



Nutrition Services Program

Procedure & Policy Manual

Provides guidance for day-to-day operation of older adult nutrition programs in Sonoma County.

PSA27: Sonoma County

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General Information

Preface

This Policies & Procedures Manual has been prepared to provide ready reference for the day-to-day operations of the Older Adult Nutrition Program for Public Service Area 27 (PSA 27) Sonoma County.

The standards for the operation of the Title IIIC Nutrition Programs (Congregate and Home-Delivered) are based on the following State and Federal regulations and guidelines:

- Older Americans Act (OAA) as amended;
- Older Californians Act, 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 2945 CFR Part 1321 as amended;
- U.S. Food and Drug Administration Publication, Federal Food Code as amended,
- Nutrition Services Initiative Program (NSIP);
- California Department of Aging Area Plan Contract and Program Memoranda; and
- Best Food and Nutrition Practices.

PSA 27: Sonoma County

The Older Americans Act (OAA) passed by Congress in 1965 serves as the primary vehicle for delivery of social and nutrition services to older adults and caregivers. The Sonoma County Area Agency on Aging (AAA) was established in 1980 by the California Department of Aging. The Sonoma County Board of Supervisors serves as the Board of Directors and is consolidated in the Human Services Department's Adult & Aging Division. The Sonoma County AAA and its Advisory Council plan, coordinate and allocate Older Americans Act Funds for services to persons 60 years and older as well as adults with disabilities. Sonoma County's AAA builds on this foundation to promote the independence and wellbeing of both current and future older adults and adults with disabilities in Sonoma County.

Older Adults Nutrition Program

The PSA 27 Nutrition Program is funded through the Older Americans Act with local matching funds provided by service providers, fundraisers and participant donations. Additional funding is provided by the Nutrition Services Incentive Program (NSIP).

This Nutrition Program provides nutritionally balanced meals served at congregate dining sites as well as delivered to homebound clients. The purpose of the nutrition program is to provide older individuals; particularly those with low incomes, with low cost nutritionally sound meals served in strategically located congregate sites or delivered to the homes of the homebound individuals at least five days a week. Besides promoting better health among the older segment of the population through improved nutrition, such a program focuses on reducing the isolation of old age and providing a link to other social and community services.

The goals of the Title III C Nutrition Program services 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 27) in Sonoma County, California, and
- Assist them in maintaining optimal health and being independent so that they may continue to reside in the community for as long as possible.

Target Population

The eligible service population for the Nutrition Program (Title III C-1 and C-2) means individuals sixty (60) years of age or older, with emphasis on those in greatest economic and social need with particular attention to low-income minority older individuals, Spanish speakers, older individuals with Limited English Proficiency (LEP), and older individuals residing in rural areas.

Congregate Meal

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: Low-income, Minority, and Frail.

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.

Congregate Meal Program and Site Eligibility

The congregate meal site must be located in an area easily accessible to the target populations identified in the Area Plan and, to the maximum extent possible, at 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 Americans with Disabilities Act (ADA) requirements and be operated in a cost effective and efficient manner.

Eligible individuals include: 1. Any older individual (60+) 2. Spouse of an older individual 3. Person with a disability who resides in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided 4. Disabled individual who resides at home with and accompanies an older individual who participates in the program 5. A volunteer under age sixty (60) if doing so will not deprive an older individual of a meal.

Congregate Meals (NSIP Eligible)

Each congregate meal participant shall only receive one meal per day. Individuals eligible to receive a meal at a congregate nutrition site:

- Any person aged 60 or over;
- The spouse, regardless of age, of any person aged 60 or over;
- An individual with disabilities 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;
- An individual with disabilities who is under the age of 60 and resides at home with an accompanies an older individual eligible under the OAA.

Home Delivered Meal Program and Eligibility

The home-delivered meals shall be provided throughout the county to meet the needs of the target populations identified in the Area Plan. Meals for HDM must be appropriate for proposed target population and may be delivered hot, chilled, or frozen.

Broadly speaking, eligible individuals include: 1. Frail as defined by 22 CCR 7119, homebound by reason of illness or disability, or otherwise isolated (these individuals receive priority) 2. Spouse of a person in 22 CCR 7638.7(c)(2) regardless of age or condition, if an assessment concludes that it is in the best interest of the homebound older individual 3. Individual with a disability who resides at home with older individuals if an assessment concludes its in the best interest of the homebound older individual who participates in the program.

Home-Delivered Meals (NSIP Eligible)

Each home-delivered meal participant shall receive one meal per day with the option for two meals if the comprehensive assessment demonstrates the need for an additional meal. Individuals eligible to receive a home-delivered meal:

- Any person aged 60 or over who is frail, homebound by reason of illness, incapacitating disability as defined in OAA Sec 102 (8) (9), discharged from the hospital;
- A spouse of a person who qualifies above, regardless of age or condition may receive a home-delivered meal if it is in the best interest of the homebound older person;
- A disabled individual who resides at home with older individuals eligible under the OAA;
- The eligibility in accordance with OAA shall be determined by the following criteria:
 - Too frail to travel to a congregate nutrition site;
 - Acute illness;
 - Convalescing from acute illness;
 - Incapacitating due to chronic illness;
 - Incapable of shopping and preparing meals.

Service Components

Meal Program Management

Coordination of meal service delivery, including transporting meals to service sites or to the homes of program participants. Development of cycle menus based on program participants' needs.

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 procurement 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.

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.

Nutrition Education

Provide group nutrition education sessions at congregate meal sites on a quarterly basis. Provide nutrition education information to HDM consumers on a quarterly basis.

HDM Eligibility Assessment

Initial intake and annual comprehensive assessment and quarterly re-assessment for HDM participants. An in-home reassessment of program participants must be conducted every six months.

Reporting & Record Keeping

Fiscal Reporting

Contracting Nutrition Providers are required to provide fiscal reports as contractually mandated.

Program Reporting

Per 22 California Code of Regulations (CCR) 7500(b)(2) and 7636.7(b), service providers shall maintain participant records in a secured area to protect the confidentiality of records.

When conducting congregate and home-delivered meal participant assessments and reassessments, Contracting Nutrition Providers shall use the Congregate Meal Intake, Home-Delivered Meal Intake (4-pages), and Home-Delivered Meal Program Quarterly Phone Reassessment forms found in the Appendix.

Record Keeping

Temperatures of food prepared, served and delivered to congregate and home-delivered participants as well as air and water temperatures of Nutrition Site refrigerators, freezers and dish washing machines must be taken and recorded every day the Nutrition Sites operate. The Temperature Log forms to be used by Nutrition Program paid and volunteer staff members are found in the Appendix.

CDA Nutrition Programs Description

Nutrition – Congregate

The program goal is to maintain and improve the social well-being of older persons through appropriate services. As defined by the CDA: A meal provided to an eligible individual in a congregate group setting that meets all of the requirements of the Older Americans Act and State/Local laws, and assures a minimum of one-third of the Dietary Reference Intake, and shall comply with Dietary Guidelines for Americans.

Service Unit = One Meal

As a registered service, reporting requirements include unduplicated client counts by characteristic and service units. Family Caregiver Support Program (FCSP) clients ADL/IADL information is required for Care Receivers served in “Caregiver Caring for Elderly” component only.

Home-Delivered Meals

A meal provided to an eligible individual in their place of residence that meets all of the requirements of the Older Americans Act and State/Local laws, assures a minimum one-third of the current Dietary Reference Intake, and shall comply with Dietary Guidelines for Americans.

Service Unit = One Meal

Reporting requirements include unduplicated client counts by characteristic, ADLs/IADLs and service units.

Nutrition Education

A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants in a group or individual setting overseen by a dietician or individual of comparable expertise. Methods of education may include demonstrations, audio-visual presentations, or small group discussions for congregate program participants. Handout materials may be used, but not limited to, as the sole education component for home-delivered meal program participants.

Service Unit = 1 Session Per Participant

As a non-registered service, reporting requirements include estimated unduplicated client counts and service units.

Nutrition Counseling

This program provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use. Counseling is provided one-on-one by a registered dietician, addressing the options and methods for improving nutrition status. Nutrition counseling may be made either in person or by any other means deemed appropriate (telephone, emails etc.)

Service Unit = 1 Session Per Participant

As a registered service, reporting requirements include unduplicated client counts by characteristic and service units. Family Caregiver Support Program (FCSP) clients ADL/IADL information is required for Care Receivers served in “Caregiver Caring for Elderly” component only.

Safety – Disaster Planning

Policy

In the event of an emergency, the approved monthly menu will be followed as closely as possible to be followed by the one-day emergency menu. It is recommended that service providers maintain fire evacuation policies for all buildings used by the Nutrition Program.

Emergency Evacuation

It is recommended that service providers contact the Fire Department for planning assistance. Provide nutrition program staff and volunteers with a sketch of the floor plan for each building illustrating the following: Location of all rooms and access points, location of fire extinguishers and special hazards such as furnace, chemicals, propane tanks etc., location of gas, electric and water shut-offs, escape routes based on location of fire, ideal locations for lockdown events. The nutrition provider shall train all paid and volunteer staff members on the procedures required for evacuation.

In the case of a fire, evacuate the building. Call 9-1-1, make sure everyone is aware of the emergency and if time permits and if feasible, try to put the fire out with an extinguisher.

Food & Water Supply

In the event of any major disaster such as fire, earthquake, explosion or flood there may be disruption of electricity, gas, water and/or telephone. Civil Defense Assistance may become necessary. The site supervisor shall maintain a week supply of staple goods and a two-day supply of perishable food and paper goods to be used in case of an emergency. Main site kitchens are recommended to follow the following procedures:

1. At least one flashlight is kept in the kitchen at all times.
2. Ice may be removed from the ice machine and kept in covered containers in the refrigerator. Bleach may be used to purify the water as detailed previously.
3. Disposable kitchen service will be used: plates, cups, napkins, forks, knives and spoons
4. Foods stored in refrigerators and freezers are safe to use at 40 degrees or below. Do not open doors unnecessarily.
5. Wet and dry garbage will be separated and stored in plastic bags with secure ties. Bags will be stored in the garbage area.

To purify water: boil for 1-3 minutes, use water purification tablets or use liquid bleach (from the laundry department) that is preferably 5.25% hypochlorite. Add bleach and stir according to the following direction:

Amount of Water	Clear Water	Cloudy Water
1 Quart	2 Drops Bleach	4 Drops Bleach
1 Gallon	8 Drops Bleach	16 Drops Bleach
5 Gallons	½ Teaspoon Bleach	1 Teaspoon

Power Outage

Recommendations: Rely on canned and packaged foods that can be eaten cold directly from the container or with the disposable service. Perishable foods are used if refrigeration equipment is non-functioning. Perishable foods may be used in the first day if the power has been out less than 24 hours. Check inventory of all prepared foods on hand. Save all liquids such as juice from canned fruits and vegetables. Repeat this menu pattern if necessary. Follow the previously approved menu if possible and then resort to the one-day emergency menu as needed.

Emergency Menu

One-Day Emergency Menu

Emergency menus must be approved in advance by the AAA Registered Dietician. Provide meals with disposable service items. A recommended menu follows:

Breakfast: Juice (Canned), Fruit (canned or fresh fruit cut up), Cereal (Dry), Milk (1% canned milk or fresh if below 40 degrees Fahrenheit).

Lunch & Dinner: Sandwiches OR Cheese Plate (tuna, peanut butter & jelly served on bread or crackers, luncheon meat or meat cooked and sliced, cottage cheese or sliced cheese), Salad (mixed cooked canned or raw vegetables (wax beans, green beans), cottage cheese with mixed fruit, Fruit (canned or fresh fruit cut up), Beverage (1% canned milk or fresh if below 40 degrees Fahrenheit).

Shelf Stable Meals

When identifying a manufacturer, please work directly with the representative and request sample shelf stable emergency meals and the nutrition information. It is also prudent to confirm shelf life (6 months or longer is recommended). Nutritionals and components require approval by the AAA Registered Dietician. During a disaster or PSPS where the clients do not have power or if a client is on a well may not have access to water, the emergency meals provided need to be able to be kept safe without refrigeration and be consumed without being heated. It is best to provide water to ensure clients do not become dehydrated.

Safety Data Sheets

The service provider will be responsible for obtaining and maintaining the binder of Safety Data Sheets for all chemicals and cleaners used at each nutrition site in accordance with OSHA regulations. The purpose of this is to ensure all paid and volunteer staff know what to do in an emergency if a chemical is ingested or gets into a person's eyes or on the skin.

