kitchen quarterly monitoring documentation (monitoring checklist and report) for this fiscal year
7. Menu and Menu substitution logs from beginning of fiscal year
8. Standardized recipes (i.e. current and reflect menus served), for all menu items
9. Current copy of AAOA ENP Nutrition Program Operation Standards
10. Current copy of California Retail Food Code (Cal Code). You can download a copy from:  
<http://www.cdph.ca.gov/services/Documents/fdbRFC.pdf>
11. Copy of Title 22 Senior Nutrition Program regulations
12. Written Memorandum of Understanding (MOU) with community partner for meal sites located at senior centers or community centers, listing food service kitchen maintenance responsibilities

13. Cleaning schedule and operating procedures for all kitchen, meal site and HDM facilities/equipment
14. Copy of recent pest inspection for the last 3-months
15. SDS (Safety Data Sheet) materials and training documentation
16. Annual consumer satisfaction survey summary results
17. Current Food safety certification(s) for food service staff
18. Current R.D. registration or R.D. eligible certification
19. Latest Health permit and environmental health inspections for all kitchen and meal site facilities; inspections should be annual
20. Regular monitoring reports for kitchen, meal sites and HDM routes
21. Annual food service employee/volunteer training schedule (4 sessions a year)
22. Annual nutrition education topics and schedule (4 times a year per site and per HDM route)
23. Annual nutrition education needs assessment survey questionnaire
24. Food service employee/volunteer training schedule, attendance record and evaluation
25. Nutrition education schedule and attendance record and evaluation
26. Annual Nutrition Risk Screening Data
27. Employee handbook, including sections on training and personal hygiene requirements for food service workers
28. A sub-contractor contract/agreement for meal production, delivery, and/or other elements of the program operation –Open bid process documentation

**Documents to be Reviewed by AAOA Planner/Monitor:** To facilitate the audit process, the provider should have all documents readily available.

1. Meal sign-in sheets and monthly meal documentation & reports for the last month
2. Program Policies and Procedures on:
  - a. Program and meal eligibility for senior and non-seniors
  - b. Senior and non-senior participants sign in policies and procedures (include a sample)
  - c. Written donation policy and project income deposit records
  - d. HDM general policies and procedures on reservation, project income collection and other program-related issues
  - e. Agency’s confidentiality policy concerning meal donation and client information.
  - f. Current job description for all program staff, including paid and volunteer
  - g. Participant awareness that refusal to provide personal data requested in the intake form will not result in denied services
  - h. A data collection system that ensures accuracy of service units reported
  - i. Outreach plan and activities to ensure participation of eligible persons in the community
  - j. Ways to obtain participants’ views about quality of program service
3. Verification of Elder abuse training along with original signatures of participants
4. Verification of OSHA training along with original signatures of participants
5. Verification on Emergency Protocol/Preparedness training along with original signatures of participants
6. Organizational chart

Program Review	Comments & Recommendations
<p><b>A. Program Policies and Procedures Manual &amp; Documents (<i>to be reviewed by AAOA Planner/ Monitor</i>)</b></p> <p>Has a copy of current policies and procedures that covers all elderly nutrition program operation elements required by all governing and funding agencies, and at a minimum contains sections listed in this monitoring tool.</p> <p>All documents required are accurate, complete and readily available for review.</p>	

<p>If sub-contractors are used for meal production, an open bid process is developed and contract secured through a competitive bidding process.</p>	
<p><b>B. Service Objectives &amp; Outreach (to be reviewed by AAOA Planner/ Monitor)</b></p> <p>On target to meet contractual levels for unduplicated clients – Congregate Meal and HDM.</p> <p>On target to meet contractual levels for service units – Eligible NSIP Congregate and Home-Delivered Meal &amp; Nutrition Education.</p> <p>An outreach plan in place and ongoing outreach activities conducted to ensure participation of eligible individuals in the community.</p> <p>Collaborate with community partners to develop service referral protocols, or maintain coordination with other social service or health service organizations for service referrals.</p>	
<p><b>C. Service Eligibility (to be reviewed by AAOA Planner/ Monitor)</b></p> <p>Only eligible individuals are provided with elderly nutrition service. Service eligibility developed by agency meets the California Department of Aging eligibility criteria.</p> <p>Has a written program eligibility guideline. Staff, community partners, other service referral agencies, and participants are informed of the eligibility criteria. Communication to staff members regarding program eligibility documented. Eligibility includes</p> <p>(a) Congregate meal participant: Any person aged 60 or over; or the spouse, regardless of age, of any person aged 60 or over; a disabled individual as defined in OAA Sec.102 (8) (9), who is under the age of 60 and resides in housing facilities occupied primarily by older persons at which congregate nutrition services are provided; or a disabled individual, who is under the age of 60 and resides at home with and accompanies an older individual eligible under the Older Americans Act.</p> <p>(b) Home delivered meal participant: Any person aged 60 or over who is frail, homebound by reason of illness or incapacitating disability as defined in OAA Sec.102 (8) (9), or otherwise isolated; or A spouse of a homebound senior, regardless of age or condition, may receive a home-delivered meal if it is in the best interest of the homebound older person; or a disabled individual who resides at home with older individuals eligible under the OAA. The eligibility is determined by the following criteria: <i>too frail to travel to a congregate site, has acute illness, convalescing from acute illness, incapacitating due to chronic illness, or incapable of shopping and preparing meals.</i></p>	
<p><b>D. Quality Assurance (to be reviewed by AAOA Planner/ Monitor)</b></p> <p>Has policies and procedures in place to obtain program participants’ views about the services they receive.</p> <p>Annual client satisfaction survey conducted; action plan /steps developed based on the survey to improve program outcome or increase program efficiency; implementation steps followed the action plan.</p> <p>Develop a project council or site council comprised of program participants and staff/volunteer, or has a system in place for program participants to provide input to</p>	

<p>program director or dietitian, on menus, meal quality, hospitality, and other program-related services.</p> <p>Develop a plan for evaluating achievements and/or improvements of the nutrition program.</p> <p>Has a current consumer grievance/complaint policy and procedures in place. Consumer grievance procedure posted at the congregate site in a location accessible to consumers. Grievance procedures are included in the HDM participant welcome packet.</p> <p>Conduct regular self-monitoring and evaluation of the program to ensure all elements of the program service comply with standards and meet the participants' needs.</p> <p>RD, RD-eligible conducts quarterly visits to all congregate sites, production kitchens and home-delivered meal staging kitchens and routes.</p> <p>Submit quarterly monitoring reports to AAA Nutritionist and AAA Monitor in a timely manner. Reports are due 10/20, 1/20, 4/20, 7/20. Follow up on quarterly monitoring findings conducted, corrective action plan developed and implemented. All findings corrected. Documentation available.</p>	
<p><b>E. Participant Records <i>(to be reviewed by AAOA Planner/ Monitor)</i></b></p> <p>Maintains appropriate participant records (in paper form and/or electronically; and if applicable, as data entered into the SAMS) with the understanding that some participants may refuse to provide data.</p> <p>Client characteristics collected include age, sex, ethnicity, primary language, Medical status, SSI/SSP status, low-income status, rural/ urban status, live alone status, functional status.</p> <p>Clear indication on the participant record of the date of initial intake, and dates of subsequent updates.</p> <p>Clear indication that current and valid emergency contacts are obtained from participants.</p> <p>Nutrition Screening data obtained and updated on a yearly basis from all congregate and home-delivered meals participants and reported in SAMS. HDM annual comprehensive assessment includes nutrition screening.</p> <p>ADL/LADA obtained and updated on a yearly basis and reported in SAMS for all participants.</p>	
<p><b>F. Service Unit Reporting <i>(to be reviewed by AAOA Planner/ Monitor)</i></b></p> <p>Maintains unit of service logs to collect valid data for the monthly MIS reports</p> <p>Has written procedures to ensure accuracy of the number of meal ordered and served. Has a meal reservation and cancellation policy.</p> <p>Meal forecast and ordering system follow the reservation policy.</p> <p>Sign-in sheets at the congregate site are available for both seniors and non-seniors.</p>	



