



NUTRITION PROGRAM

Policy & Procedure Manual

[Abstract](#)

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

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General Information

This Policies & Procedures Manual has been prepared to provide 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, To-Go 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
- Best practices communicated by the California Department of Aging (CDA)

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. 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 primarily funded through the Older Americans Act with additional funds from service providers as well as participant contributions. Additional funds may be provided by the Nutrition Services Incentive Program (NSIP).

This Nutrition Program provides nutritionally balanced meals served at congregate dining sites, through distribution of To-Go meals, as well as meals delivered to homebound clients.

Nutrition Service Providers, in accordance with 22 CCR § 7636.1 shall establish and administer nutrition services with the advice of a registered dietitian to ensure the following:

- Provide at least one meal per day
- Serve meals at least five days per week throughout the service area, but not necessarily 5 days per week at each site
- Operate at a lesser frequency in a service area where such frequency is not feasible and a lesser frequency is approved by the AAA
- Comply with the CRFC and local health department regarding safe and sanitary preparation and service of meals
- Comply with the Division of Occupational Safety and Health (Cal/OSHA), California Department of Industrial Relations requirements regarding staff and participant safety
- At a minimum, quarterly monitor for safe food handling and sanitation practices of food facilities
- Conduct a nutrition screening of congregate and home-delivered meal participants
- Where feasible and appropriate, make arrangements for the availability of meals to participants during a major disaster
- When it is known or reasonably suspected that a program participant has been the victim of abuse, report the abuse to the authorities

Eligibility and Target Population

The eligibility for each program is listed below. While anyone who meets the requirements is eligible, service providers have the responsibility to focus outreach efforts on those with the greatest social and economic need. See [CCR 22 § 7125](#).

Greatest economic need is defined as: Having an income at or below the federal official poverty line defined by the federal Bureau of the Census and published annually by the Department of Health and Human Services.

Greatest social need is defined as the need caused by noneconomic factors which include the following:

1. Physical and mental disabilities
2. Language barriers
3. Cultural, social, or geographic isolation, including isolation caused by racial or ethnic status, sexual orientation, gender identity, or gender expression that does either of the following:
 - a. Restricts the ability of an individual to perform normal daily tasks
 - b. Threatens the capacity of an individual to live independently

Congregate Meal

*All eligibility information sourced from the California Department of Aging Program Guide, updated in February of 2025 (pg. 55).

Eligible participants are:

1. An individual 60 years of age or older
2. The spouse of any individual who is 60 years of age or older
3. A person with a disability, under age 60 who resides in housing facilities occupied primarily by older individuals at which the congregate nutrition services are provided
4. A disabled individual who resides at home with and accompanies an older individual who participates in the program
5. A volunteer under age 60, if doing so will not deprive an older individual of a meal [CCR 7636.9(b)(3); CCR 7638.7(b); and OAA 339(H)]

Participants for whom an intake should be requested:

- An individual 60 years of age or older

**All other individuals shall be recorded and reported to PSA 27 via a frequency count of estimated unique individuals and the number of meals served*

Home-Delivered Meal

Eligible participants are:

1. An individual age 60 or older who is frail as defined by 22 CCR § 7119, homebound by reason of illness or disability, or otherwise isolated (priority shall be given to these individuals first before individuals listed below)
2. A spouse of an eligible person regardless of age or condition, if an assessment concludes that is in the best interest of the homebound older individual
3. An individual with a disability who resides at home with the eligible older individual, if an assessment concludes that it is in the best interest of the homebound older individual

Individuals for whom an intake should be requested:

- An individual age 60 or older who is frail as defined by 22 CCR § 7119, homebound by reason of illness or disability, or otherwise isolated (priority shall be given to these individuals first before individuals listed below)

**All other individuals shall be recorded and reported to PSA 27 via a frequency count of estimated unique individuals and the number of meals served*

Program Definitions:

1. Homebound: In Sonoma County, a homebound individual is defined as someone who is not able to drive (even on an occasional or limited basis) and is dependent on others for transportation. **CDA has expanded the definition of homebound which PSA 27 is applying to the To-Go program only. See this definition below*
2. Disability per 22 CCR 7630(b) is defined as: A condition attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial limitations in one or more of the following areas of major life activity:
 - a. Self-care
 - b. Receptive and expressive language
 - c. Learning
 - d. Mobility
 - e. Self-direction
 - f. Capacity for independent living
 - g. Economic self-sufficiency
 - h. Cognitive functioning
 - i. Emotional adjustment
3. Frail means: an older individual who is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing or supervision. For the complete definition, refer to [CCR 22, § 7719](#)

To-Go Meal

Eligible Individuals are:

- Use the same requirements for Home Delivered Meals
- Per CDA, individuals are eligible if they are “otherwise isolated” which can be interpreted as not comfortable dining in a group setting

While anyone who meets the requirements is eligible, service providers have the responsibility to focus outreach efforts on those with the greatest social and economic need.

Congregate and To-Go Meal Program Site Eligibility

The congregate and to-go 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.

Provider Responsibilities

The items below are the responsibility of the contracted Nutrition Service Provider.

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. Menus must be emailed to the AAA RD at least 30 days before the start of the first meal
- Administration of the annual consumer satisfaction survey and monthly meal count and consumer data input
- Oversight to ensure program's compliance with standards

Meal Production

- 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
- Development of standardized recipes

Hazard Analysis Critical Control Point (HACCP) Nutrition Compliance Management

- Nutrition Service Providers must deliver the required in-service training for all food service personnel (including HDM drivers), both paid and volunteer
- In addition, providers must develop their own Hazard Analysis Critical Control Point (HACCP) plan to ensure food safety

Meal Service Site Management

- Includes input into the development of cycle menus, meal service, food temperature record keeping, and facility maintenance
- Additional administrative service elements include consumer intake and enrollment, nutrition risk screening, and web-based reporting

Nutrition Education

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

Nutrition Counseling

Provide nutrition counseling when feasible and appropriate conducted by a registered dietitian for individuals who score a 6 or higher on the Nutrition Risk Assessment, a standardized tool found on pg. 32 of the California Department of Aging OAA Intake and Assessment Forms Guide. All PSA 27 providers are expected to offer nutrition counseling and must have an approved exemption on file if they are not offering nutrition counseling. Reach out to the AAA Nutrition Analyst and AAA RD if exemption is needed.

