

**ATTACHMENT O**  
**Title III-C Nutrition Program Standards**

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**TITLE III-C NUTRITION  
PROGRAM STANDARDS**

**SONOMA COUNTY  
AREA AGENCY ON AGING**

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## **TITLE III-C NUTRITION PROGRAM STANDARDS**

### **Sonoma County Area Agency on Aging**

The standards for the operation of Title III-C Nutrition Programs 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,
- California Department of Aging Area Plan Contract and Program Memoranda; and
- Best Food and Nutrition Practices.

### **Goals and Purposes**

The goals of the Title III-C Nutrition Program (ENP) 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.

The ENP will help address a number of problems faced by many individuals, including poor diets, health problems, food insecurity, and loneliness.

The purpose of the 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.

### **Types of Services**

Congregate Meals: 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.

Home-Delivered Meals (HDM): 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.

## **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.

## **Target Population**

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.

## Eligibility

1. Congregate Meals - Eligible to receive Nutrition Services Initiative Program (NSIP) reimbursement. Individuals eligible to receive a meal at a congregated nutrition site are:
  - a. Any person aged 60 or over; or
  - b. The spouse, regardless of age, of any person aged 60 or over; or
  - c. A disabled individual as defined in OAA Sec.102 (8) (9), who is under the age of 60 and resides in housing facilities occupied primarily by older persons at which congregated nutrition services are provided; or
  - d. A disabled individual, who is under the age of 60 and resides at home with and accompanies an older individual eligible under the OAA.
  
2. Home-Delivered Meals (NSIP eligible) - Individuals eligible to receive a home-delivered meal are:
  - a. Any person aged 60 or over who is frail, homebound by reason of illness, incapacitating disability as defined in OAA Sec.102 (8) (9), or otherwise isolated; or
  - b. A spouse of a person in 2-a. above, regardless of age or condition, may receive a home-delivered meal if it is in the best interest of the homebound older person; or
  - c. A disabled individual who resides at home with older individuals eligible under the OAA.
  - d. The eligibility, in accordance with Subsection a-c above, shall be determined by the following criteria:
    - (1) Too frail to travel to a congregated nutrition site
    - (2) Acute illness
    - (3) Convalescing from acute illness
    - (4) Incapacitating due to chronic illness
    - (5) Incapable of shopping and preparing meals
  
3. Volunteer, Guest, and Staff Meals
  - a. 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.

- b. Guest Meal (not NSIP eligible) - A guest under 60 may be offered a meal during meal hours, if doing so will not deprive an older person of a meal. The guest shall pay a fee for the meal. In determining fees for guest meals, providers may choose to recover either the full cost of the meal or an amount equal to the AAA share of the cost plus required matching funds. Formulas for these determinations are:

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

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

- c. Staff Meal (not NSIP eligible) - Nutrition service staff may receive a meal if it will not deprive an eligible person, as outlined 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 3.b. above.

When provided as employee benefits, staff meals shall be included as employee fringe benefit costs in the budget. It is the responsibility of the service provider to maintain current information concerning State and federal laws for the withholding of income taxes, State Disability Insurance and Social Security.

### **Program Requirements**

Services and program operations must conform to:

- Older Americans Act Title III-C,
- California Department of Aging Title 22,
- Area Agency on Aging Title III-C Nutrition Program Standards, and
- Relevant federal, State, including the California Retail Food Code (CRFC) and local regulations.

Each congregate meal participant shall only receive one meal per day. The HDM 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 who oversee the program, production kitchen, home-delivered meals, and congregate meal sites shall have a valid Food Safety Certificate.

### **Meal Requirements**

Each program participant shall receive at least one meal per day. Each meal shall comply with the most current Dietary Guidelines for Americans (DGA), published by the USDA and the U.S. Department of Health and Human Services and provide:

- A minimum of one-third ( 33-1/3 percent) of the Dietary Reference Intakes (DRI) if the program provides one meal per day.
- A minimum of 66-2/3 percent of the DRIs if the program provides two meals per day.
- 100 percent of the DRIs , if the programs provide three meals per day.

A meal analysis shall be performed by a Registered Dietitian to ensure compliance with the one-third (33 1/3 percent) of the Dietary Reference Intakes (DRI) if one meal a day is provided. Meals must be produced at a HACCP compliance kitchen with valid health permit and current health inspection status from the Environmental Health Division of Sonoma County Public Health Department, and conform to California Retail Food Code (CFRC).

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

Offer versus Serve The program must offer participants all of the required menu items; however, participants may decline to eat any element of the planned meal.

### **Menu and Meal Pattern Requirements**

Menus shall be appropriate, serve the needs of the targeted population, and comply with the Dietary Reference Intakes (DRIs) and the most recent Dietary Guidelines for Americans (DGA). The key nutrient recommendations noted in the DGA that affect older individual’s health status should be integrated into the menu planning.

The menu and meal pattern requirements set forth in this section shall be followed for all meals to assure compliance with the Older Americans Act (OAA), Section 339, California Regulations, Title 22, Division 1.8, Chapter 4, Article 5, Section 7638.5, CDA Program Memo titled “Older Americans Act Nutrition Services Menu Guidance for Compliance with Dietary Guidelines for Americans, 2010” dated December 11, 2012. By ensuring adequate nutrient intake, the DRIs prevent nutrient deficiencies and reduce the risk of chronic diseases, such as osteoporosis, cancer, and cardiovascular disease.

The following table represents the most current DRI values and daily compliance range for target nutrients. The nutrients selected for this Table are based on the target nutrients to promote health and prevent disease, prevent deficiencies, indicate diet quality, and manage disease. The values provided are based on the U.S. Department of Agriculture (USDA) Food Guide calculated for one meal for a woman over 70 years old whose activity level is sedentary. This example represents a majority of the older adult population served by the elderly nutrition program. If a majority of the senior population anticipated to be served by the program differs from the example, use your



program's predominate demographic characteristics to develop a menu pattern for your population.