<p>Seniors sign in by themselves at the congregate site.</p> <p>A system in place to account for daily meals delivered to the homes of the homebound seniors. Daily route sheets include information on actual meals delivered and received by participants. Drivers sign the daily route sheets to confirm meals delivered and received by participants.</p> <p>Service units reported agree with service log maintained on site.</p> <p>Reports are submitted in a timely and are accurate.</p> <p>Responsive to ad hoc reports requested by AAA.</p>	
<p><b>G. Agency and Organization Standards &amp; Staff Qualifications <i>(to be reviewed by AAOA Planner/ Monitor)</i></b></p> <p>A current organization chart is available that indicates agency’s organization structure, communication channels and clearly indicates that a responsible person (program director) who has administrative authority over the operation of the program.</p> <p>Has a Registered Dietitian (RD) or RD-eligible in the organizational chart to oversee food service and nutrition components of the program.</p> <p>Program director qualification meets the following criteria: (1) an associate degree with emphasis in food service management or business administration, and (2) two years’ experience with increasing responsibility and an emphasis on food service management or have experience and work performance which demonstrates equivalent expertise. AAA shall approve this.</p> <p>Program’s food service manager or nutrition manager shall meet one of the following qualifications: (1) be a registered dietitian or RD-eligible, or (2) possess an associate degree in institutional food service management, or a closely related field, such as, but not limited to, restaurant management, diet technician, nutrition assistance, plus two years’ experience as a food service supervisor, or (3) have experience in food service, and with twelve months of successfully complete both of the following: (a) a minimum of one semester or 20 clock hours of instruction in food service sanitation, or coursework approved by AAA, and (b) a minimum of 20 clock hours specifically related to food service management, or coursework approved by AAA.</p> <p>Program director, food service manager/nutrition manager, and meal production manager/chef shall possess a valid food safety certification as required by CRFC.</p> <p>At the congregate site, a responsible individual, paid or volunteer, is in charge of all elements of program operation and ensure all programmatic and safety/sanitation standards are met.</p> <p>Site managers, site hosts or HDM coordinators have the option to obtain a food safety certificate or food handler certificate.</p>	
<p><b>H. Staff and Volunteer Orientation &amp; On the Job Training <i>(to be reviewed by AAOA Planner/ Monitor)</i></b></p> <p>Has a copy of Employee handbook and Volunteer handbook that are updated and reflect current operations and job responsibilities.</p>	

<p>All staff and volunteers receive a copy of updated handbook and job description. Documentation and evidence of receipt (original signatures) available.</p> <p>Documentation of staff and volunteers receive pertinent orientation concerning their job duties and responsibilities (original signatures) available.</p> <p>All staff members receive a copy of program operational policies and procedures manual. Employee orientation includes training on the p/p manual. Documentation and evidence of receipt of training (original signatures) available.</p> <p>All staff members receive copies of program monitoring checklist – congregate meal site, home-delivered meal route, and receive training on how to comply with indicators listed in the checklist.</p> <p>All staff and volunteers receive orientation and ongoing training regarding agency mission, goals/objectives and required operational standards. Documentation and evidence of receipt of training (original signatures) available.</p> <p>Provide written instructions or develop a HDM driver manual that includes information on general HDM program and safe/sanitation of handling and delivering meals. Training provided and documented.</p> <p>Annual elder abuse training provided to staff and volunteers. Documentation and evidence of receipt of training (original signatures) available.</p> <p>Annual training on emergency preparedness and OSHA (first aid, CPR, choking, fire safety) provided to staff and volunteers. Documentation and evidence of receipt of training (original signatures) available.</p> <p>Food service in-service training provided to staff and volunteers at least four hours a year. RD or RD-eligible must provide safety and sanitation food service training. Documentation and evidence of receipt of training (original signatures) and evaluation available.</p> <p>Yearly food service in-service training plan developed, including date, target audience, topic, presenter name and qualification.</p>	
<p><b>I. Project Income Policies (Participants Donation and Guest Fee) ( to be reviewed by AAOA Planner/ Monitor)</b></p> <p>Has a written policies regarding project income for all programs methods of implementing these policies.</p> <p>Sign for senior donation and guest fee posted near the meal donation box at the congregate site.</p> <p>Congregate site participants can contribute in a confidential manner. Donation box located away from registration or sign in desk and locked throughout the sign-in process</p> <p>Has a donation deposit policy that ensures that donations and guest fees are counted by 2 people, stored or deposited on a regular basis.</p> <p>Not use the language of “fee” in publicity materials.</p>	

<p>Any donation reminder to HDM clients clearly indicates that it is a suggested donation and that it will not affect service delivery.</p>	
<p><b>J. Outcome Measurement &amp; Cost-Effectiveness ( to be reviewed by AAOA Nutrition Consultant)</b></p> <p>Participants’ nutrition screening data demonstrates that attending the program improves their nutrition status. Compared with prior year’s data, percentage of those at high risk is reduced.</p> <p>Participants reported increased access to socialization, as compared to last year’s survey.</p> <p>More participants reported they make healthier food choices from attending the program and receiving nutrition education information, compared to last year’s survey.</p> <p>More participants reported their overall health well-being is improved, compared to last year’s survey</p> <p>Submit Monthly Food Cost Control Report to AAA Nutritionist in a timely manner. Report due 20<sup>th</sup> of each month following the reporting month.</p> <p><i>AAOA Nutrition Consultant</i></p>	
<p><b>K. Nutrition Education ( to be reviewed by AAA Nutritionist)</b></p> <p>A needs assessment of nutrition topics conducted annually. Nutrition education provision is based on the particular needs of the service participants. Evidence of AAOA Nutrition Consultant needs assessment reviewed by AAOA Nutrition Consultant.</p> <p>A yearly nutrition education plan developed based on the needs assessment. The plan includes quarterly nutrition education topics, timeline, presenter name and qualification.</p> <p>Evidence of yearly nutrition education approved by AAOA Nutrition Consultant.</p> <p>Nutrition education conducted by RD or RD-eligible. Nutrition education materials distributed to HDM clients developed by RD or RD-eligible. If not, the RD provides input, review, and approves the content of nutrition education prior to presentation.</p> <p>Nutrition education includes topics on sources and prevention of foodborne illness.</p> <p>Nutrition education reports include number of attendees at each session and evaluation.</p>	
<p><b>L. Health and Safety Measures ( to be reviewed by AAOA Nutrition Consultant)</b></p> <p>Health inspections by Health Department conducted annually at the production kitchen and congregate sites. Current health inspection report posted.</p> <p>Food safety certification current and posted in the production kitchen, HDM meal staging site, and at the congregate sites.</p>	

Food temperature control measures in place to ensure that foods are maintained at acceptable temperature range (hot food above 140°F and cold item below 40°F) from completion of cooking to being served or delivered to the participants.

Today's menu items and temperature:

HACCP followed. Time and food temperature record maintained on a daily basis at six critical control points: completion of cooking, production kitchen packaging, delivery to the congregate sites, service at congregate sites, HDM packaging, HDM delivery to the last person on the route.

Accurate food thermometers available. Food temperature taking techniques follow safe and sanitary practices.

Kitchen facilities and equipment clean, in good order.

Temperature of refrigerators, freezers, dishwashing machine documented on a daily basis.

Dishwashing follows appropriate procedures. Temperature and sanitizer documented.

Single service plate and utensils used only once.

Comply with the California Retail Food Code (CRFC) and local health department regulations regarding safe and sanitary preparation of meals and storage

Fire extinguisher checked and maintained current.

Safety Data Sheets (**SDS**) for all chemicals current and easily accessible to staff. Staff trained. Documentation of staff training maintained in project file.