IIIC-2 Eligibility Assessment CCR 22 §7638.3 (a)

HDM:

- 1) An initial determination of eligibility may be accomplished by telephone
- 2) A written assessment shall be done in the home within two (2) weeks of beginning meal service, and shall include an assessment of the type of meal appropriate for the participant in their living environment
- 3) An older individual eligible to receive home-delivered meals shall be assessed for need for nutrition-related support services, and referred as necessary*
- 4) Reassessment of need shall be determined quarterly. Such reassessment shall be done in the home of the participant at least every other quarter

To-Go:

- 1) A written assessment shall be done within two (2) weeks of beginning meal service and shall include an assessment of the type of meal appropriate for the participant in their living environment. The assessment can be completed either over the phone or in person. It does not need to be completed in the individual's home
- 2) An older adult eligible to receive Title IIIC-2 meals shall be assessed for need for nutrition-related support services, and referred as necessary*
- 3) Reassessment of need shall be determined quarterly. Such reassessment shall be at the time of pick-up or over the phone. An in-home assessment every other quarter (twice a year) is not required

*Referred as necessary – if a client has additional needs identified during an intake or reassessment, discuss these needs with the individual, identify potential resources, and with client consent, provide the client with either a warm hand-off or a resource list.

Wait List CCR 22 § 7638.3 (c)

If the applicant cannot be served, the participant must be placed on a “wait list”. Wait lists with the participant’s city of residence, date they were placed on the wait list, their level of priority, and the reason for the inability to provide service must be submitted to the AAA Program Staff monthly. Reports should not include Personally Identifiable Information (PII).

The AAA has developed a wait list prioritization tool for the Home Delivered Meal program. Nutrition Service Providers may customize this tool by adding questions; however, at a minimum, the below questions must be asked.

In recognition of the differences between the HDM and To-Go programs, Providers may use this tool for their To-Go program, or they may use a simplified tool. This tool is available in Spanish, which is a threshold language in Sonoma County.

Last Name:		First Name:	
Gender:	DOB or Age:	Date of intake:	

Our program currently has a waitlist, so we’re unable to provide meals right away. I’d like to ask you a few questions to better understand your situation. Once we finish, I’ll add you to the waitlist, and someone will contact you when a spot becomes available. In the meantime, would you like information about other places where you can get food right now?

1. This question is to better understand your mobility. Which of the following best describes your current situation?
 - a. 0 points = I’m in bed or a chair most of the day
 - b. 1 point = I’m able to get out of bed or chair but use an assistive device daily (cane, walker, etc.)
 - c. 2 points = I move around without restrictions
2. Which of the following best describes your current situation?
 - a. 0 points = I live alone with no support
 - b. 1 point = I live alone with occasional support
 - c. 2 points = I live alone with regular support, or I live with someone who provides support
3. Do you have food in your pantry and refrigerator?
 - a. 0 = Yes
 - b. 2 = No

4. Are you able to prepare your own meals?
 - a. 0 = No
 - b. 2 = Yes

5. Have you been discharged from a hospital or skilled nursing facility within the last 2 months? *
 - a. 0 = Yes
 - b. 2 = No

The next question is to gain a better sense of wellbeing.

6. In the past 3 months, have you experienced any of the following: a personal crisis (such as loss or a major life change), a new or worsening health condition, or do you live with a chronic illness (such as diabetes, heart disease, COPD, or depression)?
 - a. 0 = Yes
 - b. 2 = No

7. **For caregiver only** - Which of the following best describes the situation of [name of person they are calling on behalf]?
 - a. 0 = They have severe dementia or depression
 - b. 1 = They have mild dementia
 - c. 2 = They don't have cognitive or mental health concerns

Screening Score for Caregivers (max. 14 points)	Risk Factor
12-14	Normal nutritional status (Low)
8-11	At risk of malnutrition (Moderate)
0-7	Malnourished (High)

Screening Score (max. 12 points)	Risk Factor
11-12	Normal nutritional status (Low)
7-10	At risk of malnutrition (Moderate)
0-6	Malnourished (High)

*Note that the timeframe is based on the post-hospital syndrome, a period of vulnerability that can last up to 7 weeks. For simplicity, we rounded up to 8 weeks or 2 months.

*This tool is based off the Mini Nutritional Assessment from the Nestlé Nutrition Institute.

Reporting & Record Keeping

Fiscal Reporting

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

Program Reporting

Per 22 CCR 7500, service providers shall maintain participant records in a secure, locked file or secure area to protect confidentiality.

Service providers cannot disclose any information about an older individual, or obtained from an older individual, in a form that identifies that person, without written consent of the individual or their legal representative. Providers must also ensure that no eligible participant is denied services upon refusal to provide written consent.

Records with client names, addresses, and phone numbers shall:

1. Be available only to authorized service staff assisting the individual
2. Remain in a secure, locked file or secure area to protect confidentiality of the records
3. Be removed from data or information used for planning purposes and from data or information made available to the public unless consent of the older individual has been obtained

Service providers shall:

1. Comply with the terms and conditions in their contract
2. Not subcontract any interest or obligation from a contract without the agreement of the AAA
3. Provide complete, accurate programmatic and fiscal reports

Additionally, per title 22 CCR §7636.7, each Nutrition Service Provider shall:

1. Establish procedures to ensure the accuracy and authenticity of the number of eligible participant meals served each day
2. Records and reports shall be made available for audit, assessment, or inspection by authorized representatives of the AAA
3. Ensure that information about, or obtained from a participant's records, shall be maintained in a confidential manner

Record Keeping

Temperatures of food prepared, served and delivered to IIIC 1 and IIIC 2 participants as well as air and water temperatures of Nutrition Site refrigerators, freezers and

dishwashing machines must be taken and recorded every day the Nutrition Site operates. An example of temperature logs can be found [here](#).