Site Council

Responsibility

Nutrition service providers are encouraged to establish for each dining site, a Site Council, whose responsibility shall be to advise the Nutrition Provider on all matters related to the delivery of nutrition services. These site councils shall serve as liaisons between the participants at the site and program staff. Site Councils are an invaluable resource for evaluation, monitoring, and feedback on overall program operations. All recommendations must be in accord with all Federal and State policies and take into consideration the funding available.

Composition

The Site Council shall be composed of site participants who are elected by the majority of participants at the site. The Site Council shall consist of at least three members. The site supervisors serves as an ex-officio (non-voting) member of the Site Council.

Food Service Operation

Older Adults Meals Program

Policy

The Older Americans Act (OAA) requires that all meals served using OAA funds must adhere to the current Dietary Guidelines for Americans (DGAs), provide a minimum of one-third of the Dietary Reference Intakes (DRIs), meet state and local food safety and sanitation requirements and be appealing to older adults. The OAA is a flexible law that allows states to tailor their programs to meet the needs of the older adults in their communities who are in greatest social and economic need.

Purpose

To provide nutritious and tasty meals to congregate meal site and home-delivered meal recipients. When feasible and appropriate, the cultural and religious preferences and special dietary needs of eligible persons shall be considered.

Procedure

- Menus shall be planned for a minimum of four weeks, be reviewed and certified by the Registered Dietician prior to use, be posted weekly in a spot conspicuous to participants as well as in the kitchen's preparation area, reflect seasonable availability of food, be planned to ensure variety within the week and the menu cycle, be legible and easy to read, reflect cultural and ethnic dietary needs of participants when feasible and appropriate.
- Menu Variety: Menu should be planned so food items within the meat and meat alternate, vegetable, fruit and grain groups are varied within the week and the 4-week menu cycle. Food items should not be repeated two days in a row or on the same day of consecutive weeks except on documented preferences of the participants receiving the meals. Menu should include a variety of foods and preparation methods taking into consideration food color, combination, texture, size, shape, taste and appearance.

- Nutritious and satisfying menus shall be developed that increase the consumption of complex carbohydrates and fiber and lower intake of fat, sodium and simple sugars. Menus must meet the daily dietary fiber requirement and limit fat to no more than 20-30 percent of the calories averaged for the week. Key elements of this program include:
 - The use of whole grains, meat alternatives and whole fresh fruits and vegetables is strongly encouraged to increase fiber content of meals. Whole fruit should be cut and peeled to make it easier for older adults to consume;
 - The use of low-sodium meats, flavorings and stocks is required;
 - The use of low-fat, low-sodium salad dressings, cheeses and gravy bases (made without drippings and fats) is required;
 - Baking, broiling and steaming foods is strongly encouraged;
 - Frying food is prohibited unless approved by Registered Dietician.
- Conformity to all nutritional requirements shall be assured by the Registered Dietician who must submit detailed menus to the Sonoma County Area Agency on Aging that are developed using nutrient analysis, a meal pattern, or a combination of both. At a minimum, values must be determined for protein, calories, calcium, vitamin A, vitamin C, niacin, riboflavin and thiamin.
- Menu Planning Guidelines
 - Menus shall provide more than 550 kilocalories;
 - Meat: Each meal shall contain a three-ounce edible portion of meat, fish, fowl, eggs or cheese. Mixed dishes such as casseroles, stew and soups shall contain a two and one-half ounce portion of protein, a minimum of 15 grams of protein shall be provided by the meat/meat alternative;
 - Ground meat may be used in entrees no more than twice in one week. If served twice in one week, the ground meat shall be served at least once in “solid” form such as a meat loaf or Salisbury steak.
 - Meat alternatives may be used once per week or in accordance with the participant’s food preferences. Meat alternatives include cooked dried beans, peas or lentils, and nuts, nut butter or products made from these foods.
 - Dried beans, peas or lentils may be counted as either a serving of vegetable/fruit or meat/meat alternative, but not for both groups in the same meal.
 - When liver is served it may fulfill all vitamin A requirements for the week.
 - Fruits & Vegetables: Each meal shall contain at least two one-half cup servings, drained weight or volume, of different vegetables or fruits, or their juices.
 - Vitamin A – 3x/week: Vitamin A rich food should be served 3x per week either in a single serving or in a combination of two servings at the same meal. Documentation should show that the menu for the entire week supplies an average of one-third of the DRIs for vitamin A.
 - Vitamin C – daily: one serving of a vitamin C rich fruit or vegetable should be served daily, either in a single serving or in a combination of two servings at the same meal that contains at least one-third of the DRIs for vitamin C. Uncooked sources of vitamin C are preferred. Fortified, full-strength juices defined as fruit juices that are

- 100 percent natural juice with vitamin C added may be counted as a vitamin C rich food.
- Fruit as Fiber: At least half of the commended daily serving of fruit should come from whole fruit in order to benefit from the dietary fiber. Whole fruits include fresh, canned frozen, and dried forms. None of these forms should include added sugars. Serving fresh fruit is strongly encouraged, but it should be peeled and/or cut to make it more appealing and easily consumed by older adults.
- Soup: Vegetable soup that contains at least on-half cup vegetables per serving may be counted as a vegetable or fruit.
- Grain: One-half of the total daily grain intake should be from whole grains. The grains food group includes grains as single foods (e.g. rice, oatmeal, popcorn) as well as products that include grains as an ingredient (e.g. bread, cereal, crackers, pasta). Grain products should have a high percentage of whole grains. Refined grain products that have been enriched (usually with iron and four B vitamins) are not the equivalent of whole grain products, but may be used. Grain products high in added sugars and saturated fats shall not be used.
- Dessert may not be served more than one time per week. It must be an optional element of the meal to satisfy caloric requirements or to deliver additional nutrients. Desserts served should not be high in sugar, refined grains and solid fats. CDA encourages serving fruit as dessert.
- Coffee, tea and decaffeinated beverages may be served, but shall not be counted as fulfilling any part of the meal pattern requirements;
- Salt: Food items high in sodium must be noted with the icon on menus. Iodized salt should be used in preference to plain salt at the table. Sodium will average no more than 750mg per meal for the week.

Meal Service Requirements

The operation of each nutrition program meal center shall be under the supervision of a responsible trained person (paid or volunteer) who is the designated manager. The management of the site and the meal service requirements are the primary responsibility of the designated Central Kitchen Site Manager, or the on-site meal preparation sites shall designate a trained Food Service staff person to coordinate meal service requirements.

Food Production

Meals should be served as indicated on the master menu certified by the Registered Dietician. Menu changes must be approved by the Registered Dietician prior to meal service and kept on file for audit. Food shall be prepared or ordered in sufficient quantities to serve all participants. Staff and volunteers shall be trained in portion control and the use of appropriate serving utensils as specified on the Production Sheets by the Registered Dietician.

Packing and Transport: All food for congregate and home-delivered meals should be packaged and transported in a manner which protects them from potential contaminants including dust, insects, rodents, unclean equipment and utensils and unnecessary handling.

Delivery Temperatures: Hot food shall be maintained at or above 140 degrees F and cold food shall be maintained at or below 40 degrees F throughout the meal service period including delivery to the last homebound participant of a home-delivered route.

Recording Temperatures: Kitchens preparing food should take and record the temperatures of all foods at the end of production every day a meal is served. Food temperatures are taken and recorded again just before serving. Both temperatures should be recorded on the Production Sheet menu or another approved form. Temperatures for all food delivered to satellite sites should also be taken and recorded at time of delivery and again prior to serving.

- Satellite meal sites without a steam table should have temperatures taken at the point of meal service to avoid unnecessary opening of food.
- Home delivered meal temperatures should be taken and recorded daily at the point of packaging. Meal temperatures should also be taken at the end of each delivery route on a regular basis or not less than two times per month. End-route temperatures not meeting temperature requirements then requires that temperatures be taken not less than weekly until the problem is corrected.
- Completed Food Temperature Logs should be maintained and kept on file at the Central Nutrition Program site for at least one year and will be included in audits by the Registered Dietician.

Holding Time: Holding time between completion of cooking and beginning of food service at the congregate site(s) should not exceed two hours. For home-delivered meals, the holding time between the completion of cooking and delivery of the last meal should not exceed two hours. For rural areas, after all attempts to limit the holding time to two hours have been exhausted and with prior authorization from the Registered Dietician, a holding time of three hours may be acceptable.

Holiday or Weekend Meals: Meals intended for later use by home-bound participants (holiday meals) may be supplied only when:

- The Nutrition Provider has determined adequate storage, refrigeration or heating equipment is available and can be used by the participant.
- The packaging material for these meals is easy for the participant to handle;
- Written instruction for proper storage and reheating accompanies the meals and the packaging is clearly marked with a discard date.

Leftovers

The appropriate disposition of leftover food requires professional judgement of one trained in nutrition and food safety and one who is familiar with the conditions and food handling practices at the kitchen and/or serving site. All sites must adhere to the following guidelines regarding leftover foods.

- Leftovers may be served as seconds to congregate participants, but they cannot be eligible for reimbursement or counted towards service units.

- Leftovers must not be used for Home Delivered Meals.
- Unserved leftover food may not be taken from kitchens or sites by employees, volunteers or participants.

Central Kitchen Prepared Leftovers: All leftovers must be completely covered, labeled and dated. All leftovers must be held under refrigeration of 40 degrees F, or less, in shallow containers not more than four inches deep for a maximum of 48 hours unless frozen. Leftovers which are frozen and held at 0 degrees F may be retained for 30 days.

Satellite Site Leftovers: Leftovers from food which has been prepared at a Central Kitchen and transported to a Satellite Site must be used or discarded at the site except as follows:

- Items may be transported back to the preparation site if they are in their original containers unopened (ie. canned juice, fruits, fresh vegetables, milk, bread etc.) and only if they have been maintained at proper temperatures.

Taking Food from Sites: Safety of 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. Nutrition providers must post signs stating, “For health reasons, taking out potentially hazardous foods is not recommended. Doing so is at your own risk.”

Taking Out Food is Potentially Hazardous Sign

**FOR HEALTH
REASONS,
TAKING OUT
POTENTIALLY
HAZARDOUS FOODS
IS NOT
RECOMMENDED.**

**DOING SO IS AT
YOUR OWN RISK.**

Home-Delivered Meals

Meal Packing Procedure

1. Immediately upon arrival the cook will count and pull the correct number of milks from the refrigerator and place them in the freezer.
2. For Cold Foods
 - Place an ice pack on the bottom of approved container;
 - Follow with the “No milk bags”;
 - Next, please the rest of the bags with milk;
 - Finally, top with another ice pack.
3. For Hot Foods
 - Use approved containers;
 - Line the bottom(s) with cardboard;
 - Place the aluminum accumulator or a minimum of 2 hot rocks, 3 would be better, on the bottom.
4. Count the number of meals, prepare and double check the number with a second count while placing meals into the containers.
5. The test meal must go on the bottom of the container.

Monitoring Food Temperatures

Policy

The temperature of food at delivery time to home delivered participants will be within acceptable temperatures: hot food at or above 140 degrees F and cold food at or below 40 degrees F.

Purpose

To ensure that all home-delivered meals are safe and acceptable.

Procedure

1. A test meal will be sent out on each home delivered route on a regular basis, not less than two times per month.
2. A thermometer and a form for recording the temperatures will be provided to the driver.
3. The driver will monitor all hot and cold foods at the time of delivery of the last meal.
4. The time will be noted, and all temperatures will be handwritten on the temperature log.
5. The sheet will be returned to the site manager for review and comment. The log will be kept on file for review and audit by the Nutrition Program Manager for a minimum of one year.
6. If food temperatures at the time of last delivery do not meet temperature requirements, test meal temperatures shall be taken and logged not less than once a week until the problem is corrected.

Request for Menu Change

Policy

All changes to the menu must be approved by the PSA 27 – Sonoma County Area Agency on Aging Registered Dietician.

Purpose

To ensure the menu provides one third of the DRIs and complies with the Dietary Guidelines for Americans.

Procedure

1. The Provider Nutrition Program Manager or the Provider Cook will notify the PSA 27 Registered Dietician by phone or email regarding a requested menu change prior to making any changes.
2. The Registered Dietician will review the request and email an approval or recommendation to the requestor. Approval notifications must be printed and kept on file.
3. Acceptable changes are usually those that are made because food items were not delivered from vendors and/or there are staffing/production problems that have occurred during the week.
4. Changes made within the same week are acceptable, but still must be emailed to the Registered Dietician for review and approval.

Food Service Staff Dress Code

All employees preparing, serving or handling food or utensils must adhere to the following dress code guidelines. These guidelines must be reviewed with all paid and unpaid staff members on an on-going basis.