The values provided are for serving one meal per day that provides a minimum of one-third of the DRI. The nutrients selected are based on the target nutrients to promote health and prevent disease, prevent deficiencies, indicate diet quality, and manage disease.

<b>Nutrient</b>	<b>Target Value * per meal</b>	<b>Per Meal Compliance Range</b>
Calories (Kcal)*	>550 Kcal	>550 Kcal
Protein	15 gm	15 gm (in the primary protein source)
Fat (% of total calories)	20-35%	<35% (may average over a week)
Saturated Fat (% of total calories)	<10%	<10 %
Trans Fat	<0.5 gm	CRFC Chapter 12.6, section 114377**
Sodium (mg)***	500-750 mg	<1,000 mg (over 1,000 mg shall place an icon on the menu)
Fiber (gm)	>7 gm	>7 gm (may average over a week) (Based on AI value)
Vitamin A (ug/ RAE)****	233 ug	>233 ug 3 out of 5 days/wk or 4 out of 7 days/wk
Vitamin C (mg)	25 mg	25 mg
Vitamin B12 (ug)	0.8 ug	0.8 ug *- (may average over a week)
Calcium (mg)	400 mg	>400 mg (may average over a week)
Magnesium (mg)	105 mg	>105 mg (may average over a week)
Potassium (gm)	1565 mg	1565 mg * (may average over a week) (Based on AI value)
Vitamin D (mcg)	200 IU/3 mcg	200 IU/3 mcg (may average over a week)

\* NOTE: It is necessary to use fortified foods to meet vitamin B12 needs.

\*\*California Retail Food Code Commencing January 1, 2011, no food containing artificial trans fat, including oil and shortening that contains artificial trans fat for use in the deep frying of yeast dough or cake batter may be stored, distributed, or served by, or used in the preparation of any food within, a food facility.

\*\*\*Recommended sodium content is liberalized based on the information from the Mathematica study data which indicated that for many participants the ENP meal provides 40-50% of the participants' daily intake. Note meals containing over 1,000 mg of sodium on the menu by an icon or asterisk referencing high sodium content.

\*\*\*\*RAE – Retinol Activity Equivalent (RAE)

Adequate dietary intakes of certain nutrients are of particular concern for older adults: Calcium, potassium, magnesium, fiber, and vitamins A, B<sub>12</sub>, C and D. The over-

consumption of other elements is also a concern: Sodium, saturated fat, trans fats, and cholesterol.

Analysis of menus ensures that the meals provide a minimum of 33 1/3 percent of the DRIs as required by OAA. When evaluating menus, meals must supply a minimum of 33 1/3 percent of the DRIs for: Protein, Vitamin A, Vitamin C, Fiber, Calories, and Calcium. The program should especially focus on Vitamins A and C, Protein, Fat, Sodium, and Fiber.

### **Computerized Nutrient Analysis Requirements**

When using computerized menu analysis, meals shall be analyzed on a weekly basis for a minimum of a five (5)-week cycle menu. Although not required, use of computerized nutrient analysis is strongly recommended and will help ensure and verify the nutritional adequacy of meals.

Meals must supply one-third of the DRI for calories, protein, vitamin A, vitamin C, fiber, and calcium. The following nutrients should be included in the analysis when the computerized nutrient analysis method is used: calories; protein; carbohydrates; total fat; saturated fat; total fiber; vitamins A, C, D, E, K, thiamin, riboflavin, niacin, B6, folate, B12, calcium, magnesium, sodium and zinc.

The goal of assessing nutrient intakes of groups is to determine the prevalence of inadequate or excessive nutrient intakes within a particular group of individuals. While meal patterns serve as a basic framework for menu planning, it is encouraged that computerized nutrient analysis be used to identify nutrients the menu may not be providing and to focus nutrition education on those nutrients.

### **Component Meal Pattern Requirements**

The California 1600 calorie component meal pattern has been developed to reflect the new DGA requirements for those programs that are not using computerized nutrient analysis (Appendix 1). In addition to the California 1600 calorie component meal pattern, programs may choose either of the DGA suggested meal patterns: (1) The Dietary Approaches to Stop Hypertension (DASH) diet (Appendix 2), or (2) The USDA Food Guide meal pattern (Appendix 3).

Any of the recommended component meal patterns may be used as a menu planning tool to ensure that the appropriate types and amounts of foods are served. Fortified food products and combination dishes in a menu may be used for the required nutrient values.

When using a component meal pattern, the following target nutrients should be identified on the menu:

- Vitamin C – 25 mg each meal

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

Meals will require specific types of fruits and vegetables, whole grains, and high fiber foods in order to assure the target nutrients are provided. Menus developed with the component meal patterns may be deficient in vitamins D, E, and B<sub>12</sub>, magnesium and zinc. Meals that do not meet the nutrients requirements should be the focus of future menu revisions. Nutrients that are not supplied in meals should be the focus of nutrition education.

### **Meal Components**

When planning menus, each meal must include the following components:

**Protein – Meats, Fish, Poultry, Legumes, Eggs, and Cheese.** Each meal should contain a minimum of two ounces of cooked, edible portions of meat, seafood, poultry, cheese, or eggs (or a combination thereof) and provide at least 15 grams of protein from these foods.

The protein foods include seafood, meat, poultry, eggs, beans, and peas, cheese, soy products, and nuts and seeds. Meat and poultry should be lean or low-fat, and nuts should be unsalted. Meat, poultry, eggs, and cheese contain solid fats which are associated with an increased risk of cardiovascular disease.

Vegetable proteins such as legumes or beans should provide at least a two-ounce protein equivalent. Menus should consider the preferences of the participants they serve. A two-ounce serving of protein in a casserole type entrée may provide the appearance of being a sufficient entrée; however, a two-ounce serving of chicken, fish or beef would appear very small. A larger portion of meat than the required two ounce minimum may be served based on participant preference.