CDA Nutrition Definitions - Program Service Category, Unit Measurement, Service Definition, and Reporting Requirement

These tables are recreated from the Title III-C – Nutrition Services section of the CDA Service Categories and Data Dictionary Effective July 2024.

Nutrition – Congregate

Service Category	Unit of Measure	Service Definition	Reporting Requirements
Congregate Meals (C-1)	Meal	A meal provided to an eligible individual and consumed while congregating in-person or virtually, that meets all the requirements of the Older Americans Act and State/Local laws, is provided by a qualified nutrition provider, contains a minimum one-third of the Dietary Reference Intakes, and complies with the Dietary Guidelines for Americans.	Registered. Unduplicated client counts by characteristic and service units.
Congregate Meals (C-1) Non-Registered	Meal	A meal provided to an eligible volunteer or the spouse of an eligible client and consumed while congregating in-person or virtually, that meets all the requirements of the Older Americans Act and State/Local laws is provided by a qualified nutrition provider, contains a minimum one-third of the Dietary Reference Intakes, and complies with the Dietary Guidelines for Americans.	Non-registered. Estimated unduplicated client counts and service units.

Home-Delivered Meals

Service Category	Unit of Measure	Service Definition	Reporting Requirements
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Home-Delivered Meals (C-2)	Meal	A meal provided to an eligible individual via home delivery or pick-up and consumed at their place of residence or otherwise outside of in-person or virtual congregating, that meets all of the requirements of the Older Americans Act and State/Local laws, is provided by a qualified nutrition provider, contains a minimum one-third of the Dietary Reference Intakes, and complies with the Dietary Guidelines for Americans.	Registered. Unduplicated client counts by characteristic, service units, and ADLs/IADLs.
Home-Delivered Meals (C-2) Non-Registered	Meal	A meal provided to an eligible volunteer or the spouse of an eligible client via home delivery or pick-up and consumed at their place of residence or otherwise outside of in-person or virtual congregating, that meets all the requirements of the Older Americans Act and State/Local laws is provided by a qualified nutrition provider, contains a minimum one-third of the Dietary Reference Intakes, and complies with the Dietary Guidelines for Americans.	Non-registered. Estimated unduplicated client counts and service units.

Nutrition Education

Service Category	Unit of Measure	Service Definition	Reporting Requirements
Nutrition Education	Session	An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the DGA; accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and overseen by a registered dietitian or individual of comparable expertise as defined in the OAA.	Non-registered. Estimated unduplicated client counts or audience size and service units.

Service Category	Unit of Measure	Unit of Measurement Definition and Reporting
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Nutrition Education	Session	<p>An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (Related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the DGA; accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and overseen by a registered dietitian or individual of comparable expertise as defined in the OAA.</p> <p>A session may be delivered in person or via video, audio, online, or the distribution of hardcopy materials. Examples include:</p> <ul style="list-style-type: none"> • 1 presentation = 1 session <ul style="list-style-type: none"> ◦ Even if offered more than 1 time, by more than 1 presenter, and/or in multiple formats • 1 unique social media message = 1 session <ul style="list-style-type: none"> ◦ Includes text messages • 1 newsletter = 1 session <ul style="list-style-type: none"> ◦ Even if it contains more than 1 article • 1 set of hardcopy materials = 1 session <ul style="list-style-type: none"> ◦ Each set covering a different topic/message is a separate session
Nutrition Education	Participant Count	<p>Estimated number of unduplicated persons or audience size. For some services, an unduplicated count may not be feasible and therefore audience size is acceptable. For example:</p> <ol style="list-style-type: none"> 1. A nutrition education presentation is delivered across the Planning and Service area at five different locations with 50 attendees at each location. <ul style="list-style-type: none"> • Session count = 1 • Estimated audience = 100 (5 locations x 20 attendees at each location) 2. A social media campaign is conducted with a message on the importance of eating fruits/vegetables and your social media account has 1,000 followers <ul style="list-style-type: none"> • Session count = 1 • Estimated audience = 1,000 <p>When determining the estimated audience, the number of followers or the reach of the social media posting can be used as the estimated audience. CDA recommends reporting whichever number is higher</p>

While Nutrition Education is no longer a standalone program, CDA requires AAAs to collect and report on the information below. You will receive instructions on how to submit this information.

Nutrition Counseling

Service Category	Unit of Measure	Service Definition	Reporting Requirements
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Nutrition Counseling (C-1/C-2)	1 Hour	Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietitian and addresses the options and methods for improving nutrition status. Nutrition counseling may be conducted either in person or by any other means deemed appropriate (e.g., telephone, emails, etc.)	Registered. Unduplicated client counts by characteristic and service units.
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Nutrition counseling is an element of IIIC-1 and IIIC-2 programs. It may or may not be a stand-alone program. If you are unsure, check your contract.

Safety – Disaster Planning

Policy

Refer to CCR 22 § 7636.1 (b)8

Contracted Nutrition Providers are required to train all paid and volunteer staff members on the procedures required for evacuation. In addition, it is the responsibility of Providers to arrange for the continuation of meals for clients during an emergency if feasible.

Providers must create an emergency meal plan in collaboration with their RD. Emergency meal plans must be approved by the AAA Registered Dietitian in advance of distribution. Meals must be able to be consumed without refrigeration and without being heated. Here are ideas for meals:

1. Possible lunch and dinner options:
 1. Sandwiches using either bread or crackers (tuna, luncheon or cooked and sliced meat, peanut butter & jelly)
 2. Cheese plate served with bread or crackers with luncheon meat or cooked and sliced meat, cottage cheese, or sliced cheese
 3. Salad or Fruit
 1. Mixed cooked canned or raw vegetables
 2. Cottage cheese with mixed fruit (canned or fresh fruit cup)
 4. Beverage
 1. 1% canned milk
 2. Fresh milk if below 41 degrees Fahrenheit

When identifying a manufacturer, work directly with the representative and request sample shelf stable emergency meals with nutrition information. It is recommended that meals are shelf stable for 6 months or longer.