Complies with Occupational Safety and Health Association (OSHA) regarding staff and participants safety.

First Aid kit available at the congregate sites and production kitchen. First Aid and handling food choking posters available at congregate sites.

Has worksite safety poster/training.

A **pesticide program** in place at production kitchen and congregate sites.

Has a foodborne illness policy and reporting protocols.

Production kitchen, congregate sites and HDM office have first aid kit, choking poster, etc.

A sign is posted at the site stating "For health reasons, taking out potentially hazardous food is not recommended. Doing so is at your own risk."

Safe and sanitary consumption of home-delivered meals are communicated to

<p>HDM participants. Has a written policy that no meals are left outside the homes of HDM participants and this policy clearly conveyed to clients.</p> <p>HDM drivers check delivery equipment and other measures to ensure safe and sanitary delivery.</p> <p>Written instructions provided to HDM clients for reheating the meals, if applicable, and in the language of the majority of the participants.</p> <p>Congregate site safety and sanitation practices meet standards</p> <p>Home-delivered meal safety and sanitation practices meet</p> <p>Production kitchen safety and sanitation practices meet standards</p>	
<p><b>M. Meal Requirements &amp; Meal Service ( to be reviewed by AAOA Nutrition Consultant)</b></p> <p>A registered dietitian with current RD license approves the menu to ensure compliance with menu requirements.</p> <p>Menus are submitted to AAA on time and at least four weeks in advance for review and approval.</p> <p>Cultural and ethnic needs of the participants reflected in the menus.</p> <p><b>Standardized recipes</b> are maintained for all menu items. Recipes meet the standards for portion control, recent dietary guidelines for Americans, special dietary needs for the seniors, and HACCP requirements.</p> <p>Menu substitutions approved by RD one day prior to use.</p> <p>Menus posted in a location easily seen by congregate program participants, and correlates to approved menu on file at AAOA.</p> <p>Menus in the language of the majority of the participants.</p> <p>Has a food procurement policy that meets the federal procurement standards. Competitive cost analysis is done on an ongoing basis to ensure high quality food at the lowest price. Documentation available.</p> <p>Group purchasing explored and the agency is participating in the program when a significant savings is demonstrated.</p> <p>Inventory system current and appropriate.</p> <p>All foods are in good quality and are obtained from sources, which conform to federal, state, and local regulatory standards for quality, sanitation, and safety. Follow food service waste reduction best practices. Not use polystyrene foam disposable food service ware; use biodegradable/compostable or recyclable food service ware; recycle and compost appropriate items required by local laws, if any.</p> <p>At the congregate sites, tables and chairs appropriate for participants and arranged</p>	

<p>for easy access.</p> <p>Has a policy to serve leftover meals as second to participants, using clean plate.</p> <p>Has a written instruction to congregate site staff that all leftover foods be discarded on site or returned to production kitchen for proper disposal.</p> <p>Has a policy to ensure that a participant without a reservation is not refused a meal if food is available.</p> <p>Has a policy regarding special diet provision, if applicable Special diet provision and menus approved by AAOA Nutrition Consultant.</p>	
<p><b>N. Home-Delivered Meals Assessment ( to be reviewed by AAOA Nutrition Consultant)</b></p> <p>Has written eligibility and screening criteria for prioritization of HDM participants. These policies comply with AAOA’s policies and procedures.</p> <p>A written comprehensive assessment completed in the home within 2 weeks of beginning meal service.</p> <p>Perform annual assessment and quarterly re-evaluation on all HDM clients. Date of intake and clear signatures of who conducted assessments are noted in the client record.</p> <p>All clients are visited at least twice a year at their homes.</p> <p>A welcome packet to new clients that include information on HDM eligibility, donation, reservation/cancellation, meal delivery/receipt, general safety/sanitation of meal handling and consumption, consumer grievance, and other pertinent information.</p>	

## CHAPTER 5: PRODUCTION KITCHEN ANNUAL MONITORING TOOL

**MONITORING DATE:** \_\_\_\_\_

**Nutrition Program Provider:** \_\_\_\_\_

### *Compliance Standards*

California Retail Food Code (CRFC), Occupational Safety and Health Association (OSHA), California Code of Regulations Title 22, Division 1.8, Article 5. Elderly Nutrition Program, California Department of Aging Program Memoranda (ENP), Marin Division of Aging and Adult Services Nutrition Standards, and General Food Service Operation Standards.

<b>A. HEALTH AND SAFETY INSPECTIONS</b>	<b>NO</b>	<b>YES</b>	<b>Remarks</b>
1. Complies with all state and local fire safety regulations applicable to food service operations			
2. Has a valid health permit and current health inspection by local Health Department			
3. Complies with OSHA			
4. Staff maintains current Food Safety certificate			
5. Kitchen has safety features appropriate to their use, i.e. non-skid floors, step stools, etc.			
6. Copies of all inspection reports or certificates are available			
7. All new and replacement equipment meet or are equivalent to applicable National Sanitation Foundation (NSF) standards, or other applicable industrial standards			
8. Facility is safe, secure and well lit.			
<b>B. EMPLOYEE HEALTH STANDARDS</b>			
1. All food handlers are free of communicable disease. Employee/volunteer who is ill is restricted from food prep and service activities. Has a policy that physician's clearance is requested prior to employee returning to work.			
2. All food handlers are prohibited from using tobacco in any form while preparing, handling, or serving food or beverages. Tobacco use is prohibited in any area where food is stored or prepared. "No-Smoking" signs are posted in these areas.			
3. All food handlers wear clean, washable clothing, close-toed protective footwear, and hairnets, caps or other suitable hair coverings, and if applicable, beard coverings.			
4. All foodservice workers serving food using tongs or other implements or wear disposable hand coverings if serving by hand. No bare hand contact with ready-to-eat food.			
5. All food handlers wash hands thoroughly prior to beginning work, after using the toilet, and every time hands are soiled.			
6. Has hand washing facilities in good repair and equipped with hot and cold running water, within or adjacent to the food preparation area.			
7. All hand-washing facilities have a permanently installed soap dispenser and single use paper towels or hot air blower.			
8. Legible hand washing signs are posted in each toilet room directing employees to properly wash hands with hot soapy water before returning to work.			

9. Has an employee handbook that includes sections on food service safety and sanitation and requirement of attending food service safety and sanitation training			
10. All food handlers complete health exam prior to reporting to work			
<b>C. TRAINING FOR FOOD SERVICE WORKERS</b>			
1. Clearly written training plan is on file, identifying who will conduct the required four hours (four sessions) of food service training, and when the training is scheduled.			
2. Provider Dietitian approves content of all training in advance.			
3. Food service training is provided to all food handlers including meal delivery drivers.			
4. All food handlers are given a copy of food service policies and procedures manual. Employee orientation shall include training on the p/p manual.			
5. At least 2 of the quarterly training sessions include prevention of food borne illness, and principles of Hazard Analysis critical Control Point (HACCP) attended by all personnel as above.			
6. Meal delivery drivers are provided training on safety and sanitation measures and emergency protocols during transit.			
7. Other training topics shall include SDS, emergency procedures including fire, safety, first aid, choking, cardiopulmonary resuscitation and earthquake.			
8. Those receiving training evaluate training sessions. Evaluations are kept in provider files for audit.			
9. Attendance records are kept for audit.			
<b>D. FOOD BORNE ILLNESS COMPLAINTS</b>			
1. Has a copy of food borne illness handling protocol. Food borne illness is any illness caused by consuming food contaminated with pathogenic organisms or toxic chemicals.			
2. Provider initiates investigation by local health authorities when 2 or more persons complain/report symptoms of food borne illness within a similar time frame, and after consuming nutrition service food.			
3. Provider notifies Area Agency on Aging within 24 hours of such occurrence, and provides periodic updates on progress and findings of investigation.			
<b>E. FOOD PROCUREMENT</b>			
1. All foods are good quality and obtained from sources, which conform, to federal, state, and local standards for quality, sanitation, and safety.			
2. Canned foods are processed in a licensed establishment, and no home-prepared or home-canned food is used.			
3. No food is used from broken containers, unlabeled, rusty, or leaking cans or cans with side seam dents, rim dents, or swells.			
4. Milk comes from a reliable source, which complies with standards of Div. 15, Calif. Food and Ag. Code. All milk products are pasteurized.			
5. Food contributions: fresh fruits and vegetables are good quality, washed prior to use. Fresh ocean-going and frozen fish may be used. No wild game is used.			
6. Comparative cost analysis is performed on an on-going basis.			