**Vegetarian Option** - Vegetarian eating patterns have been associated with a reduced risk of chronic disease, cardiovascular disease and obesity, and lower total mortality. Plant based protein sources may be used to meet the protein requirements. Count legumes as either a vegetable or protein component. Do not count legumes as both a vegetable and a protein component. There is no longer a requirement for high biological value protein.

**Vegetables and Fruits** - Vegetables and fruits are nutrient dense foods containing vitamins, fiber, minerals, and other substances that may have positive health effects with relatively few calories.

- Encourage participants to eat a variety of vegetables, especially dark green, red, and orange vegetables.
- Focus on dietary fiber; beans and peas are good sources.

Serving size for vegetables:

- ½ cup cooked vegetables or legumes.
- 1 cup raw leafy green vegetables, such as, lettuce or salad.
- Vegetables as a primary ingredient in soups, stews, casseroles, or the combination dishes should total ½ cup per serving when considered a serving.

Serving size for fruit:

- 1 medium sized whole fruit.
- ½ cup fresh, chopped, cooked, frozen, or canned fruit.
- ½ cup 100 percent fruit juice.

Choose fresh, frozen, or canned fruit packed in water or juice, light syrup or without sugar. Before serving, rinse fruit packed in heavy sugar syrup.

The 2010 DGA encourage the consumption of whole fruit rather than 100 percent fruit juice. It is suggested that fruit juice only be served occasionally as part of the meal. Fruit juice lacks dietary fiber. Fruit juice is a high glycemic index food that contributes extra unwanted calories when consumed in excess. High glycemic foods can significantly increase blood glucose in those with diabetes.

**Breads/Grains**. One-half of the daily intakes of grains should be from whole grains. Grains that are processed (not whole) must be fortified. Fifty-fifty mixtures of white and brown rice meet the requirement for whole grain and have demonstrated acceptance among participants. For variety, consider serving other grains such as corn, millet, oats, or quinoa.

**Milk**. Each meal shall contain 8 ounces of fortified fat-free, low-fat (1 percent), buttermilk, calcium fortified soy milk or orange juice. If religious preference precludes the acceptance of milk with the meal, it may be omitted from the menu; however, an equivalent substitute must be used.

### **Other Menu Planning Considerations**

**Hydration and Fluids** - Encourage participants to drink water with their meals to ensure proper hydration. Older adults are at risk for dehydration due to physiological changes that occur with age. These physiological changes include a decrease in total body water related to the decrease in lean body mass, a decline in thirst sensitivity, and a decreased ability to regulate body temperature in extreme temperature changes. Exposure to heat and certain medications may require older individuals to consume

additional fluids to remain sufficiently hydrated.

**Fat** - Fat is optional. Fat may be used in food preparation or served as part of the meal. Fats and oils are part of a healthy diet, but the type of fat makes a difference to heart health, and the total amount of fat consumed is also important. Replace solid fats with plant-based oils to improve diet quality without added calories. Choose plant-based oils which have a high percentage of beneficial monounsaturated and polyunsaturated fatty acids.

The DGAs encourage using oils as they contribute essential fatty acids to the diet. No food containing artificial trans-fat may be stored, distributed, served, or used in the preparation of any food within a food facility. [CRFC 114377]

Limit the consumption of solid fats. Solid fats are those that are solid at room temperature and have a high concentration of trans and saturated fats. Common sources of solid fats include, butter, beef, chicken, pork, stick margarine, and shortening.

**Dessert** - Encourage the use of fruit as dessert. Provide dessert occasionally as an optional element of the meal to satisfy caloric requirements or to deliver additional nutrients. Avoid serving desserts that are high in sugar, refined grains, and solid fats no more than once per week.

The fruit, grains, and dairy products served as dessert can count towards the fruit, grain, or dairy requirements. Desserts that are low in fat and/or low in sugar are encouraged.

Certain foods consumed in excess increase the risk of chronic disease. These include refined grains, solid fats, added sugars, and sodium. The 2010 DGAs encourage limiting the consumption of these foods. Caloric energy requirements decrease with age yet vitamin and mineral needs for the most part remain constant. Older adult menu development must limit discretionary high energy food items (e.g. cakes, cookies, etc.) to design a diet that meets nutrient requirements without exceeding energy requirements.

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

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1 -2009 National Survey of OAA Participants, Congregate, and Home delivered meal participants / what portion of all food does OAA meal represent? <http://www.agidnet.org/CustomTables/NPS/Results/> Retrieved on February 13, 2012

A potassium-rich diet blunts the effect of sodium on blood pressure. Research suggests that the general population does not consume sufficient amounts of potassium and would benefit from increasing potassium intake from foods. <sup>2</sup>

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

- Focus on a stepwise reduction of sodium over time.
- Set a goal to reduce sodium content of meals each year. For example: reduce the sodium level of the meals by 5 percent over this Fiscal Year” or provide not more than two high sodium meals per month.”
- Use low sodium versions of high sodium foods when available and feasible within budget allowances.
- Maintain documentation of the reduction of sodium content of meals. This may be the nutritional analysis or, if using a menu component plan, documented on a weekly form and averaged over the week.
- Place potassium rich foods on the menu consistently.
- Provide nutrition education on the health impacts of high sodium intake on older adults.
- Prepare foods without adding salt in the cooking process.
- Use herbal seasoning to replace salt.
- Avoid potassium chloride salt substitutes. Individuals should only use these products under the supervision of a healthcare professional.
- Encourage using oil and vinegar as the preferred salad dressing. Provide at least one low-sodium salad dressing option.
- Use an icon, such as a saltshaker, to identify a high sodium meal or clearly state on the menu that this meal contains more than 1,000 mg of sodium.
- Programs should establish policies and procedures for purchasing healthful foods that incorporate the DGAs’ sodium recommendations.

**Ethnic Meals** - Programs that provide culturally appropriate meals that may be higher in sodium are encouraged to place a statement on each menu such as: “These meals may have higher sodium content than the recommendations made by the 2010 Dietary Guidelines for Americans.” The following are some suggestions to address the high sodium content of ethnic meals.