Dietitian 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.

Food Service Operation for the 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. For more information on menu compliance, please see the Dietary Guidelines for Americans website: [Dietary Guidelines for Americans](#) as well as a webinar from CDA: [Menu Guidance Review for the OCNF Final Recording](#).

Purpose

To provide nutritious and tasty meals to IIIC-1 and IIIC-2 meal recipients. When feasible and appropriate, the cultural and religious preferences and special dietary needs of eligible participants shall be considered.

Procedure

- All menus will comply with the specifications set forth in CCR 22 §7638.5
- Menus must be submitted to the AAA Registered RD at least one month prior to use
- Menus shall be:
 1. Planned for a minimum of four weeks, be reviewed and certified by the AAA Registered Dietitian prior to use
 2. Posted weekly in a spot clearly visible to participants as well as in the kitchen's preparation area
 3. Reflect seasonable availability of food, ensure variety within the week and the menu cycle, and reflect cultural and ethnic dietary needs of participants when feasible and appropriate
 4. Legible and easy to read and posted in the language of the majority of the participants
- Efforts should be made to vary food items within the week; however, repetition of fruits and vegetables is allowed on occasion to encourage eating seasonally. Repetitive food items shall not be served on the same day of consecutive weeks unless approved by the AAA Registered Dietitian or upon 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

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.

Food Production

Meals should be served as indicated on the master menu certified by the AAA Registered Dietitian. Menu changes must be approved by the AAA Registered Dietitian 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.

Packing and Transport: All food 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 135 degrees F and cold food shall be maintained at or below 41 degrees F throughout the meal service period, including delivery to the last homebound participant of a home-delivered route. Frozen meals shall remain in a solid state.

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 the 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 2x/month, rotating from route to route. If end-route temperatures do not meet requirements, providers will be required to take end-meal temperatures more frequently as determined by the AAA RD.
- Completed Food Temperature Logs inclusive of refrigerator and freezer logs when applicable to the site should be maintained and kept on file at the Central Nutrition Program site for at least two years and will be reviewed by the AAA Registered Dietitian during monitoring site visits.

Holding Time:

- **Congregate Meals:** Holding time between completion of cooking and beginning of food service at the congregate site(s) should not exceed two hours
- **To-Go Meals:** Holding time between completion of cooking and distribution to clients should not exceed two hours
- **Home Delivered Meals:** The holding time between the completion of cooking and delivery of the last meal should not exceed two hours
- **Rural Areas:** After all attempts to limit the holding time to two hours have been exhausted, and with prior annual authorization from the AAA Registered Dietitian, a holding time of three hours may be acceptable.
- **Extenuating Services for Home Delivered Meals:** If there is an extenuating circumstance that will cause the total delivery time to be longer than 2 hours (3 if exemption is on file), the following steps must be completed. Meals must be delivered **within four hours**, and safe temperatures must be maintained:
 - Email the Nutrition Coordinator and the AAA Registered Dietitian with the reason for the delay
 - After the delivery, email the Nutrition Coordinator and the AAA Registered Dietitian with the following:
 - Duration of route
 - Temperature of test meal upon delivery to the last client
 - Hot meal: Temperature must be at or above 135 degrees Fahrenheit
 - Chilled meal: Temperature must be at or below 41 degrees Fahrenheit
 - Frozen meal: Meal must be delivered in a frozen state
 - The Nutrition Coordinator and/or AAA Registered Dietitian may follow up to discuss ways to prevent extenuating circumstances from occurring in the future.
- **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 instructions for proper storage and reheating accompanies the meals and the packaging is clearly marked with a 'discard by' date

Leftovers: The proper handling and appropriate disposition of leftover food should be determined by a professional trained in nutrition and food safety who is familiar with the conditions and food handling practices at the kitchen and/or serving site. All sites, including those where food is prepared in a central kitchen and transported to satellite sites, must adhere to the following guidelines regarding leftover foods:

- Leftover meals may be served as seconds to congregate participants, but they cannot be eligible for reimbursement or counted towards service units.
- If a Provider allows participants to take “seconds” home, they must:
 - Provide the client with written or verbal instructions for how to store and reheat leftovers (for example: eat or refrigerate within 2 hours (1 hour in air temperature over 90 degrees F), reheat to an internal temperature of 165 degrees, eat or discard within 2 days)
 - Post signage stating that taking home food is at the client’s own risk (see pg. 54)
- All leftovers that have not been served as seconds must be discarded. Unserved leftovers cannot be taken from kitchens or sites by employees, volunteers, or participants.
- Food which has been transported to the congregate site and not eaten must be discarded unless it is in the original unopened container and has been maintained at proper temperatures. Such items are milk, fresh uncut fruit, shelf stable fruit cups, bread, etc.
- Leftover meals from satellite sites may not be used for IIC-2 meals.

Central Kitchen Prepared Leftovers: All leftovers must be completely covered, labeled and dated. All leftovers must be held under refrigeration of 41 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 following HACCP principles and held at 0 degrees F may be retained for 30 days.

Central Kitchen Prepared Packaged Meals - Frozen: Meals prepared and packaged in the central kitchen that are frozen following HACCP principles and held at 0 degrees F may have an expiration date of up to 90 days after preparation date.

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, place 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 recommended), 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 Test or Final Meal Food Temperatures

Policy

The temperature of food at delivery or service time will be within acceptable temperatures: hot food at or above **135 degrees F (140 is degrees F is recommended for vulnerable populations; however, 135 F is the standard set forth by the FDA and will be accepted for monitoring purposes)** and cold food at or below 41 degrees F.