<b>F. FOOD STORAGE</b>			
1. All storage space for food, beverages, and cooking, serving, and eating utensils are adequate and suitable, free from dirt, vermin, contamination, or adulteration.			
2. Dry storage area is cool, dark, well ventilated, clean, orderly, and free from leakage, insects, rodents, vermin and other contamination. It has at least 10 foot-candles of light. Temperature is maintained at 50-70f.			
3. An inventory system is in place, which includes purchase order, receipt, production, and inventory control.			
4. Stored goods are rotated, using the First-In- First-Out (FIFO) system.			
5. All foods are stored at least 6” above the floor, 18” below the ceiling, and away from the wall to allow air circulation and prevent contamination.			
6. All food and non-food items are clearly labeled for easy identification.			
7. All chemicals and cleaning supplies are stored in an area away from food.			
8. Opened packages of dry food are stored in tightly closed containers, clearly labeled on the main part of the container.			
9. Windows are screened. Open exterior doors are screened, or equipped with self-closing devices, or high-velocity fans if open for long periods.			
10. Street clothing and purses are stored in an area away from toilets, food, paper goods, utensils, kitchen equipment, and other food prep supplies.			
11. Refrigerators are clean and in good repair, have accurate, readily visible thermometers.			
12. All refrigerators maintain a maximum temperature of 41 °F. Daily temperature check is performed and documented.			
13. Freezers are clean and in good repair, have accurate, readily visible thermometers. Daily temperature check is performed and documented.			
14. All freezers maintain a maximum temperature of 0°F.			
15. All frozen foods are kept frozen until ready for processing and preparation as indicated in the food preparation production schedule.			
16. Leftover foods in the kitchen are covered, dated, stored properly and discarded after due date.			
<b>G. FOOD PREPARATION</b>			
1. Meals served match the menu certified by the AAA Dietitian. Menu substitutions are approved prior to service and kept on file for audit.			
2. Food production and meal service are under the supervision of a person trained in food service management, sanitation, and safe food handling.			
3. Food preparation <b>production schedules</b> or worksheets that include detailed HACCP steps are kept in the food preparation area.			
4. Food preparation methods and cooking schedule are done properly to preserve nutrients and quality until meal is served or delivered to			

clients. Holding time from completion of cooking to meal service or meal delivery shall not be more than 3 hours.			
5. Food is prepared in sufficient quantities to serve all participants, with careful planning to minimize leftover food and prevent waste.			
6. Standardized recipes are developed according to menus and followed by production staff. <b>Day's recipe is available at the production kitchen or communicated to production staff.</b>			
7. Utensils for correct and consistent portion control are used.			
8. No sulfites, no trans fat, and no added salt in food preparation.			
9. Ground beef products are cooked to heat all parts of food to at least 155°F for 16 sec., or until meat is no longer pink and juices run clear.			
10. Home delivered meals not assembled for same day delivery are packaged within 2 hours from end of preparation and immediately refrigerated or frozen. Food temperatures should reach 41°F or below within 4 hours of completion of cooking. Temperature record shall be maintained on a daily basis and kept in project file for audit.			
11. Frozen meals which are not commercially prepared are: prepared and packaged only in the production kitchen. Packaged within 2 hours of end of food prep, with hot foods at least 140F and cold foods at or 41°F or below; frozen as quickly as possible, and cooled to below 41°F within 4 hours: Checked for correct temperatures at end of food prep, at time of packaging, and throughout the freezing process every two hours or less. Temperature records are kept on file. Meals shall be packed in individual trays, properly sealed and labeled with date, contents, and instructions for storage and heating; frozen so as to allow air circulation around each tray; kept in frozen state throughout storage, transport, and delivery to program participants; and discarded after 30 days.			
<b>H. OTHER SAFETY AND SANITATION MEASURES</b>			
1. <b>Cleaning schedules</b> are posted and followed, including what is to be cleaned, how often, how it is to be cleaned, and by whom.			
2. Dishwashing facilities and procedures comply with local and State health department regulations.			
3. Facilities and equipment are provided to properly store and dispose of waste material.			
4. All food waste and rubbish containing food waste is kept in tight, non-absorbent, rodent-proof containers covered with close fitting lids.			
5. Trashcans in food production areas are kept covered, except during production time.			
6. Waste containers used for garbage are maintained in a clean and sanitary condition.			
7. A hazard communication program is provided for staff, including: training on the hazards of chemicals used and the use of safety Data sheets (SDS). SDS are available for all chemical use and a binder is available in the kitchen area			
8. Daily dishwashing temperature and sanitizer check is performed and documented. Log available			
9. Food service internal monitoring or quality assurance check is			

performed at least monthly, either using AAA form or agency form.			
<b>I. MEAL DELIVERY FROM KITCHEN TO MEAL PROVIDER SITE</b>			
1. A written agreement stipulating all conditions and required safety and sanitation measures between the production kitchen and program management agency is in place, and is maintained in both the production kitchen and program management office.			
2. Meal delivery follows safety and sanitation measures. Policies and Procedures developed. Monitoring record of meal delivery maintained in project file.			
2. Protocol developed to warrant safety and sanitation of the meals in an emergency situation, if meals are to be delivered to the meal providers.			
3. Meal temperature record maintained for each meal delivery – including 3 points – upon completion of meal preparation (date, time, and temperature), upon leaving the production kitchen (date, time, and temperature).			
<b>J. MONITORING FINDINGS</b>			
1. Written response submitted indicating findings are corrected by due dates.			
2. All findings from previous quarter visit are corrected			

# APPENDICES

Form 1

CONGREGATE NUTRITION PROGRAM CONSUMER SATISFACTION SURVEY

Congregate Site Name: \_\_\_\_\_

1. Have you attended this meal site during the past month?  Yes  No.  
If you answered "Yes", please answer all questions. If you answered "No", please start with Question 4.
2. Overall in the past month, what is the *quality* of the meals?  
 Excellent  Good  Fair  Poor  Very Poor  
Please list specific comments/complaints: \_\_\_\_\_
3. Overall in the past month, the meal portion is (check one):  
 Generous  Adequate  Inadequate  
If inadequate, give an example(s): \_\_\_\_\_
4. List your favorite menu items served in the meal program:
5. List menu items which you dislike:
6. Are there items you would like added to the menu or served more often?  
 Yes  No  
If yes, specify:
7. Is the nutrition staff courteous and helpful to you? (check one)  
 Always  Sometimes  Needs Improvement
8. What do you think of the atmosphere of the meal site (lighting, seating arrangement, room temperature, etc.)?  
 Excellent  Good  Fair  Poor  Very Poor
9. During meal time, do you have enough time to socialize with your friends at the site?  
 Always  Sometimes  Not at all
10. OVERALL, how satisfied are you with the meal program?  
 Very Satisfied  Somewhat Satisfied  Not Satisfied
11. OVERALL, how has your health and overall well-being improved as a result of attending the congregate program?  
 Significantly Improved  Somewhat Improved  Stayed the same
12. OVERALL, how has your socialization activities increased by attending the program regularly?  
 Significantly Improved  Somewhat Improved  Stayed the same
13. OVERALL, how has your access to nutritious food increased by attending the program?  
 Significantly Improved  Somewhat Improved  Stayed the same