- Use low sodium soy sauce or dilute soy sauce with water to reduce sodium levels.
- Provide low sodium or diluted soy sauce as a condiment at meals, instead of adding them to meals during preparation.
- Encourage vendors to provide low sodium alternatives at a reasonable cost.
- Place potassium-rich foods on the menu consistently.
- Provide nutrition education on the health impacts of high sodium intake on older adults.

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<sup>2</sup> -Dietary Guidelines for Americans, 2010 United States Department of Health and Human Services, United States Department of Agriculture. <http://www.cnpp.usda.gov/DGAs2010-PolicyDocument.htm>

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

### **Other Menu Requirements**

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

## Nutrition Education Requirements

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.

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.

### **Nutrition Risk Screening Requirements**

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 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 Training Requirements**

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.

### **HACCP Safety and Sanitation Compliance Monitoring Requirements**

Registered Dietitians (R.D.) who have a current Food Safety Certificate shall conduct monitoring of the meal production and staging facilities, congregate meal sites, and home-delivered meal routes at least quarterly (four (4) times a year) to ensure safe food handling and sanitation practices, and HACCP compliance from the point of food procurement to the point when the meal is delivered or served to the consumers. Monitoring report must include onsite technical assistance or in-service training provided to rectify deficiencies noted.

### **HACCP Food Service Policies and Procedures Manual Requirements**

Food service policies and procedures manual shall be established, updated, and implemented for all phases of meal production and service delivery to ensure compliance with Hazard Analysis Critical Control Points (HACCP) and CRFC requirements. This manual shall reflect the food service project design proposed in the Request for Proposals submission.

Content shall include the following:

- Employee and Volunteer Orientation Program, Employee and Volunteer In-Service Policy, Employee and Volunteer Safety,
- Menu Planning, Standardized Recipes, Nutrient Analysis, Food and Supplies Procurement, Inventory, Food Service Cost Control Procedures, HACCP Procedures for Food Preparation and Food Cookery, Portion Control,

- Sanitation and Infection Control, Food Borne Illness Incident Report Procedures, Personal Health and Hygiene, Hand-Washing Procedures, Food Handling, Food and Cleaning Supply Storage (e.g., dry goods refrigerated and frozen goods), Temperature Monitoring Mechanism, Cleaning Schedules,
- Meal Forecast and Production including Handling of Leftovers at Production Kitchen and Meal Site, Dishwashing/Ware Washing Procedures and Temperature Monitoring Procedures, Pest Control, Waste Control, Disposal and Recycling Policies and Procedures, Chemical Safety and Storage, Material Safety Data Sheet (MSDS), Equipment Care and Cleaning,
- Caterer Selection Policy and Procedures (if appropriate),
- Emergency and Disaster Preparedness Policy and Procedures,
- Emergency Food Supply and Menus,
- Foodborne Illness Reporting Procedures
- Fire Prevention and Safety for Foodservice Workers,
- Special Diet Policy and Procedures (if appropriate),
- Consumer Grievance Policy and Procedures.

### **Program Income Requirements**

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

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

### **Voluntary Participant Contribution Requirements**

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

Providers shall assure the privacy of each participant relative to his/her contribution. Providers shall establish procedures to protect contributions from loss, mishandling, and theft.

All 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.

### **Congregate Meals Requirements**

1. Providers shall operate five (5) or more days a week (except in a rural area where such frequency is not feasible and a lesser frequency if approved by the State agency); provide at least one hot or other appropriate meal per day and any additional meals which the provider may elect to provide.
2. Providers shall be of sufficient size to ensure efficient and economical delivery of meals and other nutrition services and to ensure coordination with related programs.
3. Providers shall comply with all State and local fire, health, sanitation and safety regulations applicable to food service operations.
4. Congregate meal sites shall:
  - a. Have a valid health permit posted, a current health certificate available, and fire extinguishers with yearly inspections.
  - b. Have a responsible person, paid or volunteer, who is designated to serve as the site manager, and holds a valid food safety certification or is directly supervised by an individual who has a valid food safety certification.
  - c. Permit all participants to eat a leisurely meal.
  - d. Be located, if possible, within walking distance of concentrations of older persons.
  - e. Be free of architectural barriers which limit the participation of disabled persons. All facilities shall meet the requirements of the Americans with Disabilities Act (ADA).
  - f. Give preference to those individuals in greatest economic or social need, with particular attention to low-income minority individuals.
  - g. Be located in a facility where older persons will feel welcome and comfortable. The cultural and ethnic preferences of the older persons in the service area shall be taken into consideration.
  - h. Have adequate lighting and ventilation, which meets all applicable local or state laws and building and fire codes.
  - i. Provide restrooms that are clean, adequate, and well equipped.
  - j. Provide separation between the dining and food preparation areas.
  - k. Have equipment, including tables and chairs that are sturdy and appropriate for older persons. Tables shall be arranged to assure ease of access, a pleasant atmosphere and to encourage socialization.
  - l. Provide for appropriate table settings. Use environmental-friendly wares. If disposable ware is used, it shall be resistant to buckling and spillage, nonporous to prevent leakage, sanitary, and attractive. Utensils, such as

- forks, knives, and spoons must not melt, bend or splinter in normal use.
- m. Provide for celebration of special occasions by participants.
- n. Provide fire extinguishers that are inspected by the Fire Department within a year and instructions governing their use.
- o. Have an emergency plan developed and implemented with staff trained in emergency procedures.

## Adult Day Programs and Elderly Housing Facilities

The use of Title III C-1 is an allowable expenditure **only in specific cases** where Adult Day Programs and elderly housing facilities meet the congregate nutrition site eligibility criteria. To be an eligible Title III C-1 congregate nutrition site, the site must meet **all** of the following criteria:

- Be open to the general public;
- Not means test;
- Provide participants the opportunity to make voluntary contributions and not deny service for not contributing to the cost of the service; and
- Not receive funds from another source for the cost of the same meal, equipment, or services.