Purpose

To ensure that the temperatures of home delivered meals are within a safe range.

Procedure

1. Providers must take the temperature of the last delivered meal on a route twice a month, rotating routes each month. For example, if a provider has 6 routes, they would select a route and take test meal temperatures twice in a month and then move on to another route the next month.
 - a. For hot and chilled meals: Temperature must be taken with a probe thermometer.
 - i. If client consents, the test temperature can be taken in front of the client with a clean probe thermometer to minimize food waste

- b. For frozen meals: Temperature must be verified through a touch check that meals do not have softness or give that would indicate the meal has started to thaw. Meals must also be verified with a visual check that ice crystals are present (no melted ice).
 - c. For milk: At the second to last site, wedge the thermometer between two cartons of milk and wait for the temperature to stabilize.
2. A calibrated thermometer and a form for recording the temperatures will be provided to the driver.
3. The driver will monitor all hot, chilled, and frozen meals 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 for a minimum of two years. The site manager must send “test meal” or “final meal” temperature documentation to the Nutrition Analyst and AAA RD monthly.
6. If food temperatures at the time of last delivery do not meet temperature requirements, the frequency of test meal temperatures will increase as determined by the AAA RD until the underlying issue has been resolved.

Request for Menu Change

Policy

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

Purpose

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

Procedure

1. The Nutrition Service Provider will notify the PSA 27 Registered Dietitian by phone or email regarding a requested menu change prior to making any changes.
2. The Registered Dietitian will review the request and email an approval or recommendation to the requestor. Approval notifications must be kept on file.
3. Changes made within the same week are acceptable but still must be emailed to the AAA Registered Dietitian 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 and removed when exiting the kitchen, during restroom breaks or rest periods
2. Wear hairnets and/or caps that confine all hair
3. Wear closed-toes shoes, sandals and open-toed shoes are not acceptable
4. Heavy dangling jewelry cannot be worn in the kitchen
5. Fingernails must be kept at an acceptable length
6. Fingernail polish is not acceptable.
7. Wear gloves when handling ready-to-eat foods, when employee/volunteers have cuts or bandages on their hands, or where direct hand contact with food could pose a contamination risk. The provider must provide training on safe glove use. See HACCP resource here: [HACCP-INTERNATIONAL-GLOVES-IN-THE-FOOD-INDUSTRY-WHITE-PAPER.pdf](#).

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 Service Providers must conduct procurement transactions in a manner that provides, to 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 Service Providers must compare cost analysis on an ongoing and regular basis 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
4. Check with your Environmental Health Division of the Department of Health Services 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
5. 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 two years
6. 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
7. 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
8. 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
9. Contributions of wild game, fresh or frozen ocean-going fish and shellfish must not be accepted or used
10. 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:

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. 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)
5. All food and non-food items shall be clearly labeled so that their contents are easily identifiable (CRFC Section 114089)
6. 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)
7. Open 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)
8. Windows must be screened to prevent insects from entering. 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
9. 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)
10. Refrigerators and freezers must be kept clean and in good repair (CRFC Section 114175)
11. An accurate and readily visible thermometer must be installed in all refrigerators and freezers (CRFC Section 114157)
12. All refrigerators must be maintained at a maximum temperature of 41 degrees F (CRFC Section 27601)
13. All freezers must be maintained at maximum temperature of 0 degrees F. (CRFC Section 27601)
14. Temperature logs must be maintained for all freezers and refrigerators and kept on file for PSA 27 Area Agency on Aging and Department of Aging review for a minimum of two years.
15. 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)
16. Eggs must be stored on the bottom shelf. Cracked eggs must be discarded.

***Dry storage where chemicals are stored must have a thermometer and it is recommended that temperatures remain between 50- 70 degrees. Temperatures must be within the range of the highest and lowest temperature listed for safe chemical storage. Check your Safety Data Sheets to obtain this temperature. Temperature records for all storage spaces shall be available upon request and records will be maintained for at least two years.

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. Training staff and volunteers is the role of the Provider's Kitchen Manager or Congregate Site Manager.

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
The site manager must review the production sheet with the staff prior to meal service to ensure portion control

Offer vs. Serve

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

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

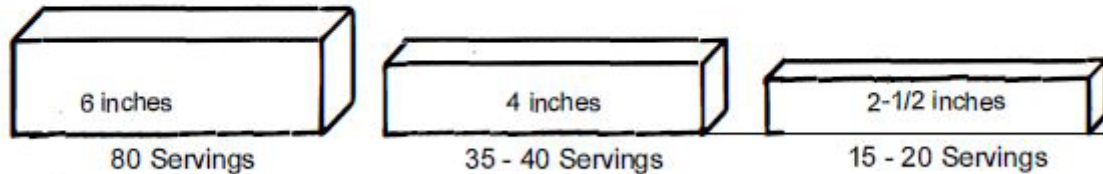
SCOOP SIZES	TABLESPOONS	CUPS	QUARTS	OUNCES	GRAMS	LADLE SIZE
6	10-2/3	2/3	1/6	5	150	5 oz.
8	8	1/2	1/8	4	140	4 oz.
10	6	2/5	1/10	3	130	3 oz.
12	5-1/3	1/3	1/12	2-1/2	120	2-1/2 oz.
16	4	1/4	1/16	2	70	2 oz.
20	3-1/5	1/5	1/20	1-3/4	50	1-3/4 oz.
24	2-2/3	1/6	1/24	1-1/2	40	1-1/2 oz.
30	2	1/8	1/30	1	30	1 oz.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

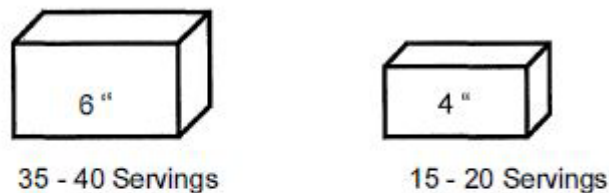
Standard Size Pans Chart

Portion Guide Standard Size Pans

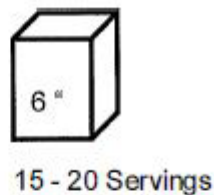
F.S. = Full Size (Steam Table Opening)
(20" x 12")



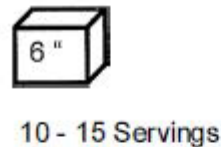
1/2 Size
(10" x 12")



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

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.