**Form 2**

**HOME-DELIVERED MEAL PROGRAM CLIENT SATISFACTION SURVEY**

1. Overall, the *quality* of the meals is generally... (check one)  
 Excellent  Good  Fair  Poor  Very Poor  
Please list specific comments: \_\_\_\_\_
2. Overall, the meal portion is (check one):  
 Generous  Adequate  Inadequate  
If inadequate, give an example(s): \_\_\_\_\_
3. List your favorite menu items served in the meal program:
4. List menu items which you dislike:
5. Are there items you would like added to the menu or served more often?  
 Yes  No  
If yes, specify:
6. Is the person who delivers the meal to you courteous and helpful?  
 Always  Sometimes  Needs Improvement
7. OVERALL, how satisfied are you with the meal program?  
 Very Satisfied  Somewhat Satisfied  Not Satisfied
8. OVERALL, how has your health and well-being improved as a result of the home-delivered meal program?  
 Significantly Improved  Somewhat Improved  Stayed the same
9. OVERALL, how has your socialization access increased by receiving home-delivered meals?  
 Significantly Improved  Somewhat Improved  Stayed the same
10. OVERALL, how has your access to nutritious food increased?  
 Significantly Improved  Somewhat Improved  Stayed the same

Form 3

**AAOA FOOD BORNE ILLNESS COMPLAINT REPORT**

Complaint from (name) \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Report completed by: \_\_\_\_\_

How often do you come and eat at the senior meal program?

**Site where suspected contaminated food was eaten:**

Site Name: \_\_\_\_\_

Nutrition Contractor: \_\_\_\_\_

**Please complete the following questions regarding the incidence:**

1. Suspected food was eaten on: Date \_\_\_\_\_ at (time) \_\_\_\_\_

2. Illness/symptoms first discovered on: Date \_\_\_\_\_ at (time) \_\_\_\_\_

3. Check symptom(s) or problems experienced:

Diarrhea       Abdominal cramps       Vomiting  
 Nausea       Fever       Upset stomach  
 Other, specify: \_\_\_\_\_

4. List suspected food eaten by the person:

5. What other food did the person eat within 48 hours of the incidence?  
Date & Time: Describe food eaten: (continue on the back if necessary)

6. Did the person see a doctor or go the hospital as a result of the alleged food borne illness?

Yes  No

If yes, please request a medical report from the person.

7. Other comments:

### Form 3 continued

## FOOD BORNE ILLNESS INCIDENCE REPORTING POLICY AND PROCEDURES

Whenever two or more persons complain of becoming ill within the same period of time after eating food from the same source, a food borne illness incidence report must be filed with the AAA and the following steps are required:

1. Fill-out the complaint report and inform the site manager or person in charge immediately.
2. Site manager or person in charge:
  - a. Receive information.
  - b. Inform project director or food coordinator immediately.
  - c. Immediately *impound all implicated leftover foods*, if possible. Cover, label, date and refrigerate all the leftovers.
3. Project director:
  - a. Verify the impounding of all implicated food according to the procedures outlined.
  - b. Contact project nutritionist requesting immediate consultation and investigation.
  - c. Contact the local health department for consultation and/or investigation.
  - d. Contact and report the problem to the Area Agency on Aging Serving Solano and Napa within 24-hours of the complaint, including:
    - i. Site(s) involved
    - ii. Date of reported occurrence
    - iii. Estimated number of people involved
    - iv. What is being done to investigate the allegation
4. Food borne illness investigative questions:
  - a. For the suspected food/meal, ascertain how the food is handled? E.g., holding, cooking, storage practices used.
  - b. Who prepared/handled the food? Is this person sick, etc.?
  - c. What was the temperature of the equipment used to cook the food
  - d. How was the food held?
  - e. How was the food cooled?
  - f. What's the temperature of the suspected food?
  - g. How much time elapsed from the onset of the symptoms and eating the suspected food? (Info will help identify the possible type of micro organism involved)



Form 4

**AAOA MENU COMPONENT PATTERN FORM**

Nutrition Provider: \_\_\_\_\_

Menu Cycle Run Date: \_\_\_\_\_ to \_\_\_\_\_

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Meat/Meat Alternate</b> Serving = 3 oz. Cooked, edible portion List portion size and food components of all extended entrees (e.g. casseroles) *indicate high sodium item: "HIGH"					
<b>Vegetables</b> 1 or 2 - ½ cup servings <i>Note:</i> 1 C Salad=1 serving *indicate vitamin C rich item **indicate vitamin A rich item					
<b>Fruits</b> 1 - ½ cup servings *indicate vitamin C rich item ** indicate vitamin A rich item					
<b>Bread/Bread Alternate</b> 1-2 servings; Enriched/whole grain					
<b>Milk/Calcium Serving</b> Serving=8 oz. Low fat fluid milk					
<b>Other</b> (optional)					

**NOTES: Rich vitamin C source (\*) must be provided daily at 25 mg. Rich vitamin A source (\*\*) must be provided 3 times a week. If meal provides 1,000+ mg sodium, indicate HIGH**

Form 5

AAOA MONTHLY MEAL ASSESSMENT

Please submit two forms to AAA Nutrition Consultant, one for congregate site and one for home-delivered meals

Date: \_\_\_\_\_ Congregate Site: \_\_\_\_\_ HDM Route: \_\_\_\_\_

Please rate the Appearance, Taste, and Texture and provide comments for each category.

Poor<----->Excellent (1 2 3 4 5)

Menu Items (specify)	Measured Amt/Wt.	Appearance	Taste	Texture
Milk Date: _____				

OVERALL COMMENTS and/or ACTIONS TAKEN, if needed:

Completed by Congregate Site Manager/Host or HDM Route Coordinator/Driver

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Form 6

**AAOA FOOD PRODUCTION HACCP RECORD SHEET**

*Time and Temperature must be accurately recorded*

*All signatures must be obtained*

Date: \_\_\_\_\_

# Meals Ordered \_\_\_\_\_ (Kitchen record)

# Meals Served \_\_\_\_\_ (Site record)

			Time _____	Time _____	Time _____	Time _____	Time _____
			a.m.	a.m.	a.m.	a.m.	a.m.
Menu Item	Portion Size	Quantity Shipped	Kitchen Cooking Completion Temperature	Kitchen Meal packaging Temperature	Meal Site Upon Delivery Temperature	Meal Site HDM Packing Temperature	Meal Site Upon Service Temperature

Kitchen Signature: \_\_\_\_\_  
*(upon completion of cooking)*

Kitchen Signature: \_\_\_\_\_  
*(meal packaging -upon leaving the kitchen)*

Driver Signature: \_\_\_\_\_  
*(upon delivery to the site)*

Site Manager Signature: \_\_\_\_\_  
*(upon receipt of means and meal service)*

**Form 7**

**AAOA WEEKLY HOME DELIVERED MEALS ROUTE EVALUATION**

HDM Agency: \_\_\_\_\_ Route # \_\_\_\_\_ Geographic Area of Route: \_\_\_\_\_

Date of Route: \_\_\_\_\_ Meal Pack Up Time: \_\_\_\_\_ Meal Delivery Time: Began \_\_\_\_\_ Ended \_\_\_\_\_

# Meals Listed on Delivery Route Sheet: \_\_\_\_\_

# Meals in the Delivery Container: \_\_\_\_\_

# Meals Actually Delivered: \_\_\_\_\_

Please explain if the three meal numbers are not the same:

Meals delivered follow menus:

Yes ( ) No ( ) If no, please explain:

<b>Meal Transport:</b>	<b>Meets Requirements</b>	<b>Needs Improvement</b>	<b>Describe conditions needing improvement</b>
<b>Condition of Equipment</b> <i>(insulated containers clean and in good repair)</i>			
<b>Adequate Equipment</b> <i>(all foods are packed in the insulated container; temp control devices available)</i>			
<b>Length of Time of Route</b> <i>(delivery completed within one hour)</i>			
<b>Handling of Meals</b> <i>(safety/sanitation, time/temperature observed)</i>			