1. Wear clean, washable outer garments or other clean uniforms. Aprons must be worn in the kitchens.
2. Wear hairnets and/or caps that confine all hair.
3. Wear leather topped shoes. Canvas covered shoes, sandals and open-toed shoes are not acceptable.
4. Jewelry such as wedding rings, wristwatch and post earrings may be worn. Heavy dangling jewelry is not acceptable.
5. Fingernails must be kept at an acceptable length.
6. Fingernail polish is not acceptable.

Procurement Policy

All goods procured must be of good quality and must be obtained from “approved” sources which conform to Federal, State and Local Regulatory Standards for Quality, Sanitation and Safety.

1. Food in hermetically sealed containers (canned foods) must be processed in a licensed establishment. No home-prepared or home-canned foods may be used.

2. Nutrition Providers must conduct procurement transactions in a manner that provides, the maximum extent possible, open and free competition.
3. No employee, officer or agent of the Senior Nutrition Program may establish services in which Federal funds are used and where to their knowledge their immediate family, partners or organization in which they have an immediate family or partner has a financial interest.
4. No employee, officer or agent of the Senior Nutrition Program may solicit nor accept gratuities, favors or anything of monetary value from potential contractors.
5. Nutrition Providers must compare cost analysis on an ongoing and regular basis in order to obtain the highest quality food for the lowest price available to the extent feasible.
6. Milk must be purchased from a reliable source whose standards of quality, sanitation and safety comply with Division 15 of the California Food and Agricultural Code. All milk products used and served shall be pasteurized.

Contributed Food

All foods used in the Senior Nutrition Program must be of good quality and must be obtained from sources which conform to Federal, State and Local Regulatory standards for Quality Sanitation and Safety.

1. Contributed foods must meet the same standards of quality, sanitation and safety set forth in the California Retail Food Code.
2. Foods prepared or canned in private homes may not be accepted or used.
3. Contributed fresh produce may be accepted and used only if grown in orchards and gardens that are “approved sources” as defined by the California Retail Food Code Section 113735. Check with your Environmental Health Division of the Community Resources Agency to ensure that produce from culinary gardens too small to fall under regulatory authority of the local Department of Agriculture is as safe as possible for use in the food facility.
4. The Nutrition Provider must retain a log of all accepted donated produce including date accepted, farmer/gardener’s name, address and phone number. The log must be retained for a period of one year.
5. Prior to use, all fresh produce must be thoroughly washed to remove dirt or insecticide residues. Produce that is moldy or showing signs of decay must not be accepted. Produce must be whole and not cut into pieces. If there is any doubt as to the quality or safety of the produce, do not accept the donation.
6. The process for accepting donated meat must follow Federal, State and all local standards for quality, sanitation and safety. Providers will ensure that donated meat is slaughtered and processed at a USDA inspected facility only and will have all appropriate documentation.
7. The Nutrition Provider is responsible for securing appropriate and safe delivery of the meat after processing. All temperatures must be documented and validated by the Provider Nutrition Program Manager according to California Retail Food Code. All documentation including donation source, slaughter, processing and transportation of the meat must be maintained on site and available for review by PSA 27 Area Agency on Aging and all appropriate Federal, State and local agencies.

8. Contributions of wild game, fresh or frozen ocean-going fish and shell fish may not be accepted or used.
9. Appropriate in-kind records must be maintained for all donated foods.

Food Storage Regulations

It is imperative that each Senior Nutrition Program Provider follow established food storage regulations at all times.

1. Adequate and suitable space free from dirt and dust must be provided for the storage of food and beverages, as well as, cooking, eating and serving utensils.
2. The dry storage area must be cool, dark, ventilated, clean, orderly, free from leakage, insects, rodents and vermin or other contamination. (CRFC Section 114047)
3. Inventory Systems must be established and used. Stored goods must be rotated to prevent deterioration on a first-in/first-out basis (FIFO).
4. Temperature of the dry storage area must be maintained at 50-70 degrees F and must have at least 10-foot candles of light.
5. All foods must be stored at least six-inches above the floor and 18-inches from the ceiling to permit free circulation of air and prevent contamination (CRFC Section 114047)
6. All food and non-food items shall be clearly labeled so that their contents are easily identifiable. (CRFC Section 114089)
7. All chemicals and cleaning supplies must be stored in an area separate from food or if necessary on shelves below shelves used for food storage. (CRFC Section 114281)
8. Opened packages of foods such as sugar, flour and noodles must be stored in tightly-closed containers and clearly labeled on the main part of the container. (CRFC Section 114051)
9. Windows must be screened to prevent insect invasion. Open doors must be screened or equipped with insect control devices. Open exterior doors must be screened or equipped with self-closing devices or high velocity fans when left open for deliveries.
10. Street clothing and purses must be stored in an area separate from food, paper goods, utensils, kitchen equipment and other supplies used in the preparation or serving of food. (CRFC Section 114256.1)
11. Refrigerators and freezers must be kept clean and in good repair (CRFC Section 114175)
12. An accurate and readily visible thermometer must be installed in all refrigerators and freezers. (CRFC Section 114157)
13. All refrigerators must be maintained at a maximum temperature of 41 degrees F. (CRFC Section 27601)
14. All freezers must be maintained at maximum temperature of 0 degrees F. (CRFC Section 27601)
15. Temperature logs must be maintained for all freezers and refrigerators and kept on file for PSA27 Area Agency on Aging and Department of Aging review for a minimum of one year.
16. Frozen potentially hazardous food must only be thawed in one of the following ways:
 - a. Under refrigeration that maintains the food temperature at 41 degrees F or below.

- b. Completely submerged under potable running water for a period not to exceed two hours at a water temperature of 70 degrees F or below, and with sufficient water velocity to agitate and flush off loose particles into the sink drain.
 - c. In a microwave oven if immediately followed by immediate preparation.
 - d. As part of a cooking process (CRFC Section 114020)
17. Eggs must be stored on the bottom shelf. Cracked eggs must be discarded.

Portion Control

Portion Control must be maintained to ensure that a minimum of one-third of the Dietary Reference Intakes (DRIs) is provided to each participating older adult.

1. Menu Production Sheets include serving sizes of foods (ounces, cups) and details of serving utensils to be used (example 2-4 oz spoodle) to ensure that portion control is maintained.
2. The production sheet is to be reviewed, posted and followed in the serving area of all sites.
3. The site manager must review the production sheet with the staff prior to meal service to ensure portion control.
4. Participants must be offered all food items, but may decline items due to preferences or medical reasons (Offer vs. Serve).

Offer vs. Serve

All Senior Nutrition Program congregate site participants must be offered all of the required food servings on the menu approved by the Registered Dietician. When participants decline food item, Senior Nutrition Program paid and non-paid staff members must follow the provisions of "Offer Versus Serve" as found in 7 CFR 226.20q which allows that a congregate meal participant may be permitted to decline items due to preference or medical reasons. NSIP reimbursement is not effected when a participant declines menu items.

Food Measurement Conversion Chart

Standard size scoops most commonly used in Food Service Operation:

<u>SCOOP SIZE</u>	<u>MEASURE</u>	<u>WEIGHT</u>	<u>SUGGESTED USE</u>
#12	5 T. + (1/3 C)	2-1/2 - 3 oz.	
#10	6 T. +	3 - 4 oz.	
#8	8 T. + (1/2 C)	4 - 5 oz.	Fruit, Vegetables, Desserts
#6	10 T. +	6 oz.	Stew, Casseroles, Creamed Dishes

Standard size ladles most commonly used in Food Service Operation:

<u>LADLE SIZE</u>	<u>MEASURE</u>	<u>WEIGHT</u>	<u>SUGGESTED USE</u>
#8	1 C.	8 oz.	Soup
#6	3/4 C.	6 oz.	Casserole, Stew, Creamed Dishes
#4	1/2 C.	4 oz.	Vegetables, Fruit, Dessert
#2	1/4 C.	2 oz.	Gravy, Some Sauces

These measurements are based on level dippers or scoops. If a heaping dipper is used the measure or weight is closer to that of the next large dipper.

*Portions per quart.

Scoop & Ladle Chart

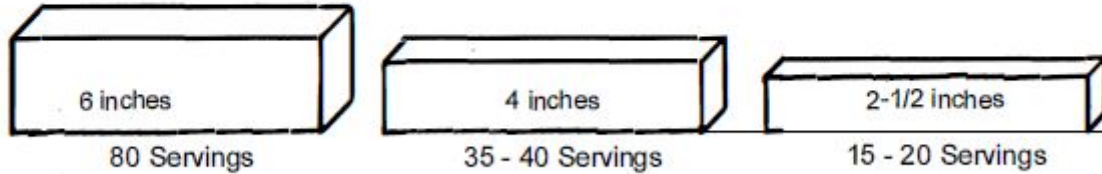
SCOOP SIZES	TABLESPOONS	CUPS	QUARTS	OUNCES	GRAMS	LADLE SIZE
6	10-2/3	2/3	1/6	5	150	5 oz.
8	8	1/2	1/8	4	140	4 oz.
10	6	2/5	1/10	3	130	3 oz.
12	5-1/3	1/3	1/12	2-1/2	120	2-1/2 oz.
16	4	1/4	1/16	2	70	2 oz.
20	3-1/5	1/5	1/20	1-3/4	50	1-3/4 oz.
24	2-2/3	1/6	1/24	1-1/2	40	1-1/2 oz.
30	2	1/8	1/30	1	30	1 oz.
40	1-3/5	1/10	1/40	3/4	20	3/4 oz.

SCOOP SIZE REFERS TO THE APPROXIMATE NUMBER OF SERVINGS PER QUART

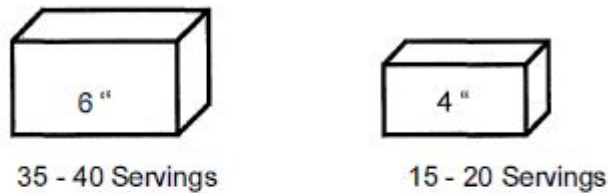
Standard Size Pans Chart

Portion Guide Standard Size Pans

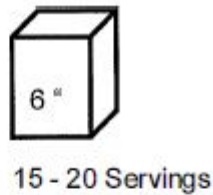
F.S. = Full Size (Steam Table Opening)
(20" x 12")



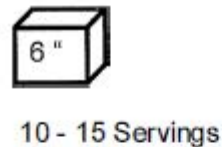
1/2 Size
(10" x 12")



1/3 Size
6-1/2" x 12"



1/6 Size
6-1/2" x 6"



Salad Pan

10" x 15" x 2-1/2" Only = 24 - 32 servings
Full Size x 2-1/2" Deep = 48 - 50 servings

Meat Loaf Pan

10-1/2" x 5-1/2" x 4" Deep Only = 10 - 12 Servings

Counter Pans & Capacities Chart

Counter Pans and Capacities

SIZE PAN (Inches)	DEPTH (Inches)	CAPACITY	
		<u>Quarts</u>	<u>Cups</u>
FULL SIZE 12 X 20	2-1/2	7-1/2	30
FULL SIZE 12 X 20	4	13	52
FULL SIZE 12 X 20	6	19-1/2	78
HALF SIZE 12 X 10	2-1/2	3-3/4	15
HALF SIZE 12 X 10	4	6-1/2	26
HALF SIZE 12 X 10	6	9-3/4	39
THIRD SIZE 12 X 6-7/8	2-1/2	2-2/5	9-3/5
THIRD SIZE 12 X 6-7/8	4	3-7/8	15-1/2

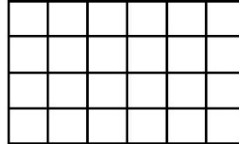
Molded Salads Chart

For All Molded Salads

Pan Size: 10 " x 15 "

Cut Size: 6 x 4

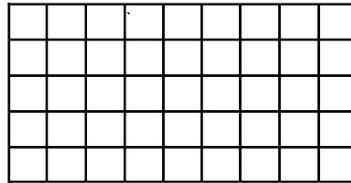
Servings: 24



Pan Size: 2-1/2 " F.S.

Cut Size: 9 x 5

Servings: 45

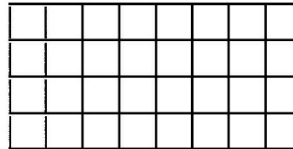


For Desserts

Pan Size: 10 " x 15 "

Cut Size: 8x 4

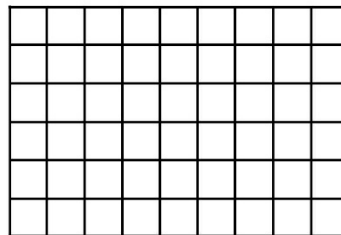
Servings: 32



Pan Size: 2-1/2 " F.S.