Adult Day Health Care Programs are not eligible as they do not meet all of the criteria for a congregate nutrition site.

Day care sites that are open congregate sites are exempt from the requirement for a valid health permit and certified food safety certificate because they are under the regulations of the California Department of Social Services. In service training requirements and all other regulations pertaining to Title III-C apply to these sites as all other congregate sites.

## Home-Delivered Meals Requirements

1. Home-delivered meal providers shall operate five (5) or more days a week (except in a rural area where such frequency is not feasible [as defined by the AAA Board or by regulation] and a lesser frequency if approved by the State agency), provide at least one home-delivered hot, cold, frozen, dried, canned, or supplemental foods (with a satisfactory storage life) meal per day and any additional meals which the provider may elect to provide.
2. Where feasible and appropriate, providers shall make arrangements for the availability of meals to older persons in weather-related or other types of emergencies.
3. With the consent of the older person or their representative, providers shall notify appropriate officials regarding conditions or circumstances, which place the older person or the household in imminent danger.
4. Providers shall develop and implement procedures for screening and assessing the need for service of each eligible client.
  - a. The following priority criteria shall be used in a screening assessment to

determine those individuals who are eligible to receive home-delivered meals:

Rank # 1      **Emergency:** An emergency causing a physical or medical disability making the senior temporarily unable to provide his/her own meal. No family or other support. Must include a date to stop service with subsequent reassessment.

Rank # 2      **Chronic Illness:** A senior with an acute, chronic disability who would be in danger of institutionalization if meals were not provided. Little or no family or other support. Must include quarterly reassessment.

Rank # 3      **Temporary:** A senior with a temporary condition causing him/her to be homebound. Little outside assistance from family or others (include temporary absence of caregivers). Must include a date to stop service.

Rank # 4      **Frail with No Outside Assistance:** A senior who is unable to prepare adequate meals and has no outside assistance. The senior must be warned that he/she will be removed from the program if slots are needed for more seriously ill seniors (Ranks # 1, 2, and 3). Must include quarterly reassessment.

Rank # 5      **Frail with Limited Outside Assistance:** A senior who is unable to prepare adequate meals and has limited outside assistance. The senior must be removed from the meal program if slots are needed for more seriously ill seniors (Ranks # 1, 2, 3, and 4). Must include quarterly reassessment.

- b. Initial screening and assessment to determine eligibility can be accomplished by telephone.
  - c. Program participant must receive an in-home comprehensive assessment, within two (2) weeks of beginning meal service to determine his or her eligibility and the need for a home-delivered meal, and thereafter, on an annual basis to comprehensively re-assess the need. The comprehensive assessment covers physiological, socioeconomic, and psychological factors including the acute or chronic disease, syndromes or conditions, limited functional ability and family/support system.
  - d. Reassessment of need shall be determined no less than quarterly. An in-home reassessment shall be done at least every other quarter.
  - e. Qualified staff shall be appropriately trained in screening and assessment policies and procedures.
  - f. A periodic check shall be made to ensure that meals have been consumed.
  - g. To the extent possible, participants shall be screened for need for other services and referred as appropriate.
5. After a meal has been home-delivered, food safety is the responsibility of the participant, and the meal may be consumed as he/she thinks may be appropriate. Program shall encourage participants to consume hot meals when delivered and educate them regarding the sources and prevention of food borne illness. If frozen

meals are delivered, heating instructions and expiration date of the meals shall be provided.

6. Special diets may be delivered, where feasible, appropriate, and approved by the AAA.

## Guidelines for Special Diets

1. Services for special diets must be under the supervision of a Registered Dietitian.
2. 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.
3. 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.
4. Nutrition counseling shall be documented.
5. There shall be written guidelines for various special diets and how to identify different diets for delivery.

## Food Service Requirements

Meals must be produced at a HACCP compliance kitchen with valid health permit and current health inspection status from the Environmental Health Section, Public Health Division of the Sonoma County Department of Health Services, and conform to relevant federal, state, including the California Retail Food Code (CFRC), and local regulations.

## Food Procurement Standards

1. All foods shall be of good quality and shall be obtained from sources that conform to federal, state, and local regulatory standards for quality, sanitation, and safety.
2. Food in hermetically sealed containers shall be processed in a licensed establishment. No home-prepared or home-canned food shall be used.
3. Food from broken containers, unlabeled, rusty, or leaking cans or cans with side seam dents, rim dents, or swells shall not be used.
4. Milk shall be purchased from a reliable source whose standards of quality, sanitation, and safety comply with Division 15 of California Food and Agricultural Code. All milk products used and served shall be pasteurized.
5. All food contributions shall meet the standards of quality, sanitation, and safety set forth in this manual. All food donations must be from an approved source unless an agreement or Memorandum of Understanding has been established with the Environmental Health Division, Sonoma County Public Health Department. The program shall not accept contribution of wild game.
6. To the extent feasible, all procurements shall be transacted in accordance with these standards. Providers are encouraged to participate in group food purchasing to the extent allowed by the above standard.
7. A comparative cost analysis shall be performed either by the provider or its group purchasing organization on an ongoing basis to obtain the highest quality food for the lowest price available.