<b>Temperature Study:</b>	<b>Pack Up Temp</b>	<b>Start of Delivery Route Temp</b>	<b>End of Delivery Route Temp</b>	<b>Comments:</b>
<b>Menu Items</b>				
<b>Milk</b>				

Driver Name: \_\_\_\_\_

Paid ( )

Volunteer ( )

Route Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_

**Form 8**

**AAOA HOME-DELIVERED MEAL INITIAL ASSESSMENT FORM**

*(to be used in conjunction with SAMS intake form)*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>1. FUNCTIONAL ABILITY</b> <i>(If applicable, check only one for each functional ability)</i>				
Assistive Device:	<input type="checkbox"/> cane/crutch	<input type="checkbox"/> walker	<input type="checkbox"/> wheelchair assist	<input type="checkbox"/> wheelchair confined
Vision:	<input type="checkbox"/> good	<input type="checkbox"/> limited	<input type="checkbox"/> Legally Blind	<input type="checkbox"/> blind
Hearing:	<input type="checkbox"/> good	<input type="checkbox"/> limited	<input type="checkbox"/> hearing Aide	<input type="checkbox"/> deaf
Speech:	<input type="checkbox"/> good	<input type="checkbox"/> limited	<input type="checkbox"/> none	<input type="checkbox"/> sign
Reheat Frozen Meals:	<input type="checkbox"/> good	<input type="checkbox"/> limited	<input type="checkbox"/> none	<input type="checkbox"/> Care Taker

<b>2. SUPPORT SYSTEM</b> <i>(Check all that apply)</i>				
Attend Day Treatment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: days/week?	Alone during the day only?	<input type="checkbox"/> No <input type="checkbox"/> Yes: Days/week?
Needs Respite Care?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: days/week?	Hrs/day?	Are meals provided? <input type="checkbox"/> No <input type="checkbox"/> Yes: Days/week?
Formal paid caregiver?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: days/week?	Hrs/day?	Are meals provided? <input type="checkbox"/> No <input type="checkbox"/> Yes: Days/week?
Regular friend/relative?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: days/week?	Hrs/day?	Are meals provided? <input type="checkbox"/> No <input type="checkbox"/> Yes: Days/week?
Case Manager?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Name:	Agency:	Phone:
Infrequent friend/relative care?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Specify:	
Comments:				

<b>3. APPLIANCE INFORMATION</b>					
Appliance <i>(Check all that apply):</i>	<input type="checkbox"/> refrigerator	<input type="checkbox"/> freezer	<input type="checkbox"/> range/Stove	<input type="checkbox"/> Oven/Toaster	<input type="checkbox"/> microwave
	<input type="checkbox"/> other, specify:				

<b>4. MEDICATION(S) AND SUPPLEMENT(S)</b> <i>(If applicable, check only one within each)</i>				
Prescribed medication:	<input type="checkbox"/> don't know	<input type="checkbox"/> none	<input type="checkbox"/> specify, how many?	Specify:
Over-the-counter medication:	<input type="checkbox"/> don't know	<input type="checkbox"/> none	<input type="checkbox"/> specify, how many?	Specify:
Supplements:	<input type="checkbox"/> don't know	<input type="checkbox"/> none	<input type="checkbox"/> specify, how many?	Specify:
Herbal:	<input type="checkbox"/> don't know	<input type="checkbox"/> none	<input type="checkbox"/> specify, how many?	Specify:
Comments:				

**Form 8 continued**

<b>5. HEALTH AND AGING-RELATED PROBLEMS</b> <i>(Check all that apply)</i>			
<input type="checkbox"/> Minimal Illness	Multiple Discharges from Hospital? Yes <input type="checkbox"/> No <input type="checkbox"/>	Recent Discharge Date: <input type="checkbox"/>	Hospitalization reason:
Usual Weight (lbs):		Current Weight (lbs):	Current Height (ft):
<input type="checkbox"/> Alcoholism <input type="checkbox"/> Anxiety <input type="checkbox"/> Asthma/other breathing problems <input type="checkbox"/> Back/Neck Problems <input type="checkbox"/> Bone Fractures <input type="checkbox"/> Bone Pain <input type="checkbox"/> Cancer, specify:	<input type="checkbox"/> Chronic Obstructed Pulmonary Disease <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes: Insulin <input type="checkbox"/> Diabetes: oral <input type="checkbox"/> Dysplasia <input type="checkbox"/> Eating/chewing problems <input type="checkbox"/> Food Allergies, specify:	<input type="checkbox"/> Frequent Falling <input type="checkbox"/> Gastrointestinal problems <input type="checkbox"/> High Blood Pressure Current level: _____ <input type="checkbox"/> High Cholesterol Current level: _____ <input type="checkbox"/> Incontinence <input type="checkbox"/> Insomnia <input type="checkbox"/> Used Continuous Oxygen	<input type="checkbox"/> Obesity <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Parkinson's <input type="checkbox"/> Pneumonia <input type="checkbox"/> Severe Underweight/Malnutrition <input type="checkbox"/> Skin Changes(dry, edema, lesions) <input type="checkbox"/> Smoke, Year:
<input type="checkbox"/> Other – Specify:			
<b>Comments:</b>			

<b>8. MEAL REQUEST</b> <i>(If applicable, check only one within each)</i>					
Appetite:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	Nutrition Risk Score:
Meal Choice:	<input type="checkbox"/> Weekday Hot	<input type="checkbox"/> Weekday Frozen	<input type="checkbox"/> Weekend Frozen		

<b>9. QUALIFIES FOR HDM SERVICE</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Start Date:</b> _____	<b>Route:</b> _____
Reasons if NO:		

<b>10. INTAKE STAFF INFORMATION</b>		
Intake Staff Name:	Signature:	
Title:	Phone:	Extension:

**Form 9**

**AAOA HDM QUARTERLY RE-EVALUATION RECORD**

**Name:** \_\_\_\_\_

<b>1st QUARTER. Date:</b> _____ <b>Evaluated by:</b> _____ <b>Title:</b> _____ <i>circle one: In-Person or Phone</i>		
<b>Qualifies for HDM:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Changes in Functional Ability:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Changes in Support System:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Changes in Appliacne Information:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Changes in medications and supplements:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Changes in health and aging-related problems:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Comments:		

<b>2nd QUARTER. Date:</b> _____ <b>Evaluated by:</b> _____ <b>Title:</b> _____ <i>circle one: In-Person or Phone</i>		
<b>Qualifies for HDM:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Changes in Functional Ability:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Changes in Support System:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Changes in Appliacne Information:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Changes in medications and supplements:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Changes in health and aging-related problems:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Comments:		

<b>3rd QUARTER. Date:</b> _____ <b>Evaluated by:</b> _____ <b>Title:</b> _____ <i>circle one: In-Person or Phone</i>		
<b>Qualifies for HDM:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Changes in Functional Ability:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Changes in Support System:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Changes in Appliacne Information:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Changes in medications and supplements:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Changes in health and aging-related problems:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Comments:		

<b>HDM COORDINATOR USE ONLY FOR SERVICE TERMINATION</b>	
Date canceled:	Reason for cancellation:

Form 10

**AAOA HDM MONTHLY DELIVERY CHECKLIST**

*To be completed for each route by Driver or HDM Monitor*

Date: \_\_\_\_\_

Route # \_\_\_\_\_ Driver \_\_\_\_\_

1. Are containers clean before loading with meals?  
*Yes ( ) No ( )*
2. Is the cleaning agent used daily for the meal container appropriate?  
*Yes ( ) No ( )*
3. Are clean containers kept off the floor during both storage and while being loaded?  
*Yes ( ) No ( )*
4. Are containers properly pre-heated or pre-cooled?  
*Yes ( ) No ( )*
5. Are temperature maintenance devices in each container available, appropriate, and adequate?  
*Yes ( ) No ( )*
6. Are all menu components included in each home-delivered meal?  
*Yes ( ) No ( )*
7. Does each driver know and understand the procedures to follow when a participant is not home to receive a meal?  
*Yes ( ) No ( )*
8. Are undelivered meals reported daily?  
*Yes ( ) No ( )*
9. Are both hot and cold temperatures taken and recorded for the last meal of each route on a weekly basis?  
*Yes ( ) No ( )*
10. Is the daily delivery route sheet current, complete and accurate?  
*Yes ( ) No ( )*
11. Does a copy of the current driver manual/instructions available in the delivery vehicle?  
*Yes ( ) No ( )*