Cut Size: 9 x 6

Servings: 54



Control Spread of Germs

The following guidance is key to how food handlers can control the spread of germs:

1. Protect food from bacteria.
2. Control temperature of foods (by refrigeration or cooking).
3. Do not report to work when sick.
4. Cover coughs and sneezes.
5. Wash hands frequently and thoroughly.
6. Practice good personal hygiene.
7. Keep hair confined. Use hairnets.
8. Wear clean clothes.
9. Keep fingers out of clean or dirty dishes.
10. Protect yourself by building resistance through healthful living practices.

Understanding the Food Poisoners Chart

Reporting Procedures & Management Responsibilities

Food Borne Illness Reporting

Nutrition Providers must promptly initiate investigations by local health authorities whenever complaints occur involving two or more persons who manifest the symptoms of food borne illnesses within a similar time frame after consuming food served at a senior nutrition site.

1. The person receiving the complaint must provide comfort and assistance as needed and must immediately collect the following data:
 - a. Who and how many?
 - b. What site(s) involved?
 - c. Date and time illness noted?
 - d. Menu involved?
2. The Site Manager must be notified, if they are not the first person to receive the complaint.
3. Immediately impound ALL implicated leftovers. Cover, label, date and refrigerate all items.
4. The Site Manager must promptly inform the Provider Nutrition Program Manager. The Provider Nutrition Program Manager must promptly (no more than 24 hours later) notify the PSA 27 Area Agency on Agency's Program Manager and Nutrition Program Coordinator.
5. PSA27 Area Agency on Aging Program Manager must notify the appropriate health authorities within three working days of a reported food borne illness. Thereafter, periodic updates must be provided regarding the progress and findings of the investigation.

Person Receiving Complaint

Immediately or within the hour of receiving the complaint:

1. Collect Data: Who and how many? What Site(s) involved? When (day and time) illness noted? Menu involved?

2. Inform Site Manager if they are not the first person to receive the complaint.
3. Immediately impound all implicated leftovers. Cover, label, date and refrigerate all items.
4. Inform Provider Nutrition Program Manager who must then inform the PSA 27 Area Agency on Aging Program Manager and Nutrition Program Coordinator.

Provider Nutrition Program Manager

Immediately upon notification of the complaint:

1. Verify complaint, review date, supplementing as needed.
2. Verify the impounding of ALL implicated foods according to procedure above.
3. Contact PSA 27 Area Agency on Aging's Registered Dietician requesting immediate consultation and investigation.
4. Contact local Sonoma County Health Department.
5. Report problem to PSA 27 Area Agency on Aging Program Manger within 24 hours including site(s) involved, date and reported occurrence, estimated number of persons involved and investigate procedures in progress.

Registered Dietician

Immediate and subsequently:

1. Verify the impounding of ALL implicated food according to procedures outlined. Dispose of only after local health department authorizes its destruction.
2. Assist local health department personnel to validate complaints and determine possible causative factor(s).
3. Irrespective of the validity of the complaints, thoroughly review all aspects of food handling, procurement, preparation, service and storage for compliance with established sanitation procedures.
4. Document findings, report to PSA27 Area Agency on Aging Program Manager and Nutrition Program Coordinator. Develop needed policies and procedures and in-service training plans.
5. Implement new policies, procedures and training plans. Evaluate their effectiveness.

PSA 27 Nutrition Program Manager

In consultation with the PSA 27 Area Agency on Aging Director, ensure adherence to responsibilities of all nutrition program staff. Notify the CDA Senior Nutrition contact person within three working days of reported food borne illness complaint.

Food Sanitation

All food will be served in a safe and sanitary manner.

1. Serving foods
 - a. Hot Food must be held above 140 degrees F
 - b. Cold Food must be held below 40 degrees F
2. Refrigeration

- a. Don't store food in contact with water or non-edible ice.
 - b. Allow for air circulation between foods.
 - c. Completely cover and label all containers.
 - d. Date leftovers and use within 48 hours.
3. Freezing
- a. Store food immediately at or below 0 degrees F and check temperatures daily.
 - b. Cover and completely seal to prevent freezer burn.
 - c. Use all leftovers within one month.
 - d. Defrost freezer whenever necessary.
 - i. Store items in another freezer while defrosting.
4. Thawing
- a. In a refrigerator at 40 degrees F or below.
 - b. Under drinkable running water at 70 degrees F or colder.
 - c. In a microwave over if the food will be cooked immediately.
 - d. As part of a continuous cooking process
5. Heating
- a. Cook meats to an internal temperature of 165 degrees F or higher.
 - b. Hold for serving at or above 140 degrees F.
 - c. Cool foods rapidly in a shallow container.
 - d. Reheat all leftovers or stored foods rapidly to an internal temperature of at least 165 degrees F. Cool and reheat foods as seldom as possible and as quickly as possible.
6. Hazard Analysis Critical Control Point (HACCP)
- a. Critical control points are the points where you can prevent, reduce or eliminate the growth of bacteria.
 - i. Cooking to at least 165 degrees F. Take food temperatures when cooking is completed and keep temperature logs for audit.
 - ii. Holding at a temperature of 140 degrees F. Take temperatures before serving foods and keep temperature logs for audit.
 - iii. Cooling from 140 degrees to 40 degrees F in less than 4 hours. Cool food in the refrigerator in a shallow container.
 - iv. Reheating leftovers to 165 degrees in less than 2 hours. Take temperatures and keep temperature logs for audit.

Hand Washing

ALL EMPLOYEES AND VOLUNTEERS MUST WASH THEIR HANDS BEFORE HANDLING FOOD. Further, all employees and volunteers must wash their hands after going to the restroom, smoking a cigarette or eating. All employees and volunteers must wash their hands before handling food. Nutrition Program Providers must post hand washing procedure in the restrooms and washroom areas.

1. Use continuously running water.
2. Use a generous amount of soap.
3. Apply with vigorous contact on all surfaces of hands.

4. Wash at least 20 seconds.
5. Clean under and around fingernails.
6. Rinse with your hands down so that run off goes into the sink and not down your arms.
7. Avoid splashing.
8. Dry well with clean paper towels.
9. Use same paper towel to turn the water off.
10. Use same paper towel on door knob or lever to open door or open door with hip or elbow if possible.

WASH YOUR HANDS

- Hand Washing is the single most important means of preventing the spread of infection.
- Use clean and continuously running water.
 - Use a generous amount of soap.
 - Scrub hands vigorously for at least 20 second, including under and around your fingernails.
- Rinse with your hands angled toward drain so that run-off goes into sink and not down your arms.
 - Avoid splashing.
- Dry you hands well with clean paper towels.
- Avoid re-contaminating your hands by using the same paper towel to turn off water faucet and turn door knob. Push door open with your hip or elbow when possible.

Safe Food Handling

Damaged Containers: Don't buy cans or glass jars with dents, cracks or bulging lids. This can be a sign the food contains food poisoning organisms.

Perishable Foods: Refrigerate perishable food immediately upon return to nutrition site. Check appliance temperature by using an appliance thermometer to make sure the refrigerator registers 40 degrees F or lower and the freezer should register 0 degrees F or lower. Store canned goods in a cool dry place for use within a year and never put them above the stove, under the sink or in a garage or damp basement.

Thawing Foods: Bacteria grows quickly at room temperature so thaw food in the refrigerator the night before or in the microwave just before cooking.

Food Preparation Areas: Wash hands, utensils and cutting boards in hot, soapy water before preparing food and after handling raw meat or poultry. Use a plastic cutting board instead of a wooden one as bacteria can hide and multiply in grooves on wooden boards.

Cooked Meat: Cook meat thoroughly, to at least 165 degrees F. Red meat is done when it's brown or gray inside, poultry juices run clear and fish flakes with a fork.

Storing Leftovers: Promptly refrigerate food after meals and don't let food sit out on the table or counter. Divide food into small containers for quick cooling in the refrigerator. Remove stuffing from poultry or other meats and refrigerate separately.

Buffet Foods: For buffets, keep cold food on ice or use small serving dishes and replenish from the refrigerator. For hot foods, use a heating dish or re-heat small servings from the refrigerator to replenish the buffet.

Foods Safety Questions: USDA's Meat and Poultry Hotline: 1-800-535-4555. www.fsis.usda.gov Hotline Hours are 10a to 4p EST

Policies

Home-Delivered Meals

Home-delivered meals must be available five or more days a week (except in rural areas where such frequency is not feasible) to those persons 60 years and over who are unable to attend a congregate Senior Meals site. These meals must provide 1/3 of the Dietary Reference Intakes (DRIs), comply with the Dietary Guidelines for Americans and provide temporary In-Home support for individuals who are recovering from hospitalization or illness. Home-delivered meals must also be made available on a long-term basis in cases where it will aid in preventing institutionalization.

Home-delivered meals may be denied to eligible participants due to funding availability, food safety, distance and excessive costs involved in delivery.

Eligibility Criteria:

1. Eligibility will be determined by a physician, qualified health professional or staff member in accordance with the screening and assessment procedure.
 - a. Initial screening and assessment to determine eligibility can be accomplished by phone.
 - b. On-site home assessment must be done within ten (10) working days of beginning meal services.
 - c. Reassessment of need must be determined no less than quarterly. Reassessment must be done by phone every other quarter unless otherwise indicated.
 - d. Qualified staff must be appropriately trained in screening and assessment policies and procedures. Staff training documentation must be in writing and kept in the personnel file.
2. Eligibility will be based upon the following criteria:
 - a. A frail or extremely weak or incontinent or severely mentally impaired older individual who is homebound by reason of illness, disability or isolation.
 - b. A spouse of a person described above regardless of age or condition if an assessment concludes that it is in the best interest of the homebound older individual.
 - c. An individual with a disability who resides at home with an older individual, if an assessment concludes that it is in the best interest of the homebound older individual who participates in the program.
 - d. Priority must be given to older individuals.
3. The length of home-delivered meal service must be limited based upon the recommendation of the physician or qualified health professional.
4. If budget restrictions arise, PSA27 Area Agency on Aging Nutrition Services Program Manager and the contracted Nutrition Provider must work together to develop a wait list policy and procedure that is based on assessment criteria and a three-tiered priority ranking.
5. Participants must be screened for need for other services such as outreach, transportation, food shopping assistance and escort of a participant to nutrition sites and referred as appropriate.
6. When it is known or reasonable suspected that a program participant has been the victim of abuse, report the suspected abuse to the authorities in accordance with Section 15630, Welfare and Institutions Code.

Congregate Meals

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

1. Any individual aged 60 years or older.
2. The spouse of any individual aged 60 or older.
3. A person with a disability, under age 60 who resides in a housing facility occupied primarily by older individuals at which congregate nutrition services are provided.
4. A disable individual who resides at home with and accompanies an older individual who participates in the Senior Congregate Melas program.
5. A volunteer under age 60, if doing so will not deprive an older individual of a meal. A written policy for providing and accounting for volunteer meals must be developed and implemented.

Food Service Sample Schedule for Congregate Site Operation

Senior Congregate Meals Site Operations vary within PSA27, however there are common responsibilities that are required in order to maintain the highest level of food sanitation and safety. Provider designated staff must review the following schedule and assign duties as required. They should also monitor daily operations to ensure compliance.

9:30am	Wash counter tops, stove tops and work areas with warm water and soap.
10:00am	Mix juices (when needed) and refrigerate. Portion margarine, cover and refrigerate. Turn on steam table, stove and/or other equipment.
10:30am	Begin frozen vegetable preparation (when needed). When food arrives from Central Kitchen, check food items against the master menu to ensure all items are delivered. Take temperature of ALL foods and records. Place hot foods in food warmer or ovens to keep hot. Place cold foods in the refrigerator until serving time. Frozen vegetables that may be required for the next day should be removed from the freezer and placed in the refrigerator. Count serving trays for the Congregate and Home-Delivered Meals Program BEFORE beginning the food service check production worksheet to determine the correct size serving utensil to use.
11:00am	Take food temperatures and record. Assemble Home-Delivered Meals and place in insulated carriers.
11:45am	Take food temperatures – heat items when necessary. Fruit juices may be served. Milk may be offered and served five (5) minutes before food services begin.
12:00pm	Serve Lunch
12:30pm	Store all leftovers properly. Leftover foods must be stored in clean, shallow containers, covered, labeled and immediately put into refrigerators or freezers. Leftover foods must be served within 48 hours or, if frozen, must be used within 30 days. Food not served or frozen within 48 hours must be discarded. Leftovers must be reheated once only.
1:00pm	Complete required record keeping. Wash and sanitize pots, pans and serving utensils. Sanitize counter tops. Sweep and mop kitchen floors.
2:00pm	Check Out

Opening Congregate Sites

New congregate sites must be communicated to the PSA 27 Area Agency on Aging Program Manager no less than 30 days before the site is scheduled to open.