## Food Storage Standards



1. Adequate and suitable space free from dirt, vermin and contamination or adulteration shall be provided for the storage of food, beverages, and cooking, serving, and eating utensils.
2. The dry storage area shall be cool, dark, well-ventilated, clean, orderly, and free from leakage, insects, rodents, and vermin, or other contamination. It shall have at least 10 foot-candles of light. It is recommended that the temperature of the dry storage area be maintained at 50-70° F.
3. Inventory systems shall be established and used. Stored goods shall be rotated to prevent deterioration. The first-in-first-out food rotation system shall be maintained.
4. All foods shall be stored at least 6 inches above the floor, 18 inches from the ceiling and away from the wall to permit free circulation of air and prevent contamination.
5. All food and non-food items shall be clearly labeled so that their contents are easily identifiable.
6. All chemicals and cleaning supplies shall be stored in an area separate from food.
7. Opened packages of foods, such as sugar, flour and noodles, shall be stored in tightly closed containers and clearly labeled on the main part of the container.
8. Windows shall be screened to prevent insect invasion. Open doors shall be screened or equipped with self-closing devices or high velocity fans when left open for extended periods of time, e.g., during delivery times.
9. Street clothing and purses shall be stored in an area separated from toilets, food, paper, goods, utensils, kitchen equipment, and other supplies used in the preparation or service of food.
10. Refrigerators and freezers shall be kept clean and in good repair. All refrigerators shall maintain a maximum temperature of 40° F. All freezers shall maintain a maximum of 0° F. An accurate and readily visible thermometer shall be installed in all refrigerators and freezers.
11. Refrigerators and freezers temperature log shall be maintained daily when ENP meals are served and posted in the kitchen in a visible location near the refrigerators/freezers.

### **Food Production Standards**

Food production and meal service shall be under the supervision of a person trained in food service management with a valid food safety certificate according to CRFC to ensure HACCP procedures are followed.

1. Food Production Kitchens shall have a valid health permit and a current health inspection certificate and a responsible person with valid food safety certificate overseeing the kitchen.
2. Production Control
  - a. Production schedules or worksheets shall be available in the food preparation area.
  - b. Food shall be prepared in sufficient quantities to serve all participants. Careful

- planning shall minimize leftover food and prevent waste.
- c. Standardized recipes shall be used to ensure consistency of quality and quantity and adherence to menu guidelines.
  - d. Appropriate utensils for correct and consistent portion control shall be available and used at each site.
3. Sulfites shall not be added to fresh fruits, vegetables and potentially hazardous foods at the food production kitchen.
  4. All frozen meat, fish, poultry, shellfish, and frozen products containing these foods shall be kept frozen until processing or cooking begins; defrosted in the refrigerator; or defrosted in cold running water of sufficient velocity to flush loose food particles into the sink drain.
  5. Ground beef products shall be cooked to heat all parts of the food to at least 155° F for 15 seconds or until the meat is no longer pink and the juices are clear.
  6. Potentially hazardous food shall be cooled rapidly from 140° F to 40° F or below within a total of six (6) hours in shallow pans. During this time, the decrease in temperature from 135° F to 70° F shall occur within the first two (2) hours.
  7. No oil, shortening, or margarine containing artificial **trans fat** shall be used in meal preparation. No food that has artificial trans fat more than 0.5 grams value in one serving of the food shall be used. Food labels shall be maintained for all food or food additives that is or includes any fat, oil, or shortening for as long as the food is stored, distributed, served, or used in the preparation of food. A file of food labels for all foods containing fat shall be maintained in the food production kitchen.
  8. Home-delivered meals not assembled for same day delivery shall be packaged within two (2) hours from the completion of preparation; and immediately refrigerated or frozen after packaging.
  9. Chilled and/or frozen meals produced in a production kitchen which are not commercially prepared shall: (CFRC 114089, 114008)
    - a. Be prepared and packaged only in a central kitchen or on-site preparation kitchen;
    - b. After completion of cooking, potentially hazardous food shall be cooled rapidly from 140° F to 70° F within two hours and from 70° F to 40° F or below within four hours;
    - c. At the time of packaging, hot foods shall be at least 140° F and cold foods at 40° F or below and packaged within two(2) hours. Hot foods must be packaged within two (2) hours of the end of food production. Meals shall be cooled as noted in (b) above and frozen as quickly as possible;
    - d. Have food temperatures taken and recorded at the end of food production, during the cooling process, at the time of packaging and throughout the frozen process. Temperature shall be recorded and kept on file for audit;
    - e. Be packaged in individual trays, properly sealed, and labeled with the date, contents, instructions for storage and reheating to 165° F, and discard date;
    - f. Be kept chilled or frozen in a manner that allows air circulation around each individual tray;
    - g. Be kept in a chilled or frozen state throughout storage, transport and delivery to

- the senior participant; and
- h. Chilled meals shall be discarded after three (3) days from the date of preparation. Frozen meals shall be discarded after 90 days from the date of preparation.

### **Meal Service Standards**

1. Food Transport - All food for congregate and home-delivered meals shall be packaged and transported in a manner which protects it from potential contamination, including dust, insects, rodents, unclean equipment and utensils, and unnecessary handling. Assembling and transport equipment shall be capable of supporting or maintaining appropriate food temperatures.
2. Temperature Maintenance - Hot food shall be maintained at or above 140° F and cold food shall be maintained at or below 40° F throughout the meal service period or until delivered to the homebound participant. Frozen foods shall remain frozen at 0° F.
3. Systematic Temperature Checks
  - a. Congregate food temperatures shall be taken daily and recorded at the end of production, upon delivery at the site, and at the time of service.
  - b. Home-delivered meal food temperatures shall be taken:
    - (1) Daily at the end of production and at the time of meal assembly/packaging;
    - (2) On a regular basis but not less than once a month on one route at each site/distribution location, preferably on the longest route; and
    - (3) End-of-route temperatures not meeting temperature requirements shall have temperatures taken not less than weekly until the problem is corrected.
  - c. A copy of the temperature records shall be returned to the provider for monitoring and review by management.
  - d. Records of all temperature checks shall be kept on file for review by the AAA Nutrition Consultant.
4. Holding time - To maintain quality in prepared foods, holding times shall be kept to a minimum with a goal of no more than two (2) hours. Long periods of holding hot foods at required temperatures diminish the nutrient content and the palatability of foods.
  - a. Temperatures of food during the holding time shall be maintained at 140° F or above for hot foods and 40° F and below for cold foods.
  - b. Holding time between the end of production and the beginning of food service at the congregate site shall not exceed two (2) hours. Required temperatures shall be maintained. Procedures must be established to ensure temperatures and food quality is maintained.
  - c. Home-delivered meal holding time may be extended for isolated and locations which cannot be accessed in two (2) hours, if approved by the AAA. Required temperatures shall be maintained. Procedures must be established to ensure

temperatures and food quality is maintained.