**Form 11**

**AAOA QUARTERLY PRODUCTION KITCHEN MONITORING FORM**

Kitchen: \_\_\_\_\_ Date \_\_\_\_\_ by \_\_\_\_\_

<b>Standards/Descriptions</b>	<b>NO</b>	<b>Comments</b>
<b>I. Food Production</b>		
1. Standardized recipes used & meet HACCP and seniors' dietary needs.		
2. Food production schedule posted		
3. Food prepared in methods to maintain nutritional value.		
4. Foods defrosted safely & properly.		
5. AAOA Certified menu followed.		
6. Menu substitutions documented & approved by RD		
7. Good quality and seasonal food used.		
8. Cooking completed no more than 3-hours before meal service or last HDM recipient delivery.		
9. No Trans fat products used		
10. No added salt in recipes and cooking		
11. Food procurement – competitive bid conducted (if applicable)		
12. Food specifications current		
13. Menu costing conducted and current		
<b>II. Food Storage</b>		
1. Refrigerator thermometers available & accurate.		
2. Refrigerator temperature below 40°F, documented and posted.		
3. Freezer thermometers available & accurate.		
4. Freezer temperature at -10 to 0°F, documented and posted.		
5. Storage space is adequate & organized.		
6. Dry storage area clean, well ventilated & at 50-70°F.		
7. Stored goods are rotated. FIFO		
8. Foods and nonfood cleaning products are stored separately.		
9. Open packages are stored in closed vermin proof containers.		
10. Food & food service supplies are stored 6-inches from the floor and away from wall.		
11. Leftover foods are covered, dated & stored properly.		
12. Proper packaging & transporting of food to ensure food safety.		
<b>III. Sanitation</b>		
1. Cleaning schedules & procedures are posted & followed.		
2. Dishwasher temp and sanitizer log maintained and posted		
3. Dishwashing done properly & meet health standards.		
4. Refrigerator/freezer clean.		
5. Food transport carriers clean and in good repair.		
6. Walls, floors, ceilings, windows clean.		
7. Equipment clean & in good working condition.		
8. Trashcans clean.		
9. Restrooms clean.		
10. Restrooms equipped with hand soap and paper towels.		
11. Restrooms have hot & cold running water.		
12. Handwashing sign posted in restroom.		
13. No smoking sign posted in restroom and kitchen.		

14.	Food service workers wearing hairnets/appropriate hair covering.		
15.	Food service workers using disposable gloves & utensils appropriately. No bear hand contact with ready-to-eat food.		
16.	Personal items (coats, purses, etc.) stored away from food & supplies.		
17.	Food temperature checks done daily at <b>all</b> hazardous control points & documented; copy to nutrition service providers; copy kept in project file for audit		
18.	SDS current and available for all cleaning agents. Staff trained		
19.	Doors and windows screened or devices installed to keep insects out of the production/packaging areas		
20.	Pesticide program in place and documented		
21.	Kitchen workers, paid or volunteer, provided with food service in-service training 4 times (4 hours) a year		
<b>IV. Certification</b>			
1.	Food Service Manager has a current food safety training certificate.		
2.	Health Permit and Health Inspection Current. All citations corrected		
3.	Fire Inspection current		

**Form 12**

**AAOA ENP CONGREGATE MEAL SITE CHECKLIST**

<i>No</i>	<i>Standards</i>	<i>Comments</i>
	Up-to-date Food Safety Certificate, Operating Permits, and Fire Safety inspection.	
	Hand washing signs posted in restroom and by the hand sinks	
	“No Smoking” signs posted	
	Current menu(s) posted and follow approved menu.	
	Senior suggested donation and guest fees posted	
	Hours of meal service posted	
	“Take Food Home at Own Risk” Sign	
	Cleaning Schedule and Procedures posted. Cleaning Schedule implemented and documented.	
	SDS current and accessible. Training provided to staff/volunteers and documented	
	Donation box set up in a confidential manner – away from registration desk or with partition	
	Money box is locked away at the end of the day for next-day or same day pickup by drivers	
	Daily sign-in sheets—done properly	
	Hairnets/caps and appropriate attire worn by all servers	
	Food servers’ hands are free of wounds or cuts	
	Disposable gloves PROPERLY used by all servers and those handling eating utensils. No bare hand contact with ready-to-eat food	
	Employee personal items (clothing, purses) are stored in area separate from food preparation	
	Hot water and liquid soap available in restroom	
	Restrooms are clean and in good condition	
	All cold food including milk properly stored in the refrigerator until serving time	
	All food and milk temperatures taken and recorded at time of food delivery and right before serving daily. TIME and TEMPERATURE recorded immediately	
	Hot food below 140° F at the point of delivery reheated to 165° F before serving	
	Food thermometers are cleaned and sanitized between each use and stored properly	
	Correct and clean serving utensils used. Portions are served accurately. Food is served on time and attractively and neatly	
	Serving utensils/dishes properly washed and sanitized using 3-sink method. Dishwashing temperature and sanitizer LOG maintained and posted.	
	Thermometer present in refrigerator /freezer set for 38° and 0°, respectively. Temperature LOG maintained and posted.	
	Dry storage, food cart, refrigerator, freezer, counter, tables etc. are clean and free of rust	
	Steam table or oven is in working condition and properly cleaned after use	
	Preparation areas, serving areas and tables cleaned and sanitized with proper sanitizing solution	
	All paper supplies and chemicals stored separately from food	

	Trash cans are clean with plastic liners, covered	
	All supplies are stored neatly and properly 6 inch above the floor in the nutrition storage area	
	All utensils stored in a clean storage drawer or box	
	Other:	
Food Temp:		

Site \_\_\_\_\_ Date \_\_\_\_\_ Visit by \_\_\_\_\_

**Form 13**

**SANITIZER LOG**

Month \_\_\_\_\_ Year \_\_\_\_\_ Sink \_\_\_\_\_ Dishwasher \_\_\_\_\_

**Please notify the Nutrition Program Director or Nutritionist if PPM are not registering correctly.**

Day	Time	PPM		Temperature	Initials
		50 ppm(dm)	100 ppm(sink)		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Form 14

REFRIGERATOR/FREEZER TEMPERATURE RECORD

Month:

Year:

Site:

Date	Time	Fridge F°	Freezer F°	Initial	Date	Time	Fridge F°	Freezer F°	Initial
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
9					9				
10					10				
11					11				
12					12				
13					13				
14					14				
15					15				
16					16				
17					17				
18					18				
19					19				
20					20				
21					21				
22					22				
23					23				
24					24				
25					25				
26					26				
27					27				
28					28				
29					29				
30					30				
31					31				

**Form 15**

**AAOA NUTRITION PROVIDER QUARTERLY REPORT**

Program Name: \_\_\_\_\_

Quarter \_\_\_\_\_ FY \_\_\_\_\_

<b>Production Kitchen Visit</b>			
Kitchen location	Date	Findings	Corrective Actions
<b>Congregate Site Visit</b>			
Site Name	Date	Findings	Corrective Actions
<b>Home-Delivered Meals Route Evaluation</b>			
Site Name	Date	Findings	Corrective Actions
<b>Home-Delivered Meals Reassessment</b>			
All clients reassessed this quarter: YES _____ NO _____			
If No, please indicate how many have not been reassessed: _____ and explain:			

Report by Nutrition Program Director

Date submitted to AAA Nutrition Consultant: \_\_\_\_\_

# SENIOR CONSUMERS RIGHTS

If you have a complaint about the services you are receiving, you have a right to pursue the following corrective steps:

## FIRST STEP

Report your service complaint with the site host at the service site. If this does not result in an improvement in the service you have a right to pursue the next step.