Nutrition Site Closure

The PSA 27 Area Agency on Aging is committed to maintaining existing senior nutrition sites and expansion of nutrition services whenever possible. Operation of the overall nutrition program is contingent on continued funding from the Federal and State governments. If it becomes necessary for a Nutrition Provider to close a nutrition site, the Nutrition Provider must notify the PSA 27 Area Agency on Aging Program Manager of the intended closure and prepare and submit a Transition Plan. No nutrition site may terminate meal service to participants before completion of transition requirements.

The Nutrition Provider must submit a complete Transition Plan to the PSA 27 Area Agency on Aging Program Manager after delivery of written Notice of Termination of the nutrition site. The Transition Plan must, at a minimum, include the following:

1. Description of how participants will be notified about the change in their service provider;
2. A plan to communicate with other organizations that can assist in locating alternative services;
3. A plan to inform community referral sources of the pending termination of the service and what alternatives, if any, exist for future referrals;
4. A plan to evaluate clients in order to assure appropriate placement;
5. A plan to transfer any confidential medical and client records to a new contractor;
6. A plan to dispose of confidential records in accordance with applicable laws and regulations;
7. A plan for adequate staff to provide continued service through site closure;
8. A full inventory and plan to dispose or transfer or return to the State all equipment purchased during the entire operation of the contract;
9. Additional information as necessary to effect a safe transition of clients to other community service providers.

Upon approval of the submitted Transition Plan, the PSA 27 Area Agency on Aging Program Manager will notify and work with the State to ensure adherence of all nutrition site closure requirements.

Meal Reservation

The policy and the intent of the Senior Nutrition Program is to provide hot, nutritious meals to older adults once a day, five days per week. In order to effectively serve eligible older adults, the PSA 27 Area Agency on Aging recommends a reservation system for all Senior Congregate Meal Sites.

Meal Reservation: 1. Reservation must be made at least 24 hours in advance. Reservations for Monday must be made by noon on the preceding Friday. 2. Reservations may be made either by telephone or by signing the reservation list maintained at the site. 3. Persons who want to dine at a site, but do not have reservations should not be denied the service of a meal when food is available.

Cancellation of Reservation: 1. Persons unable to keep their reservation must call the site to cancel. Cancellations are necessary to avoid food waste and to accommodate those placed on a waiting list. 2. Persons who fail to keep a reservation without canceling should be counseled by program staff at the earliest opportunity regarding the established reservation policy.

Participant Education: Program participants should be provided with information regarding food costs and the financial impact of meals prepared and not served.

Meal Fees for Guests, Staff & Volunteers

Number of Meals Served: Nutrition Providers must establish a written procedure which ensures the accuracy and authenticity of the number of eligible participant meals served each day and the procedure must be kept on file at the provider's site.

Volunteer Meal (NSIP Eligible): A volunteer of any age who provides services during program hours may be offered a meal, the opportunity to contribute to the meal cost and if doing so will not deprive an older individual of a meal. The nutrition provider shall develop the volunteer meal policy and obtain approval from the AAA.

Guest Meal (not NSIP Eligible): Nutrition Providers have the responsibility to establish the guest fee amount based on the total meal cost. 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:

Total Budget/Annual Contracted Number of Meals – Total Cost per Meal

AAA Award + NSIP + Up to 10% Cost Match/Annual Contracted Meals – AAA Cost per Meal

Staff Meal (not NSIP Eligible): Nutrition service staff may receive a meal if it will not deprive an eligible person, as outlined in this sub-part, 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 3b, above. When provided as employee fringe 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 Insurance and Social Security.

Swipe Card System: If the Nutrition Provider chooses to implement a swipe card system, the Provider must ensure the system is audit compliant by developing a policy and procedure to address protection from potential fraud and to assure the security of the swipe cards. Additionally, the Provider must have a written procedure ensuring that the swipe card system incorporates a verification method for an accurate and authentic meal count.

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:

- Voluntary contributions received from a participant as a result of services. The suggested contribution rate must be approved by the AAA.
- Income from use or rental fees of real or personal property acquired with grant funds or funds provided under the Agreement with the AAA.
- Royalties received on patents and copyrights from contract-supported activities.
- Proceeds from sale of items fabricated under a contract or grant agreement.

Contribution/Donation Rate

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. A sign indicating suggested contribution and guest fee amounts are to be posted near the contribution container in congregate meal locations.

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.

Privacy: 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.

Signage: A sign indicating the suggested contribution for eligible individuals and the fees for guests must be posted near the contribution container at the congregate meal site. All requests for donations must include language that clearly states that participants are not obligated to contribute, the contribution is voluntary, and services will not be denied if the participant is unable to contribute to the cost of the meal.

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.

Obtaining Participant Feedback

All older adults will have the opportunity to express their views regarding the services they receive.

1. The site advisory council may serve as the forum by which older adults express their views regarding the services received.
2. A meal satisfaction survey must be made available annually to all participants for overall comment and review. Additionally, all congregate meal sites will provide participants the opportunity to comment on daily menus. These surveys must be located on participant dining tables or in a conspicuous location in the dining room.

Special/Therapeutic Diets

PSA27 Area Agency on Aging Senior Meals Program does not regularly provide special/therapeutic diets. However, meals planned and served must restrict the use of sugar, sodium and saturated fats. Services for special diets (if provided) must be under the supervision of a Registered Dietitian.

1. Diabetics may request a meal with no concentrated sweet.
2. The weekly average milligrams of sodium per meal must meet minimum requirements of a low salt diet. On a daily basis, this cannot be insured as high sodium foods may be on the menu for a particular day. Foods high in sodium must be indicated on the menu.
3. Participants needing further restrictions or explanations may be referred to the PSA 27 Registered Dietician, if available, for individualized advice and guidance.

If provided, written procedures for special diets must be established, such as who is responsible for reviewing the doctor's diet order, if any, designating the meal, what is the mechanism for changing the

client's diet order, what is the procedure for handling diets which the provider cannot provide, etc. There shall be a system to double-check meal designation in order to avoid errors.

- Clients receiving special diets may receive nutrition counseling to validate that they have the capability to remain on the diet for meals not provided by the provider.
- Nutrition counseling shall be documented.
- There shall be written guidelines for various special diets and how to identify different diets for delivery.

Food for Pets

In order to ensure that home-delivered meal participants are not giving portions of meals provided through the Senior Meals Program to their pets, Nutrition Providers may develop a policy and procedure for distribution of donated pet food.

Because improperly stored pet food can attract rodents and contaminate food used in meat preparation, it is suggested that a method that allows pet food to go straight to the participant be established. The pet food procedure must include identification and interest of pet owners, an established delivery schedule and written notification to participants that the brands of donated pet food may vary and cause intestinal upset or allergy concerns to certain pets.

Religious/Sectarian Activities

Organized religious activities may not be conducted during the hours the Senior Meals Program is scheduled. This provision must not be interpreted to interfere with a participant's right to free exercise of religion as long as that exercise does not interfere with the rights of others.

Job Descriptions

A job description will be developed for each staff member, paid or volunteer. The job description will be reviewed with the staff member and kept on file at the main Nutrition Provider's site for reference.

Performance Evaluations

All paid staff members shall have an annual performance evaluation. The performance evaluation will be provided to the staff member and a copy filed at the main nutrition provider site in a confidential manner.

Volunteer Grievances

Any grievance arising from the interpretation or application of the rules and regulations of the agency must be settled through proper channels.

1. A volunteer shall present any grievances to their immediate supervisor.
2. If the grievance is not resolved to their satisfaction the volunteer must present the grievance to the Provider Nutrition Program Manager in writing and request an appointment.
3. The Provider Nutrition Program Manager must review the grievance with the volunteer.

4. If a satisfactory solution does not result from the above process, the volunteer must be given the opportunity to appeal the decision with the PSA 27 Nutrition Program Manager. If necessary, the AAA27 Advisory Council, upon hearing the case, will make the final decision.

Participant Grievances

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

1. A written notification must 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.
2. 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 if dissatisfied with the results of the nutrition provider's review.
3. 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 complainant has a right to remain anonymous but will need to provide an address for written correspondences. An e-mail address is acceptable.
4. Complaints received from older individuals or persons authorized to act on their behalf who are dissatisfied with the results of the Nutrition Program Provider's grievance process may appeal in writing to the PSA 27 Area Agency on Aging's Program Manager and Nutrition Program Coordinator.

Elder Abuse Reporting

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.

Nutrition Risk Screening

Each program participant is required to be screened, on an annual basis, for his or her nutritional status using the nutrition risk-screening checklist provided by the Area Agency on Aging.

The screening may be done on a one-to-one basis or in a group setting. Dietitians, nutritionists, physicians, and nurses could administer the screening on a one-to-one basis. Social workers, congregate site managers/coordinators are to be trained by a Registered Dietitian to administer the screening tool. The nutrition screening questionnaires shall be administered at the congregate nutrition sites, senior centers, homes of the homebound seniors and other community settings that house AAA Congregate Meal and Home-Delivered Meal programs.

Methods of the checklist administration may include an in-person interview, telephone interview, self-administered with or without supervision and by mail. If the screening survey is done in a group setting at a congregate nutrition site by qualified individuals as approved by the AAA, 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 AAA.

Nutrition Education Services

An annual nutrition education plan for all congregate sites and HDM routes shall be developed and submitted to the AAA for review one month prior to the first scheduled presentation. The plan shall include topics based on prior year's needs assessment, schedules, presenters, and presenters' qualifications.

Congregate Sites. Each congregate meal site shall offer at least four (4) nutrition education sessions per year, one per quarter. The nutrition education for congregate sites is defined as demonstrations, audio-video, visual presentations, lectures, or small group discussions. Handouts material may be used in conjunction with a congregate nutrition education presentation.

Home Delivered Participants - Each HDM program participant shall receive nutrition information at least four (4) times per year, one per quarter. Handout material may be used as the sole nutrition education component for the home-delivered meal participants

Nutrition education shall include topics in safety and sanitation, current facts and information that promote improved food selection, eating habits, nutrition, health promotion, and disease prevention practices.

All nutrition education plans, activities, and materials shall be approved by the service provider Registered Dietitian or AAA Nutrition Consultant. Nutrition education services shall be provided by a Registered Dietitian or by personnel trained or approved by the Registered Dietitian. Dietetic students,

interns, or technicians may provide nutrition education under the close supervision of a Registered Dietitian. Coordination with community resources is encouraged.

The purpose of nutrition education is to inform individuals about information which will promote improved food selection, eating habits, nutrition, and health-related practices. These activities are designed to:

- Assist older persons in obtaining the best nutritional services available within their sources;
- Aid older persons in making sound food choices consistent with the Dietary Guidelines for Americans, and in obtaining the best food to meet nutritional needs for the least amount of money;
- Make older persons aware of community-sponsored health programs which encourage and promote sound nutritional habits and good health; and
- Assist older persons, where feasible, in the area of therapeutic diets as required by health or social condition.

It is recommended that anticipated expenses be included in the program budget. Printed and other visual materials shall be available on a continuing basis at congregate sites.

Nutrition education services shall be based on the particular need of congregate and homebound older persons as determined by annual needs assessment and evaluation of service impact.

All nutrition education activities and evaluation shall be documented.

Nutrition Counseling

Nutrition counseling is defined as the provision of individual dietary evaluation and counseling provided for general nutrition or specific therapeutic needs. Nutrition counseling is an appropriate nutrition service and shall be provided when feasible. Nutrition counseling may be made either in person or by phone. The program Registered Dietitian shall provide this counseling.

For therapeutic diet counseling, a diet order written and signed by a physician shall be on file.

All nutrition counseling shall be documented and maintained in project file.

In-Service Education

A yearly written plan for in-service training shall be developed and submitted to the AAA for review one month prior to the first scheduled presentation.

Annually, four (4) hours of food service in-service training shall be provided to all food service staff including kitchen staff, meal site coordinators, meal site servers, meal transportation drivers, HDM coordinators, and meal deliverers. Volunteers who deliver HDM meals may be given written materials quarterly for in-service training.