- d. Frozen home-delivered meals may exceed the two-hour holding time when the food is maintained in a frozen state until delivery.
  - e. Cold home-delivered meals may exceed the two-hour holding time when food is maintained at or below 40° F until delivery.
5. Milk and products resembling milk shall be provided in individual, commercially-filled containers, or shall be poured directly from commercially-filled bulk containers into the glass or cup from which it is consumed.
  6. Single service utensils and tableware shall be used one time only and then discarded.
  7. Appropriate food containers and utensils for blind and disabled participants shall be available on request or other assistance provided.

### **Sanitation Standards**

State and local health, sanitation and safety regulations, applicable to the particular types of food preparation and meal delivery systems used by the project shall be followed in all stages of food service operations. Meals shall be produced and served at premises, which have valid permits, licenses, or certificates.

1. The health permits shall be posted at each congregate site and production kitchen.
2. Annual inspections by local health officials shall be secured for all kitchens and sites.
3. Photocopies of all initial inspection certificates and health permits, renewal inspection certificates, and originals of all sanitation reports are to be retained in project files for two (2) years for monitoring purposes.
4. Dishwashing facilities and techniques shall comply with local and state Health Department regulations. Domestic dish washing machines may be used if they comply with sanitation regulations. Written approval by the AAA should be obtained before purchasing any equipment.
5. All new and replacement equipment shall meet or be equivalent to applicable National Sanitation Foundation (NSF) standards, or in the absence of such standards, be approved by the local health department.
6. All programs shall provide facilities and equipment necessary to properly store or dispose of all waste material.
7. All food waste and rubbish containing food waste shall be kept in tight, non-absorbent, rodent-proof containers and shall be contained so as to minimize odor and insect development by covering with close-fitting lids or placement in a disposable bag that is impervious to moisture and then sealed. Trash cans in food production areas shall be kept covered or sealed except during production time. Waste containers used for storing garbage shall be maintained in a clean and sanitary condition.
8. Cleaning schedule and procedures shall be posted and followed at all kitchens and meal sites. Cleaning schedules are to include what is to be cleaned, frequency of cleaning, how it is to be cleaned, and who is to do the cleaning.

## Employee Health Standards

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

## Leftover Meals Requirements

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

1. The project shall establish policies for handling leftover meals and foods at the central kitchen and sites.
2. Site Prepared Leftovers. Leftovers from food which has been prepared at a site shall be handled and used in the following manner:

- a. All leftovers shall be covered, labeled, and dated;
  - b. All leftover foods shall be brought down to an internal temperature of 40° F within four (4) hours. Hot food should be placed in shallow containers no more than four (4) inches deep, and refrigerated to allow for air circulation around the container;
  - c. Refrigerated leftover food shall be used within two (2) days. Frozen leftovers held at 0° F shall be used within 30 days;
  - d. Reheating of all leftover foods shall occur rapidly to an internal temperature of 165° F for 15 seconds;
  - e. Priority shall be given to serving leftovers as seconds to congregate participants; and
  - f. Leftover meals cannot be counted as additional participant meals nor are they eligible for AAA reimbursement.
3. Satellite Site Leftovers. Central kitchen or caterer-prepared foods transported to a satellite site shall be handled and served in the following manner:
- a. Food shall be served and consumed at the site;
  - b. Food which has been transported to the site and not eaten shall be discarded unless it is in the original unopened containers, and been maintained at proper temperatures. Such items are canned juice, fresh fruits, vegetables, milk, bread, etc.;
  - c. Priority shall be given to serving leftovers as seconds to congregate participants; and
  - d. Leftover meals cannot be counted as additional participant meals nor are they eligible for AAA reimbursement;
  - e. Satellite leftover meals shall not be used for home-delivered meals.
4. Foods Taken from Sites or Kitchen. Employees, volunteers, or participants shall only take unserved leftover foods from kitchens or sites at their own risk. Leftover food at the sites shall not be put in participant home containers by site staff.

Meals that are packaged and sent to ill congregate participants shall follow procedures below:

- a. Providers shall establish procedures to identify and track meals sent to congregate participants who are ill;
  - b. After five consecutive days of receiving a meal, the congregate meal is to be discontinued and the participant assessed for home-delivered meal service;
  - c. If a provider has a waiting list for home-delivered meals, an individual may continue to receive a congregate meal upon assessment of the need by the provider and approval by AAA ;
  - d. Providers shall educate food service staff and volunteers on proper handling of these meals to ensure the food safety of meals sent to ill congregate participants;
5. Taking Food from Sites. Safety of the food after it has been served to a participant and when it has been removed from the congregate site is the responsibility of the recipient and may be consumed as that participant deems appropriate. Providers shall post signs stating that:

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

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

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

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

All food donations must be from an approved source unless an agreement or Memorandum of Understanding has been established with the Environmental Health Division, Sonoma County Public Health Department. The program shall not accept contribution of wild game. Procedures for appropriate cleaning of donated produce from an approved source shall be established for kitchen and site staff to ensure food safety.

Title III C funds may not be used to develop gardens or purchase food to distribute separately from the meal.

### **Food Service Contract Provisions**

Food service contracts are hereby defined as contracts for the purchase of meals, portion of meals or for food preparation. All recipients of grants shall adhere to all of the standards set forth in Title 45, Part 74, Subsection P and policies set forth by the AAA. The food service contract shall become part of the service contract with the AAA.

### **Foodborne Illness Complaint Requirements**

Investigation by local health authorities shall be initiated by providers when two or more persons complain/report symptoms of foodborne illness within a similar time frame and persons report symptoms after consuming provider food. Providers shall notify the AAA within 24 hours of such an occurrence and the investigative actions taken.