Person Receiving Complaint

Immediately or within the hour of receiving the complaint:

1. Collect Data: Who and how many? What Site(s) are involved? When (day and time) was the 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 or Director

Provider Nutrition Program Manager or Director

Immediately upon notification of the complaint:

1. Verify complaint, review data, 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 Dietitian requesting consultation and investigation within one business day
4. Contact local Sonoma County Health Department
5. Report problem to PSA 27 Area Agency on Aging Program Manager and Nutrition Program Analyst within 24 hours including site(s) involved, date and reported occurrence, estimated number of persons involved and investigate procedures in progress
6. PSA 27 Registered Dietitian and Service Provider Dietitian

Immediate and subsequently, the PSA 27 Registered Dietitian and the Service Provider Dietitian will work together to:

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 PSA 27 Area Agency on Aging Program Manager and Nutrition Program Analyst. Develop needed policies and procedures and in-service training plans
5. Implement new policies, procedures and training plans. Evaluate their effectiveness

PSA 27 Area Agency on Aging:

Program Manager and Nutrition Program Analyst

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 Safety

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

*140 degrees F is recommended for vulnerable populations; however, 135 F is the temperature set forth by the FDA and will be accepted for monitoring purposes

1. Serving foods
 - a. Hot Food must be held at 135 degrees F or above
 - b. Cold Food must be held at 41 degrees F or below
2. Refrigeration
 - a. Don't store food in contact with water or non-edible ice
 - b. Allow 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 frozen leftovers within 30 days OR all pre-packaged meals produced in the central kitchen within 90 days
 - d. Defrost freezer whenever necessary
 - i. Store items in another freezer while defrosting
4. Thawing
 - a. In a refrigerator at 41 degrees F or below
 - b. Under drinkable running water at 70 degrees F or colder
 - c. In a microwave oven if the food will be cooked immediately
 - d. As part of a continuous cooking process
5. Heating

- a. Cook foods to their proper internal temperature (See below)
 - b. Hold for serving at or above 135 degrees F
 - c. Reheat all leftovers or stored foods rapidly to an internal temperature of at least 165 degrees F. Cool and reheat food as seldom as possible and as quickly as possible
6. Hazard Analysis Critical Control Point (HACCP)
- a. HACCP is a management system where food safety is addressed by analyzing where hazards may arise and determining control measures to prevent, reduce or eliminate the growth of bacteria. Time and temperature are critical control points, and the mitigation steps listed below are ways to prevent, reduce, or eliminate the growth of bacteria.
 - i. Cooking food to its proper internal temperature:
 - 1. Fruits and vegetables: 135 degrees F
 - 2. Solid cuts of meat (no poultry): 145 degrees F
 - 3. Ground meats (no poultry): 155 degrees F
 - 4. Poultry (whole or ground): 165 degrees F
 - 5. Eggs for immediate consumption: 145 degrees F
 - 6. Eggs for later consumption: 155 degrees F Take food temperatures when cooking is completed and keep temperature logs for audit.
 - ii. Hold food at a temperature of 135 degrees F or greater. Take temperatures before serving foods and keep temperature logs for audit
 - iii. Cool food from cooking temperature (between 135 – 165, depending on the item) to 70 degrees F in 2 hours or less and from 70 degrees to 41 degrees F in 4 hours or less. Cool food by separating into smaller portions, using shallow pans, stirring, ice bath, ice wand, or, when appropriate, ice cubes (using potable water) directly into the food.
 - iv. Reheat leftovers to 165 degrees (leftovers must be refrigerated or reheated to 165 within 2 hours of leaving a temperature-controlled environment) – may not be applicable to your site
 - v. 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, vaping or eating. Nutrition Program Providers must post hand washing procedure in the restrooms and washroom areas.

Hand washing requirements are:

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 doorknob or lever to open door or open door with hip or elbow if 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 returning to nutrition site. Check appliance temperature by using an appliance thermometer to make sure the refrigerator registers 41 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.

Food Preparation Areas: Wash hands before preparing food. Sanitize food preparation tables and use clean and sanitized utensils and cutting boards. Use separate cutting boards for meat and vegetables. Use a plastic cutting board instead of a wooden one as bacteria can hide and multiply in grooves on wooden boards. All food preparation areas and equipment must be sanitized after 4 or more hours of continuous use.

Cooked Meat: See the 'Food Safety' section on page 32.

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

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. The site must be inspected and approved by PSA 27 prior to meal service.

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 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 to ensure appropriate referrals are made
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, transfer or return to the State all equipment purchased during the entire operation of the contract
9. Additional information as necessary to affect 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 and Nutrition Program Analyst will notify and work with the State to ensure adherence of all nutrition site closure requirements. Should a critical food safety concern arise, food service may need to be temporarily suspended while this issue is addressed with appropriate agencies.

Meal Reservation

The policy and the intent of the Senior Nutrition Program is to provide hot, nutritious meals to older adults. To effectively serve eligible older adults, providers are required to develop policies and procedures for estimating the number of meals to prepare and serve to limit unserved meals.

The specific policies and procedures will be created by each Nutrition Service Provider with approval from the meal purveyor (if meals come from a third-party vendor) and the PSA 27 Area Agency on Aging.

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 if doing so does not deprive an older individual of a meal. Volunteers should have the opportunity to anonymously make a voluntary contribution. The nutrition provider shall develop a volunteer meal policy and obtain approval from the AAA.