Topics and content shall be approved by a Registered Dietitian who has a valid certified food safety certificate and shall include, at a minimum, the following: Food safety, prevention of food borne illness, food borne illness reporting, HACCP principles, accident prevention, instruction of fire safety, first aid, choking, OSHA, earthquake preparedness, other emergency procedures, Material Safety Data Sheet (MSDS), and elder abuse prevention and reporting.

The provider Registered Dietitian shall review and approve the content of all in-service training prior to presentation.

Those receiving the training shall evaluate in-service training sessions. Evaluations are to be maintained in provider files. Attendance records shall be maintained for in-service training.

Records, Reports, Distribution of Information & Confidentiality

1. Providers must develop and maintain records which document participant eligibility for service, information related to emergency care, economic and social need indicators and need for and referral to other appropriate services.
2. Providers must establish procedures ensuring the accuracy and authenticity of the number of eligible participant meals served each day. Such procedures must be kept on file at the Provider's site.
3. Providers must establish and maintain a data collection system accurately summarizing program and financial operations.
4. All records and reports must be made available for audit, assessment or evaluation on demand by authorized representatives of the Area Agency on Aging – State or Federal agencies.
5. The provider must develop procedures ensuring that no information about or obtained from an individual will be disclosed in any identifiable form without that individual's written informed consent. Records must be maintained in such a manner that confidentiality will not be violated. Providers must ensure that no older persons are denied services if such persons refuse to provide written consent.
6. Staff and volunteers will protect the privacy and confidentiality of each participant with respect to the participant's contribution or lack of contribution. Donation box will not be used to make change at any time.
7. All required reports must be submitted in a timely fashion.

Nutrition Program Site Monitoring

The PSA27 Area Agency on Aging (AAA) contracts with Registered Dietitians who monitor every Provider Main Kitchen, Satellite Site, Restaurant Site and a Home-Delivered Meal Route per Provider once a quarter. One time each year, Registered Dietitians conduct a more comprehensive monitoring using the Annual Monitoring Tool.

The Area Agency on Aging will monitor all contractors annually for compliance with the operational aspects of the contracts, including levels and appropriateness of service, code and permit compliance,

health code compliance, adherence to programmatic regulations of the California Department of Aging, employment development and training, client satisfaction, program publicity, and related matters.

Cleaning

Dish Washer Temperature & Sanitizer Log Procedure

Nutrition Program Service Providers are responsible for ensuring the safe and sanitary service of food by monitoring the temperature and pH of the mechanical dishwasher at every meal.

Mechanical sanitation is accomplished in the final sanitizing rinse by ensuring that either:

1. Dishes and utensils are cycled through equipment that is being used in accordance with the manufacture's specification and that the temperature of the water is at least 170 degrees Fahrenheit and achieves a utensil surface temperature of 160 degrees Fahrenheit as measured by an irreversible registering temperature indicate, OR
2. The mechanical application of sanitizing chemicals by pressure spraying methods using a solution of 50 ppm available chlorine for at least 30 seconds.

The water temperature or pH level must be tested and recorded once every day a meal is served using the Older Adults Meals Dish Washer Temperature and Sanitizer Log form included in the appendix.

The chlorine test strip must indicate a level of 50 ppm or above. If a satisfactory result is not achieved, check that the line to the sanitizer is in place and/or the bottle is not empty and then correct as necessary. If, after correction, the chlorine strip indicates a level under 50 ppm, notify the site supervisor immediately.

Nutrition Program Cleaning Schedule

Review the guidelines found in the Appendix detailing the Area, Procedure, and Frequency that must be maintained for equipment at each site. For instance, Transport Ovens must be sprayed with degreaser, washed and rinsed thoroughly with shelves removed as needed. The outside must be washed with warm soapy water, rinsed and then wiped dry. This should be done on a daily basis.

Appendix: Forms

Congregate Meal Intake

"All Information is Confidential"

Congregate Meal Intake Sierra Senior Providers – Tuolumne Please complete this form to the best of your ability. Items marked with asterisk (*) are required.		"OFFICE USE ONLY" *Unique Participant ID: _____ Referred by: _____ Intake Date: _____ Entered by: _____ Beginning Date: _____ *Termination Date: _____ *Reason: _____		"OFFICE USE ONLY" Eligibility: <input type="checkbox"/> Age 60+ <input type="checkbox"/> Spouse of ENP Participant <input type="checkbox"/> Disabled person residing where the congregate site is located <input type="checkbox"/> Disabled person who resides with & accompanies an ENP participant <input type="checkbox"/> Volunteer	
* First Name: _____ * Last Name: _____ Middle Initial: _____ * Date of Birth: ____ / ____ / ____ Last 4 digits of Social Security # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>Optional</i>					
*Home Address: _____		*City: _____		*Zip Code: _____	
Mailing Address: Same As Residential? <input type="checkbox"/> Yes		City: _____		Zip Code: _____	
*Home Phone: () _____		Emergency Contact Name: _____			
Alternate Phone: () _____		Phone: () _____		Relationship: _____	
*Living Arrangement <input type="checkbox"/> Alone <input type="checkbox"/> Lives with _____ <input type="checkbox"/> Decline to state		*What is your total monthly income? <input type="checkbox"/> Less than \$1,041 per month for 1 person <input type="checkbox"/> More than \$1,041 per month for 1 person <input type="checkbox"/> Less than \$1,414 per month for 2 people <input type="checkbox"/> More than \$1,414 per month for 2 people <input type="checkbox"/> Decline to state		*Rural Area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to state Are you a: Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	

Nutritional Assessment

*Nutritional Assessment:	CIRCLE IF YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
Total	
<input type="checkbox"/> Decline to state	

(0-2: low risk; 3-5: moderate risk; 6 or more: high risk)

Please Complete Other Side

Updated 4/17/19
 X:Forms & Brochures\Nutrition Program Intakes\C-1 Congregate Intake

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Eligibility: <input type="checkbox"/> Are you homebound due to an illness, disability, or isolation? <input checked="" type="checkbox"/> Are you a spouse of a person who is homebound? <input type="checkbox"/> Are you an individual with a disability who resides with a homebound meal recipient?	Prioritization:
---	------------------------

*Nutritional Assessment:	Circle if yes	Comments
I have an illness or condition that made me change the kind and/or amount of food I eat.	2	
I eat fewer than 2 meals per day?	3	
I eat few fruits or vegetables or milk products.	2	
I have 3 or more drinks of beer, liquor or wine almost every day.	2	
I have tooth or mouth problems that make it hard for me to eat.	2	
I don't always have enough money to buy the food I need.	4	
I eat alone most of the time.	1	
I take 3 or more different prescribed or over-the-counter drugs a day.	1	
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2	
I am not always physically able to shop, cook and/or feed myself.	2	
<input type="checkbox"/> Decline to state Total Score (0-2: low risk; 3-5: moderate risk; 6 or more: high risk)		

What is your gender? (check only one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Genderqueer/Gender Non-binary <input type="checkbox"/> Not Listed, please specify: _____ <input type="checkbox"/> Decline to state	*What was your sex at birth? (check only one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to state	How do you describe your sexual orientation or sexual identity? (check only one) <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/Lesbian/Same-Gender Loving <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Not listed, please specify: _____ <input type="checkbox"/> Decline to state
---	---	---

	Yes	No	Comments
Do you have any dietary restrictions?			
Do you have a working refrigerator?			
Do you have a working microwave?			
Are you physically and mentally able to open the food containers?			
Are you physically and mentally able to reheat a meal?			
Are there pets?			

Home-Delivered Meal Intake

"All Information is Confidential"

Congregate Meal Intake Sierra Senior Providers – Tuolumne Please complete this form to the best of your ability. Items marked with asterisk (*) are required.		"OFFICE USE ONLY" *Unique Participant ID: _____ Referred by: _____ Intake Date: _____ Entered by: _____ Beginning Date: _____ *Termination Date: _____ *Reason: _____		"OFFICE USE ONLY" Eligibility: <input type="checkbox"/> Age 60+ <input type="checkbox"/> Spouse of ENP Participant <input type="checkbox"/> Disabled person residing where the congregate site is located <input type="checkbox"/> Disabled person who resides with & accompanies an ENP participant <input type="checkbox"/> Volunteer					
* First Name: _____ * Last Name: _____ Middle Initial: _____ * Date of Birth: ____ / ____ / ____ Last 4 digits of Social Security # Optional <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						*Home Address: _____ *City: _____ *Zip Code: _____			
Mailing Address: Same As Residential? <input type="checkbox"/> Yes		City: _____ Zip Code: _____							
*Home Phone: () _____ Alternate Phone: () _____		Emergency Contact Name: _____ Phone: () _____ Relationship: _____							
*Living Arrangement <input type="checkbox"/> Alone <input type="checkbox"/> Lives with _____ <input type="checkbox"/> Decline to state		*What is your total monthly income? <input type="checkbox"/> Less than \$1,041 per month for 1 person <input type="checkbox"/> More than \$1,041 per month for 1 person <input type="checkbox"/> Less than \$1,414 per month for 2 people <input type="checkbox"/> More than \$1,414 per month for 2 people <input type="checkbox"/> Decline to state		*Rural Area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to state Are you a: Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No					

Nutritional Assessment

*Nutritional Assessment:	CIRCLE IF YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
Total	
<input type="checkbox"/> Decline to state (0-2: low risk; 3-5: moderate risk; 6 or more: high risk)	

Please Complete Other Side

Updated 4/17/19

X:\Forms & Brochures\Nutrition Program Intakes\C-1 Congregate Intake

"All Information is Confidential"

Eligibility: <input type="checkbox"/> Are you homebound due to an illness, disability, or isolation? <input checked="" type="checkbox"/> Are you a spouse of a person who is homebound? <input type="checkbox"/> Are you an individual with a disability who resides with a homebound meal recipient?	Prioritization:
---	------------------------

*Nutritional Assessment:	Circle if yes	Comments
I have an illness or condition that made me change the kind and/or amount of food I eat.	2	
I eat fewer than 2 meals per day?	3	
I eat few fruits or vegetables or milk products.	2	
I have 3 or more drinks of beer, liquor or wine almost every day.	2	
I have tooth or mouth problems that make it hard for me to eat.	2	
I don't always have enough money to buy the food I need.	4	
I eat alone most of the time.	1	
I take 3 or more different prescribed or over-the-counter drugs a day.	1	
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2	
I am not always physically able to shop, cook and/or feed myself.	2	
<input type="checkbox"/> Decline to state Total Score		
(0-2: low risk; 3-5: moderate risk; 6 or more: high risk)		

What is your gender? (check only one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Genderqueer/Gender Non-binary <input type="checkbox"/> Not Listed, please specify: _____ <input type="checkbox"/> Decline to state	*What was your sex at birth? (check only one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to state	How do you describe your sexual orientation or sexual identity? (check only one) <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/Lesbian/Same-Gender Loving <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Not listed, please specify: _____ <input type="checkbox"/> Decline to state
---	---	---

	Yes	No	Comments
Do you have any dietary restrictions?			
Do you have a working refrigerator?			
Do you have a working microwave?			
Are you physically and mentally able to open the food containers?			
Are you physically and mentally able to reheat a meal?			
Are there pets?			

"All Information is Confidential"

Special instructions for meal delivery:

Non-Senior Status:	<input type="checkbox"/> Spouse of a Senior	Are you a:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/> Essential Volunteer	Veteran	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/> Disabled Living with a Senior	Spouse of a Veteran	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PRIMARY PHYSICIAN INFORMATION

Name: _____ Phone Number: _____

Mobility:	Must Use:	Vision:	Hearing:
<input type="checkbox"/> Adequate	<input type="checkbox"/> Cane	<input type="checkbox"/> Good	<input type="checkbox"/> Good
<input type="checkbox"/> Limited	<input type="checkbox"/> Crutches	<input type="checkbox"/> Limited	<input type="checkbox"/> Limited
<input type="checkbox"/> Bedbound	<input type="checkbox"/> Walker	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf
	<input type="checkbox"/> Wheelchair		

Other Health Problems:

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Heart/Blood Pressure Problems	<input type="checkbox"/> Recent Hospitalization
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Stroke
<input type="checkbox"/> Emphysema	<input type="checkbox"/> Paralysis, Full/Partial	<input type="checkbox"/> Other (Describe)
<input type="checkbox"/> Fracture	<input type="checkbox"/> Parkinson's, Palsy	

Other Service/Referrals	Already Receives:	Referred to:	Comments
Case Management	<input type="checkbox"/>	<input type="checkbox"/>	
Medi-Cal	<input type="checkbox"/>	<input type="checkbox"/>	
In-Home Supportive Services	<input type="checkbox"/>	<input type="checkbox"/>	
Health Services	<input type="checkbox"/>	<input type="checkbox"/>	
Information & Assistance	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Describe)	<input type="checkbox"/>	<input type="checkbox"/>	
Termination of Meals Reason (Check One)		Date:	
<input type="checkbox"/> Recovered	<input type="checkbox"/> Moved from area	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Residential Care
<input type="checkbox"/> Hospitalized	<input type="checkbox"/> Deceased	<input type="checkbox"/> Board & Care	<input type="checkbox"/> Other

CARE Application Completed. If not completed due to ineligibility, list in the findings why it was not completed.