## Second STEP

Phone the Nutrition Provider at 707-xxx-xxxx to report your service complaint.

Exercise Your Consumer Satisfaction Rights

Remember you have a right to consumer satisfaction and you have a right to these steps in your grievance process.

**xxxx Senior Nutrition Program  
(707) xxx-xxxx**



**Form 17**

**Monthly FOOD SERVICE COST CONTROL REPORT**

Project/Site Name \_\_\_\_\_ Month \_\_\_\_\_

Total meals served \_\_\_\_\_ Total meals ordered \_\_\_\_\_ Year \_\_\_\_\_

		<b>Cost per meal</b>	
		<b>Served:</b>	<b>Prepared:</b>
<b>A. FOOD COST</b>	Total cost of meals purchased during month	\$ _____	
	Add total cost of additional required foods purchased for the month, if any	+ _____	
		=====	
	Total cost	Subtotal = _____	
1	Total cost of meals per month	= _____	
2	cost per meal		
	Divide total raw food costs by total meals		

<b>B. SUPPLIES COST</b>	Cash value of nonfood supplies inventory at beginning of month	\$ _____	
		+ _____	
		=====	
	Add total supply purchases for the month		
		Subtotal = _____	
	Subtract closing inventory value of supplies	- _____	
		=====	
1	Total cost of supplies per month	= _____	
	Supplies cost		
2	per meal:		
	Divide total supply cost by total meals		

<b>C. DONATED FOOD</b>	Fair market value of donated food used during month	\$ _____	
1	month		
	Subtract costs incurred in obtaining, or storing donated food	- _____	
		=====	
	Net Value of donated food	\$ _____	
2	Value of donated food per meal:		
	Divide net value of donated food by total meals		

<b>D. LABOR COST</b>	Total monthly payroll for personnel involved in production or serving of meals	\$ _____	
	Add total payroll taxes and fringe benefit costs for above people	+ _____	
		=====	
1	Total food service labor costs per month	\$ _____	
2	Labor cost		

per meal  
Divide total food service labor cost by total meals

#DIV/0! #DIV/0!

---

E. VOLUNTEER LABOR USED IN PRODUCING AND SERVING MEALS

Fair market value of all essential volunteer

1 labor used

in food production and service

\$ \_\_\_\_\_

2 Value of volunteer labor per meal:

Divide FMV of volunteer labor by total meals

#DIV/0! #DIV/0!

Indicate type of meal service used at site(s) e.g. All cafeteria style:

\_\_\_\_\_ cafeteria style

\_\_\_\_\_ table service

\_\_\_\_\_ not applicable

---

F. OTHER OPERATING COST

1 Total operating costs this month

\$ \_\_\_\_\_

2 Other operating cost per meal:

Divide total operating costs by total meals

#DIV/0! #DIV/0!

---

TOTAL MEAL SERVICES

G. COSTS

Total meal services costs per month:

Sum of line A(1), B(1), C(1), D(1), E(1), and F(1)

\$ \_\_\_\_\_

Total per meal cost of meal services:

Divide total meal services costs by total meals

#DIV/0! #DIV/0!

Verification: Sum of line A(2), B(2), C(2), D(2), E(2) and F(2)

#DIV/0! #DIV/0!

Variations of more than a few cents from the figure on the line immediately above may indicate the presence of errors.

=====

Form 18

AAOA QUARTERLY NUTRITION EDUCATION REPORT

FY \_\_\_\_\_ Quarter \_\_\_\_\_

Provided by \_\_\_\_\_ R.D.

Report to be submitted to AAOA Nutrition Consultant for approval and  
AAOA MIS Coordinator for contract unit monitoring  
Due 10/20, 1/20, 4/20, 7/20

Congregate Units:			HDM Units:		
<i>Date</i>	<i>Site Name</i>	<i># Participant</i>	<i>Date</i>	<i>Route Name</i>	<i># Participant</i>
<b>TOTAL</b>				<b>TOTAL</b>	

**TOPIC:**

**MAIN POINTS OF DISCUSSION OR CONTENT:**

*Attach handouts, if any*

**EVALUATION (written, oral, or demonstration):**

**Form 19**

**ANNUAL NUTRITION EDUCATION PLAN  
&  
ANNUAL FOOD SERVICE IN SERVICE TRAINING PLAN**

To be submitted to AAOA Nutrition Consultant and AAOA Program Monitor on July 1 of each year

**Nutrition Education Plan (one topic per quarter)**

Month/Year	Topic	R.D Name

**Food Service In Service Training Plan (4 hours per year)**

Month/Year	Topic	R.D Name

**MEMORANDUM OF UNDERSTANDING  
BETWEEN (Nutrition Service Provider) AND (Congregate Site Host Agency)**

\_\_\_\_\_ (Nutrition Service Provider), and the grantee agency for the senior nutrition services contract from the Area Agency on Aging Serving Napa Solano (AAOA), is pleased to work in agreement with \_\_\_\_\_ (Congregate Site Host Agency) to provide congregate meals and nutrition education services at \_\_\_\_\_ (street name). The following describes that joint agreement to provide these services.

**Termination of this agreement shall obtain AAOA approval.**

**Part A: The Nutrition Service Provider Responsibilities**

- 1) The nutrition service provider agrees to act as the grantee agency during the term of the contract.
- 2) The nutrition service provider is responsible for administration of the senior nutrition service according to the Older Americans Act Title IIIC and AAOA policies and procedures, following the contract terms and conditions and budget approved by the AAOA.
- 3) The nutrition service provider agrees to provide the number of meals specified for this site is the contract. The contract designates to a total of \_\_\_\_\_ congregate meals for the 12-month period, with an average of \_\_\_\_\_ meals per service day. The host agency will provide a list of holidays when the canters are closed. No meals will be provided on those holidays.
- 4) The nutrition service provider agrees to supply adequate serving utensils and all paper and cleaning supplies necessary for the daily congregate nutrition operations.
- 5) The nutrition service provider agrees to employ a staff member to provide all services related to the congregate meal program at the site.
- 6) The nutrition service provider is responsible for securing client intake data and entering the information into SAMS.
- 7) The nutrition service provider will set and obtain AAOA approval the suggested donation rate to allow for an opportunity for the seniors to donate for the services.

**Part B: Host Agency Responsibilities**

- 1) The host agency is responsible for the health, safety, and maintenance of the facility by meeting the local and State Department of Health standards and regulations. The host agency is responsible for janitorial services for the dining room and kitchen area, garbage disposal and pest control.
- 2) The host agency is responsible for general liability insurance and rent for the site. Upon execution of this agreement, the host agency will provide a copy of insurance certificate to assure that necessary coverage is in place.
- 3) The host agency will provide adequate refrigeration and storage space for the ongoing daily needs of the congregate site operation to ensure that AAOA requirements are met.
- 4) The host agency agrees to provide a private space for the nutrition service provider's staff

to interview the new program participant.

Part C: Nutrition Service Provide and Host Agency Joint Responsibilities

- 1) The nutrition service provider and the host agency agree to abide by the AAOA donation policy and promote the donation confidentiality.
- 2) The nutrition service provider staff will coordinate with the host agency to arrange for the provision of other supportive services at the site.
- 3) The nutrition service provider and the host agency will mutually determine procedures for dealing with problems arising at the congregate site.
- 4) The nutrition service provider and the host agency will follow the AAOA complaint protocol for any complaints regarding congregate nutrition services.

Signed:

\_\_\_\_\_  
The Nutrition Service Provider

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
The Host Agency

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_