Guest Meal (not NSIP Eligible): Nutrition Service Providers will develop a policy for guest meals. Guest meals shall be provided if they do not deprive an eligible participant of a meal. Guests must pay a fee equal to the cost of producing the meal, developed by the Nutrition Service Provider. Signage must indicate what the guest fee is. (Total Budget/Annual Contracted Number of Meals=Total Cost of Meal).

Staff Meal (not NSIP Eligible): Nutrition service staff may receive a meal if it will not deprive an eligible person of a meal, and if the meal cost is recovered either as 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 AAA 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 defined as:

- Voluntary contributions received from a participant in exchange for 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

Voluntary Contribution Policy CCR 22 §7638.9

AAA Responsibilities:

1. Review and approve contribution amount
2. Review and approve IIC-2 voluntary contribution letter

Nutrition Services Providers must:

3. Establish written procedures to protect contributions and fees from loss, mishandling, and theft available kept on site
4. Develop a suggested contribution that takes into consideration the income ranges of the older individuals in the community as well as the provider's other sources of income
5. Post a sign indicating the suggested contribution for eligible individuals and the fee for guests near the contribution container
6. Ensure the eligible participant's contribution is kept confidential
7. Categorize contributions and fees as program income and use these to increase the number of meals served, to facilitate access to meals, and to provide nutrition-related supportive services

Home Delivered and To-Go Meal Programs:

Home Delivered Meal clients must be provided with written information regarding suggested contributions as well as the procedure for making said contributions. Letters must specify that they will not be denied services if they do not contribute.

Obtaining Participant Feedback

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

- 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 with the opportunity to comment on daily menus. These surveys must be located on participant dining tables or elsewhere in the dining room.

If possible, meet the needs of individuals requiring special/therapeutic diets. Services for special diets must be under the supervision of the Nutrition Service Provider's Registered Dietitian.

Food for Pets

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 meal 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.

Participant Grievances

The Nutrition Program Provider must establish a Client Grievance and Complaint protocol compliant with 22 CCR 7400. The grievance policy will be reviewed by the AAA during annual program monitoring. If you make changes to the grievance policy, please notify the AAA within thirty (30) days.

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 (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 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

Screening for Nutrition Risk is an annual program requirement. Each Nutrition Service Provider must use the DETERMINE tool, a standardized tool located in the [OAA Intake and Assessment Forms Guide](#) (pg. 32).

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, To-Go, 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, To-Go, and HDM routes shall be developed and submitted to the AAA Registered Dietitian for approval one month prior to the first scheduled presentation. The plan shall include topics based on the 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. Handout material may be used in conjunction with a congregate nutrition education presentation.

Home Delivered and To-Go Participants – Each 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 and to-go 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's Registered Dietitian and the AAA Registered Dietitian. 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 adults in obtaining the best nutritional services available within their resources
- 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
- Assist older persons, where feasible, in the area of therapeutic diets as required by a 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, to-go and homebound older persons as determined by annual needs assessment and evaluation of service impact.

All nutrition education activities and evaluation shall be documented and approved by the AAA Registered Dietitian.

Nutrition Counseling

Provide nutrition counseling conducted by a registered dietitian when feasible and appropriate for individuals who score a 6 or higher on the Nutrition Risk Assessment. All PSA 27 providers are expected to offer nutrition counseling and must have an approved exemption on file if they are not offering nutrition counseling.

Nutrition counseling may be conducted either in person or by phone by the Nutrition Service Provider's Registered Dietitian.

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

All nutrition counseling shall be documented and maintained in the individual's file.

In-Service Education

A yearly written plan for in-service training shall be developed and submitted to the AAA Registered Dietitian for review and approval 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 AAA Registered Dietitian 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. Staff are encouraged to attend a Mandated Reporter training annually and are required to attend, at a minimum, every two years.

Appropriate mandated reporter training is available from the County's Human Services Department through the Family, Youth and Children Services and Adult Protective Services divisions.

For volunteers who are solely administrative and do not come into contact with food, food safety could be replaced by other trainings. Regardless of training topics, the other aspects of CCR 7636.5, including four hours of training per year, would still need to be met.

The Provider Registered Dietitian shall review and approve the content of all in-service training prior to presentation and submit it to the AAA Registered Dietitian.

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.

Quarterly Reassessments for the IIC-2 Program (HDM and To-Go)

Per 22 § 7638.3 (4) Reassessments of need shall be determined quarterly. For HDM clients, reassessments shall be conducted in the home of the participant at least every other quarter. The requirement to conduct reassessments in the home of the client is waived for To-Go clients. Reassessments for this program must still be conducted quarterly, but they can take place over the phone or at the time of meal pickup.

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 nobody is denied services if written consent is not given.
6. Staff and volunteers will protect the privacy and confidentiality of each participant with respect to the participant's contribution. The contribution 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 PSA 27 Area Agency on Aging (AAA) contracts with Registered Dietitians who monitor food and non-food facilities in accordance with CDA's requirements [22 CCR 7634.3(d)] and review AAA Nutrition Service Provider's Quarterly monitoring reports of their food facilities [7636.1(b)(6)].

Food Facilities: Sites that store, prepare, package, and portion food must be monitored on-site annually by the AAA Registered Dietitian. This includes heating a prepackaged meal.

Non-Food Facilities: Sites that only distribute packaged meals and do not store, prepare, package, or portion food must be monitored at least every other year on-site by the AAA Registered Dietitian.

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, employee development and training, client satisfaction, program publicity, and related matters.

Nutrition Service Provider Instructions for Quarterly Monitoring: Quarterly monitoring must be conducted by either the Nutrition Service Provider's Registered Dietitian or a qualified individual trained by a Registered Dietitian who also provides monitoring oversight. Each Nutrition Service Provider must have their own policy for staff training and Registered Dietitian oversight if quarterly monitoring is not conducted by a Registered Dietitian.

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.