Mailed CARE application to PG&E (no postage necessary).
Already enrolled in CARE.

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<u>Date</u>	<u>Findings</u>	<u>By</u> (please initial)

Participant/Person Completing Form -- Signature: _____ Date: _____

Updated 4/17/19
X:Forms & Brochures\Nutrition Program Intakes\C-2 Congregate Intake

Home-Delivered Meal Program – Quarterly Phone Reassessment

Common Ground Senior Services, Inc.
Home Delivered Meal Program
Quarterly Phone Reassessment Form

Assessment Date: _____
Client Name: _____

Next Phone Reassessment Due: _____
Client ID# _____

	Yes/No	Comments or Corrections
Has your doctor or emergency contact information changed? <i>(If yes, please list)</i>		
Has there been a change in your current living situation? <i>(If yes, explain)</i>		
Do you currently drive? <i>(If yes, explain where the client drives to)</i>		
Are you able to prepare meals without assistance? <i>(If yes, explain)</i>		
Do you have a private provider or family member to assist you with personal care, meal prep, chores, errands or transportation? <i>(If yes, list who and what they assist with)</i>		
Are you currently enrolled in IHSS (In-Home Supportive Services)? <i>(If yes, list how many hours)</i>		
Are you in need of any additional services? <i>(If yes, please list)</i>		

Comments (include any recent falls, strokes, hospital discharge, etc.)

Continue Meal Delivery _____

Discontinue Meal Delivery _____

Completed by: _____
Signature Title

Date: _____

Nutrition Program Vehicle Cleaning Schedule

Vehicle/Equipment Cleaning Schedule

<u>EQUIPMENT</u>	<u>PROCEDURE</u>	<u>FREQUENCY</u>
Vehicles/Interior	Remove papers, empty boxes, books, etc.	Daily
Vehicle/Exterior	Spray exterior with high pressure hose, remove mud from wheel wells, under carriage, etc.	Monthly
Windows/Lights	Clean glass and headlights to insure good vision.	Daily
Floor Mats	Wipe, dust clean all spills.	Daily
	Remove equipment and floor mats; scrub, wash and sanitize vacuum as needed.	Weekly
Insulated Carriers	Wipe and clean.	Daily
	Remove carriers; wash and sanitize, AIR DRY.	Weekly
Wire Racks	Remove racks from vehicle; wash with high pressure hose and sanitize.	Weekly
Signs	Check that appropriate signs are in place (NO Smoking, No Riders, Vehicle ID).	Daily

Nutrition Program Equipment Cleaning Schedule

Senior Nutrition Program Cleaning Schedule

<u>AREA</u>	<u>PROCEDURE</u>	<u>FREQUENCY</u>
Transport Ovens	Spray with degreaser, wash and rinse thoroughly. Remove shelves if needed. Wash outside with warm soapy water and rise. Wipe dry.	Daily
Counter Tops Food Prep Surfaces Food Prep Sinks	Sanitize counter tops, surfaces and sinks after each food prep. Sanitize sinks and all food prep surfaces after the days work is complete.	Daily
Spice Shelves / Storage Rack-Cart	Food stuffs removed to protected, temporary storage area. Wash racks with hot soapy water and/or degreaser. Rinse and sanitize. Use clean sheet pans for shelving. Replace labeled and dated food stuffs on clean storage.	Weekly
Office Office Floor	Pick up and wipe off as needed. Empty trash daily, replacing can liners weekly. Sweep and mop floor weekly.	Daily Weekly
Food Mixer Processor	Disconnect electric power. Wash all parts in warm soapy water, rinse and wipe dry. Avoid motor and electric components.	Daily
Stove Hood Filters	Remove and wash in pot sink with degreasing solution and water. Rinse thoroughly and air dry.	Monthly
Stove Hood	Cover equipment below hood. Scrub thoroughly with degreaser solution. Rinse with hot water. Replace filters.	Monthly
Shelves Food Prep Areas	Remove all food and/or equipment and supplies. Wash, rinse, sanitize.	Weekly Fridays

Senior Nutrition Program Cleaning Schedule (Continued)

<u>AREA</u>	<u>PROCEDURE</u>	<u>FREQUENCY</u>
Shelves Dry Storage Areas	Brush, vacuum or wash all loose soil.	Bi-Weekly
Storage / Area Floors	Sweep and mop.	Bi-Weekly
Kitchen Floors	Sweep and mop. Rinse mop and squeeze mop as dry as possible and mop floor as dry as possible.	Daily
Collection and Stacking of Dirty Dishes	ALL pots, pans, utensils ARE to be <u>rinsed</u> then stacked on the dirty pot and pan <u>rack</u> .	PROGRESSIVELY
Stove	Clean around bumers, side of oven, burner knobs, stove stand, etc. Clean with soapy water, rinse and dry. Reline with foil.	Daily Weekly
Oven Racks	2 racks per day, three days per week. Scrub and rinse in sink. Dry with clean cloth. Sanitize sink.	Daily (3)
Floor Drains	Wash with sanitizing solution, rinse with clean water.	Weekly
Dishwashing Machine	Drain water and rinse out thoroughly to assure no food particles remain in the machine, redrain. After each use wipe down with damp, clean cloth, including the counters, top of the machine and surrounding wall area.	Daily
Hand Washing Sink	Sanitize with bleach daily, rinse thoroughly. Scrub with cleanser once a week. Dry with clean cloth including surrounding wall area and outside of sink.	Daily / Weekly

Senior Nutrition Program Cleaning Schedule (Continued)

<u>AREA</u>	<u>PROCEDURE</u>	<u>FREQUENCY</u>
Pot Rack	Scrub down with sanitizing solution, rinse thoroughly, let air dry. Supplies will be stored in an orderly fashion.	Weekly
Pot Sinks (surrounding area)	Scrub down with sanitizing solution, rinse thoroughly before and after each days work. After each use wipe down surrounding wall area with clean cloth	Daily
Refrigerator / Freezer	Remove all food stuffs to protected temporary storage. Remove shelves and loose equipment to dishwasher area. Scrub with warm soapy water, rinse and air dry if possible. Sanitize and rinse thoroughly the interior of the box. Remove all out dated food stuffs. Date and label all remaining items if needed.	Weekly Fridays
Ovens	Apply oven cleaner to interior of cooled oven. (racks removed) Following directions on back of the package, wipe oven clean, rinse with clean wet cloth. Wipe with clean damp cloth to dry as much as possible. Wear rubber gloves. Each oven should be cleaned once weekly.	Daily
Tilt Skillets	Wash with soap and water, drain, rinse and redrain, dry with clean cloth, after each use.	Daily
	Clean outside of unit with degreaser.	Weekly

Temperature Log

Nutrition Program Dish Washer Temperature and Sanitizer Log

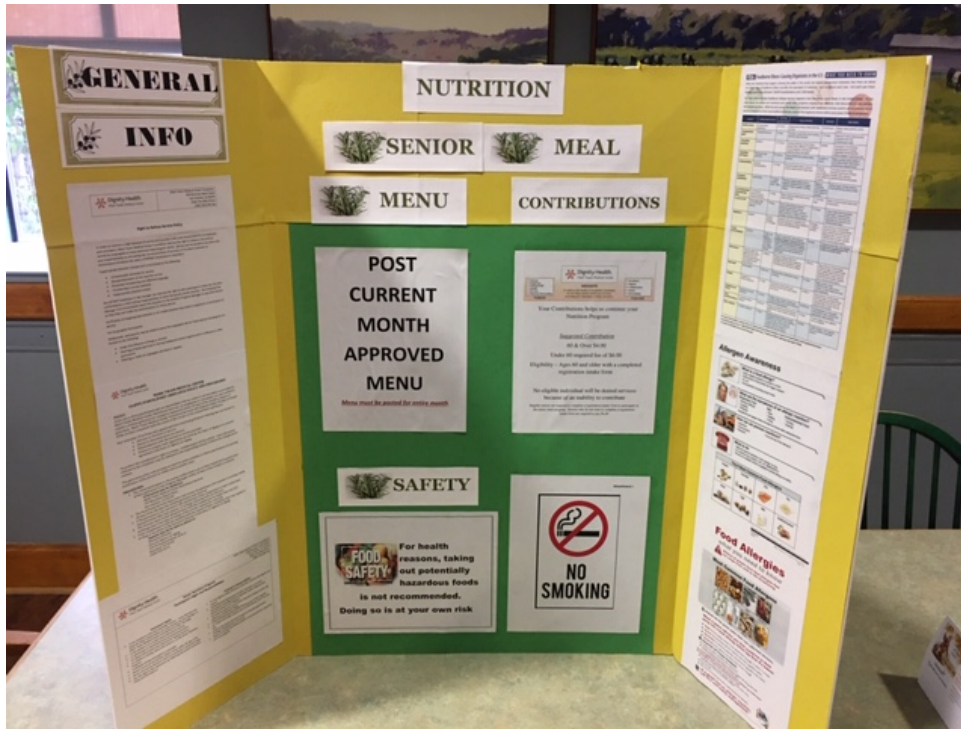
Month _____

Date	Lunch Temp/pH	Int.	Problem noted/Correction done?	Int.	Date Cleaned/ Int.
1	/				
2	/				
3	/				
4	/				
5	/				
6	/				
7	/				
8	/				
9	/				
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30	/				
31	/				

Be sure to run the dish machine three times then check the chlorine test strip. The desired amount is 50-200 PPM. If you do not get these results, please notify your supervisor as soon as possible. This must be checked every meal.

Signage

The following forms are recommended and can be customized by program service providers. What follows are images of a recommended method for providing the required signage:

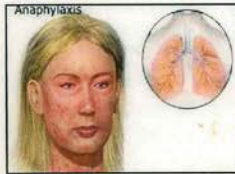


Allergen Awareness



What is a food allergy?

- Body's negative reaction to a protein in a food.
- Small amount of food protein can trigger a reaction.
- No cure.
- Only prevention is avoiding certain foods.



What are the symptoms of an allergic reaction?

Respiratory Tract

- Breathing difficulty
- Coughing
- Wheezing

Skin

- Rash
- Swelling
- Itching

Gastrointestinal Tract

- Vomiting
- Diarrhea

Symptoms can appear within minutes to 2 hours after eating the food.



How can we prevent reactions?

- Awareness
- Communication
- Teamwork
- Know the top 8 food allergens



What to do

- Refer all customer questions to the manager on duty.
- If a customer has a reaction, CALL 911 IMMEDIATELY.
- We are not medically trained or qualified to provide allergy counseling.

The 8 Most Common Food Allergens			
<p>Peanuts</p>	<p>Tree Nuts</p>	<p>Fish</p>	<p>Soy</p>
<p>Wheat</p>	<p>Eggs</p>	<p>Milk</p>	<p>Shellfish/Seafood</p>

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<AGENCY NAME>
CLIENT/PARTICIPANT GRIEVANCE POLICY AND PROCEDURES

POLICY:

If you are a client/participant and are dissatisfied with an action or service taken or provided by <Agency Name> Nutritional Services, its employees or volunteers, you are entitled to submit a written grievance or complaint statement within 30 days of the incident, dispute or grievance. <Agency Name> Nutritional Services will respond within 30 days of receipt of the written complaint with the result of the review of the complainant's grievance.

Any consumer of services may appeal and have resolved grievances relating, but not limited to:

- Amount or duration of service
- Denial or discontinuance of a service
- Dissatisfaction with the service or service provider
- Failure to comply with regulations set forth by the California Department of Aging or in contract agreement with Area Agency on Aging – Sonoma County.

To protect the complainant's right to privacy, confidentiality will be upheld. Only information relevant to the complaint may be released to the responding party(s) without the complainant's consent.

This grievance policy and procedures shall be made available to clients/participants by posting notification of the process in visible and accessible areas.

PROCEDURES:

1. The client/participant or the person authorized to act on their behalf shall present their written grievance to the Program Manager within 30 days of the incident or dispute.