### **Client Grievance and Complaint**

The provider shall establish a Client Grievance and Complaint protocol according to the needs of the program and the AAA's grievance and complaint policy. The policy shall indicate a time frame within which a complaint will be acknowledged. The time frame

shall not exceed two (2) working days after receipt of the complaint. The acknowledgement letter will clearly state the grievance levels within the agency.

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

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

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

### **Elder Abuse Reporting Requirements**

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

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

The abuse must be reported immediately or as practically possible by phone, with a written report following within two working days. Failure to report abuse of an elder or dependent adult, in violation of the mandated reporting law, is a misdemeanor, punishable by not more than six months in the county jail or by a fine of not more than \$1,000, or by both that fine and imprisonment. Any mandated reporter who willfully fails to report abuse, where that abuse results in death or great bodily injury is punishable by not more than one year in the county jail or by a fine of not more than \$5,000, or by that fine and imprisonment, according to the Law.



# APPENDIX

## Appendix 1

### California 1600 Calorie per Day Component Meal Pattern

The following table describes the elements in the California 1600 Calorie per Day Meal Pattern. The USDA Food Patterns are the foundation for the California 1600 Calorie per Day Meal Pattern. The 1600 calorie range below meets the requirements for a 70 years old sedentary female. This sample component meal pattern does not assure that meals meet 33 1/3 percent of the DRIs and the DGA.

<b>Minimum recommended Elements</b>		
<b>Food Group</b>	<b>Servings for 550 Calories per meal **</b>	<b>One Serving Equals</b>
Protein -Lean meat, poultry, fish, beans, eggs, cheese	1 serving, 2 ounces cooked edible	2 ounces protein equivalent
Vegetables	1 - 2 servings	½ cup cooked vegetables 1 cup raw leafy greens
Fruit	1 serving	½ cup
Bread or Grain	1 - 2 servings At least ½ whole grain	1 slice bread ½ cup cooked rice or pasta
Low-fat milk or milk alternate	1 serving	1 cup or 8 ounces
Oils (Optional)***	Optional	7 grams
Dessert	Optional – limit sweets serve fruit	Select food items high in fiber and low in fat and sugar

\*Caloric value (1,600 Kcal/day or 550 cal/meal) based on a 70-year-old female, "sedentary" physical activity level using Table 2-3 Estimated Caloric Needs per Day by Age, Gender, and Physical Activity Level from the Dietary Guidelines for Americans, 2010.

\*\*The number of servings per meal estimates providing of one-third of the DRIs.

\*\*\*Oils and soft margarines include vegetable, nut and fish oils, and soft vegetable oil spreads that have no trans fats.

1 ounce = 28.35 grams

## Appendix 2

## DASH Eating Pattern

Minimum Recommended Elements		
Food Group	1,600 Calories Daily	550 calories per meal
Grains	6 servings	2 servings
Vegetables	3 - 4 servings	1 - 2 servings
Fruits	4 servings	1.3 servings
Low-fat or fat free dairy	2 - 3 servings	1 serving
Meat, poultry, and fish	3 - 4 servings (1 oz each)	1 - 2 servings
Seeds, nuts, and legumes	3 - 4 servings per week	0 - 1 serving
Fats and oils	2 servings	
Sweets	3 or less servings per week	

### Appendix 3 USDA Food Pattern

<b>Minimum Recommended Elements</b>		
<b>Food Group</b>	<b>1,600 Calories Daily</b>	<b>550 calories per meal</b>
Grains	5 ounce grain equivalent*	1 – 2 ounces
Vegetables**	2 cups (4 - ½ cup servings)	.7 cups
Fruits	1.5 cups	.5 cups
Low-fat Milk or Milk alternate	3 cups	1 cup
Lean meat and beans	5 ounce protein equivalent***	1.7 - 2 ounce equivalent
Oils	22 grams	7 grams
Discretionary calorie allowance	121 calories	40 calories

\* The following each count as a one-ounce grain equivalent: one ounce slice of bread, one ounce uncooked pasta or rice, one half cup cooked rice or pasta, one tortilla (6 inch in diameter), one pancake (5 inch in diameter).

\*\* USDA recommends eating a variety of vegetables, especially dark green vegetables, red and orange vegetables, and beans and peas.

\*\*\* The following each count as a one-ounce protein equivalent: one ounce lean meat, poultry, seafood; one egg; one tablespoon peanut butter; one half ounce nuts or seeds and one quarter cup cooked beans or peas.

## Appendix 4

### Sample Meal Component Pattern Planning Form

PROJECT:										
MENUS APPROVED BY:		PROJECT NUTRITIONIST:			DATE:		PROJECT COUNCIL CHAIRPERSON:			DATE:
MENU PATTERN										
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY					
<b>Meat</b> (2 oz cooked edible portion)  List portion size & food components of all extended entrees. (e.g. casseroles)										
<b>Vegetables<sup>1</sup></b> (1-2 half cup cooked servings or 1 cup raw leafy vegetables)										
<b>Fruit</b> (1 HALF CUP SERVING)										
<b>Bread /Grain<sup>2</sup></b> (1-2 servings )										
<b>Dessert<sup>3</sup></b> (Optional)										
<b>Fortified Milk</b> (8 oz serving ) Non-Fat, Low-Fat, or Buttermilk										
<b>Key Nutrients</b> Specify total mg of vitamin C and mg of Sodium contained in the meal.		mg Vit.C		mg Vit. C		mg Vit. C		mg Vit. C		mg Vit C
		mg Sodium		mg Sodium		mg Sodium		mg Sodium		mg Sodium

NOTE: This menu pattern is designed for a 70+ year old female whose activity level is sedentary.

Vitamin A Source – 233 µg three times per week \*

Vitamin C Source – 25 mg daily +

<sup>1</sup> USDA recommends eating a variety of vegetables, especially dark green vegetables, red and orange vegetables, and beans and peas

<sup>2</sup> One half of all Bread/Grains must be whole grains

<sup>3</sup> Use fruit as a dessert as often as possible, limit sweets – The fruit and grains served in dessert can count towards the fruit and/or grain requirement.