There are two ways to achieve sanitization when using a mechanical dishwasher – high temperature sanitization and chemical sanitization. Always ensure that manufacturer specifications are followed:

High temperature sanitization:

1. Dishes are scraped and loaded into the machine
2. Water temperature is at least 180 degrees F and does not exceed 195 degrees F. Any food that was not scraped off dishes can get baked onto the surface when water temperatures exceed 195 degrees F

Chemical sanitization:

1. Water is maintained at temperature set by manufacturer
2. Chemical solution follows manufacturer specifications and is checked frequently

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 chemical test strip must align manufacturer specifications. 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 test strip is not within manufacturer specifications, 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 daily.

Appendix: Forms

IIIC1 and IIIC2 Intake Forms

Refer to the Title III - [Intake and Assessment Forms Guide 2025](#) for the required elements of the IIIC 1 and III C2 intake forms. You can also find example forms starting on page 44.

Cleaning Forms

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	/				
10	/				
11	/				
12	/				
13	/				
14	/				
15	/				
16	/				
17	/				
18	/				
19	/				
20	/				
21	/				
22	/				
23	/				
24	/				
25	/				
26	/				
27	/				
28	/				
29	/				
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.

Temperature Log – Refrigerator and Freezer

An example of refrigerator/freezer logs can be found her: [TemperatureLogs LL 112223](#)

Example Participant Intake Forms from CDA

Example forms are found starting on page 44: [OAA Title III - CDA Intake and Assessment Forms Guide - 2025](#)

Signage

CDA requires Nutrition Service Providers to post their grievance policy, menus, and a contribution schedule.

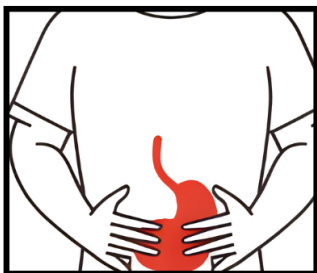
Our AAA recommends that Providers also display information on allergy awareness as well as a sign regarding taking food off premises. The following signs are examples that can be modified by each Provider.

Allergen Awareness



What is a food allergy?

- It is the body's negative reaction to a protein in a food
- A small amount of food protein can trigger a reaction
- There is no cure
- The only prevention is avoiding certain foods



The symptoms of an allergic reaction are:

Respiratory Track

- Breathing difficulty
- Coughing
- Wheezing

Skin

- Rash
- Swelling
- Itching

Gastrointestinal Tract

- Vomiting
- Diarrhea



How do we prevent reactions and what do we do?

Prevention

- Awareness
- Communication
- Teamwork
- Know the top 9 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 9 most common allergens are:

Peanuts	Tree Nuts	Fish	Soy	Sesame
Wheat	Eggs	Milk	Shellfish	

Contribution Poster

Source: [Voluntary Contributions](#)



FDA Foodborne Illness – Recommended for Nutrition Service Provider Staff

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
<i>Bacillus cereus</i>	<i>B. cereus</i> food poisoning	10-16 hrs	Abdominal cramps, watery diarrhea, nausea	24-48 hours	Meats, stews, gravies, vanilla sauce
<i>Campylobacter jejuni</i>	Campylobacteriosis	2-5 days	Diarrhea, cramps, fever, and vomiting; diarrhea may be bloody	2-10 days	Raw and undercooked poultry, unpasteurized milk, contaminated water
<i>Clostridium botulinum</i>	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
<i>Clostridium perfringens</i>	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
<i>Cryptosporidium</i>	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
<i>Cyclospora cayentanensis</i>	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)
<i>E. coli (Escherichia coli) producing toxin</i>	<i>E. coli</i> infection (common cause of "travelers' diarrhea")	1-3 days	Watery diarrhea, abdominal cramps, some vomiting	3-7 or more days	Water or food contaminated with human feces
<i>E. coli</i> 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
<i>Listeria monocytogenes</i>	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
<i>Salmonella</i>	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
<i>Shigella</i>	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
<i>Staphylococcus aureus</i>	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
<i>Vibrio parahaemolyticus</i>	<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
<i>Vibrio vulnificus</i>	<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

HOW TO KEEP GUESTS SAFE AND INCLUDED!

EVERY 10 SECONDS, A FOOD ALLERGY REACTION SENDS A PATIENT TO THE EMERGENCY ROOM.

THE TOP 9 COMMON FOOD ALLERGENS



PEANUT



TREE NUT



WHEAT



MILK



EGG



SOY



FISH



SHELLFISH



SESAME

Food allergies are serious. AN ALLERGIC REACTION TO FOOD CAN CAUSE DEATH.
When you are serving a person with a food allergy:



BE KIND TO GUESTS WHO HAVE FOOD ALLERGIES.

They may feel uneasy about dining outside their home.



GIVE OPEN, HONEST ANSWERS WHEN GUESTS ASK YOU QUESTIONS.

This can help them make safe decisions.



CREATE A SAFE SPACE FOR FOOD HANDLING SO THAT SAFE FOODS AND ALLERGENS DO NOT TOUCH.

All food equipment that is used in the production of allergy-safe foods must be properly cleaned and sanitized before use.



GIVE YOUR GUESTS MANY CHANCES TO TELL YOU ABOUT THEIR ALLERGIES.



MAKE SURE THE INFORMATION YOU SHARE WITH GUESTS IS SIMPLE AND ACCURATE.

Menus, signs, and labels must be up to date.



KEEP YOUR FOOD ALLERGY TRAINING UP TO DATE.

Knowing how to recognize and respond to a food allergy reaction can save a life!



CALL 911 AT THE FIRST SIGN OF A REACTION!



FARE
Food Allergy Research & Education
foodallergy.org



MenuTrinfo
menutrinfo.com



**Taking out food is
not recommended.
Doing so is at your
own risk.**

No Smoking Signage - Needs to be posted somewhere on the building. If it isn't posted on the building, use this sign.



Participants Rights & Responsibilities – Nutrition Service Providers may customize

<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 – Nutrition Service Providers may customize

<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