Grievances may be mailed to:

<Agency Name & Address>

2. The Nutritional Services Supervisor will review the grievance and respond, in writing, within 30 days from the date the written grievance was received.
3. If the grievance is not resolved to the satisfaction of the complainant or their authorized representative, they may request, in writing, a hearing with the Director.
4. The Director shall review the grievance with the complainant no longer than ten (10) working days from date of receipt of the written request for a hearing.
5. If the complainant is still not satisfied with the results of their complaint, they may appeal in writing or by phone to the Executive Director of the Sonoma County Area Agency on Aging.

Appeals may be by mail or phone to:

Program Manager
Area Agency on Aging – Sonoma County
3725 Westwind Blvd. Suite 100
Santa Rosa, CA 95403
(707) 565-5930

Your Contribution helps us continue your
Nutrition Program

Suggested Contribution

60 & Over \$4.00

Under 60 required fee of \$6.00

Eligibility – Ages 60 and older with a completed registration intake form. Please see site manager.

No eligible individual will be denied services because of an inability to contribute.

Eligible older adults are required to complete a registration intake form to participate in the nutrition program. Older adults who do not want to complete a registration intake form are required to pay \$6.00.

FDA Foodborne Illness

Foodborne Illness-Causing Organisms in the U.S. **WHAT YOU NEED TO KNOW**

While the American food supply is among the safest in the world, the Federal government estimates that there are about 48 million cases of foodborne illness annually—the equivalent of sickening 1 in 6 Americans each year. And each year these illnesses result in an estimated 128,000 hospitalizations and 3,000 deaths.

The chart below includes foodborne disease-causing organisms that frequently cause illness in the United States. As the chart shows, the threats are numerous and varied, with symptoms ranging from relatively mild discomfort to very serious, life-threatening illness. While the very young, the elderly, and persons with weakened immune systems are at greatest risk of serious consequences from most foodborne illnesses, some of the organisms shown below pose grave threats to *all* persons.

ORGANISM	COMMON NAME OF ILLNESS	ONSET TIME AFTER INGESTING	SIGNS & SYMPTOMS	DURATION	FOOD SOURCES
Bacillus cereus	<i>B. cereus</i> food poisoning	10-16 hrs	Abdominal cramps, watery diarrhea, nausea	24-48 hours	Meats, stews, gravies, vanilla sauce
Campylobacter jejuni	Campylobacteriosis	2-5 days	Diarrhea, cramps, fever, and vomiting; diarrhea may be bloody	2-10 days	Raw and undercooked poultry, unpasteurized milk, contaminated water
Clostridium botulinum	Botulism	12-72 hours	Vomiting, diarrhea, blurred vision, double vision, difficulty in swallowing, muscle weakness. Can result in respiratory failure and death	Variable	Improperly canned foods, especially home-canned vegetables, fermented fish, baked potatoes in aluminum foil
Clostridium perfringens	Perfringens food poisoning	8-16 hours	Intense abdominal cramps, watery diarrhea	Usually 24 hours	Meats, poultry, gravy, dried or precooked foods, time and/or temperature-abused foods
Cryptosporidium	Intestinal cryptosporidiosis	2-10 days	Diarrhea (usually watery), stomach cramps, upset stomach, slight fever	May be remitting and relapsing over weeks to months	Uncooked food or food contaminated by an ill food handler after cooking, contaminated drinking water
Cyclospora cayentanensis	Cyclosporiasis	1-14 days, usually at least 1 week	Diarrhea (usually watery), loss of appetite, substantial loss of weight, stomach cramps, nausea, vomiting, fatigue	May be remitting and relapsing over weeks to months	Various types of fresh produce (imported berries, lettuce, basil)
E. coli (Escherichia coli) producing toxin	<i>E. coli</i> infection (common cause of "traveler's diarrhea")	1-3 days	Watery diarrhea, abdominal cramps, some vomiting	3-7 or more days	Water or food contaminated with human feces
E. coli O157:H7	Hemorrhagic colitis or <i>E. coli</i> O157:H7 infection	1-8 days	Severe (often bloody) diarrhea, abdominal pain and vomiting. Usually, little or no fever is present. More common in children 4 years or younger. Can lead to kidney failure	5-10 days	Undercooked beef (especially hamburger), unpasteurized milk and juice, raw fruits and vegetables (e.g. sprouts), and contaminated water
Hepatitis A	Hepatitis	28 days average (15-50 days)	Diarrhea, dark urine, jaundice, and flu-like symptoms, i.e., fever, headache, nausea, and abdominal pain	Variable, 2 weeks-3 months	Raw produce, contaminated drinking water, uncooked foods and cooked foods that are not reheated after contact with an infected food handler; shellfish from contaminated waters
Listeria monocytogenes	Listeriosis	9-48 hrs for gastro-intestinal symptoms, 2-6 weeks for invasive disease	Fever, muscle aches, and nausea or diarrhea. Pregnant women may have mild flu-like illness, and infection can lead to premature delivery or stillbirth. The elderly or immunocompromised patients may develop bacteremia or meningitis	Variable	Unpasteurized milk, soft cheeses made with unpasteurized milk, ready-to-eat deli meats
Noroviruses	Variously called viral gastroenteritis, winter diarrhea, acute non-bacterial gastroenteritis, food poisoning, and food infection	12-48 hrs	Nausea, vomiting, abdominal cramping, diarrhea, fever, headache. Diarrhea is more prevalent in adults, vomiting more common in children	12-60 hrs	Raw produce, contaminated drinking water, uncooked foods and cooked foods that are not reheated after contact with an infected food handler; shellfish from contaminated waters
Salmonella	Salmonellosis	6-48 hours	Diarrhea, fever, abdominal cramps, vomiting	4-7 days	Eggs, poultry, meat, unpasteurized milk or juice, cheese, contaminated raw fruits and vegetables
Shigella	Shigellosis or Bacillary dysentery	4-7 days	Abdominal cramps, fever, and diarrhea. Stools may contain blood and mucus	24-48 hrs	Raw produce, contaminated drinking water, uncooked foods and cooked foods that are not reheated after contact with an infected food handler
Staphylococcus aureus	Staphylococcal food poisoning	1-6 hours	Sudden onset of severe nausea and vomiting. Abdominal cramps. Diarrhea and fever may be present	24-48 hours	Unrefrigerated or improperly refrigerated meats, potato and egg salads, cream pastries
Vibrio parahaemolyticus	<i>V. parahaemolyticus</i> infection	4-96 hours	Watery (occasionally bloody) diarrhea, abdominal cramps, nausea, vomiting, fever	2-5 days	Undercooked or raw seafood, such as shellfish
Vibrio vulnificus	<i>V. vulnificus</i> infection	1-7 days	Vomiting, diarrhea, abdominal pain, bloodborne infection. Fever, bleeding within the skin, ulcers requiring surgical removal. Can be fatal to persons with liver disease or weakened immune systems	2-8 days	Undercooked or raw seafood, such as shellfish (especially oysters)

For more information, contact: The U.S. Food and Drug Administration Center for Food Safety and Applied Nutrition
 Food Information Line at 1-888-SAFEFOOD (toll free), 10 AM to 4 PM ET, Monday through Friday.
 Or visit the FDA Web site at www.fda.gov.

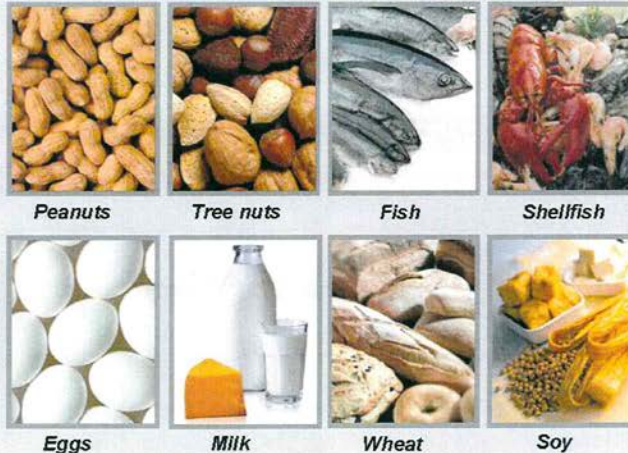
Food Allergies

what you need to know



Millions of people have food allergies that can range from mild to life-threatening.

Most Common Food Allergens



*** Always let the guest make their own informed decision.**

When a guest informs you that someone in their party has a food allergy, follow the four R's below:

- **Refer** the food allergy concern to the department manager, or person in charge.
- **Review** the food allergy with the customer and check ingredient labels.
- **Remember** to check the preparation procedure for potential cross-contact.
- **Respond** to the customer and inform them of your findings.

*** Sources of Cross-Contact:**

- Cooking oils, splatter, and steam from cooking foods.
- Allergen-containing foods touching or coming into contact with allergy-free foods (i.e. a nut-containing muffin touching a nut-free muffin).

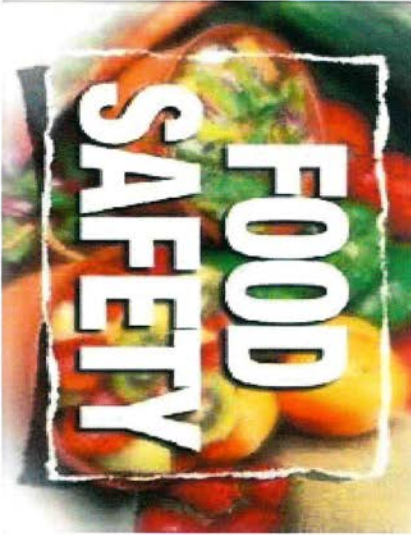
Any food equipment used for the processing of allergy-free foods must be thoroughly cleaned and sanitized prior to use.

- All utensils (i.e., spoons, knives, spatulas, tongs), cutting boards, bowls, pots, food pans, sheet pans, preparation surfaces.
- Fryers and grills.
- Wash hands and change gloves after handling potential food allergens.

*** If a guest has an allergic reaction, call 911 and notify management.**



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For health reasons, taking out potentially hazardous foods

is not recommended.

Doing so is at your own risk



Participants Rights & Responsibilities

<LOGO>

<Agency Name
Location Detail>

Older Adult Nutrition Program Participant's Right and Responsibilities

Participant's Rights

- To be treated in a fair and equitable manner. If you feel that you have not been treated fairly, you may contact the site manager or <Agency Contact Point Person and Phone/Email>.
- To be spoken to in a polite and professional manner.
- To participate in educational and recreational activities.
- To obtain information and referrals for needed services.
- To submit in writing, ideas and concerns, to the Older Adult Nutrition Program.
- A pleasant dining atmosphere is provided.
- Older Adults are to be served first, before those under the age of 60.
- Older Adult (60+) will not be denied a meal if a contribution cannot be made.
- Has the right to file a grievance by following the posted Grievance Policy and Procedures.

Participant's Responsibilities

- To treat agency staff, volunteers and other patrons with dignity and respect.
- Verbal/physical harassment of staff, volunteers and other participants including abusive language and/or inappropriate physical contact is not allowed.
- Participants shall not attend Senior Nutrition Program under the influence of alcohol or drugs.
- Independently/maintain bodily functions and proper hygiene.
- For health and safety reasons, do not take leftover food from the site.
- Come to the Older Adult Nutrition Programs wearing appropriate clothing, including shirts and shoes.
- Failure to comply with these policies can be grounds for suspension from the program.

Right to Refuse Service Policy

<LOGO>	<Agency Name and Location Details>
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Right to Refuse Service Policy

In order to maintain a high standard of service and provide a safe work environment for its employees and volunteers, <Agency Name> reserves the right to refuse or discontinue service to congregate or home-delivered meal program clients. Service may be denied to any client who acts inappropriately by disrupting the normal provision of services, or if a client's behavior or environment threatens the safety of <Agency Name> employees or volunteers.

Inappropriate behavior includes but is not limited to the following:

- Unreasonable demands for service
- Misrepresentation of the need for service
- Personally threatening and offensive language
- Threatening or erratic behavior
- Inappropriate physical contact

Any <Agency Name> employee or site manager can exercise the right to ask a participant to leave the site when confronted by a client acting inappropriately or when facing an unsafe situation. The Employee/Site Manager is to immediately report the situation to the Nutrition Program Manager or executive director so that they can make the determination to refuse service.

Verification of inappropriate behavior or an unsafe situation may result in suspension or termination of service.

For Congregate Participants:

Additionally, participants may be asked to leave the congregate site for these reasons including but not limited to the following:

- Under the influence of drugs or alcohol
- Wearing of heavy perfume or having inadequate person hygiene which is offensive to other participants
- Pilfering or theft of congregate site food or supplies