

PCA

MEMORANDUM

To: Adult Day Care Directors (OPTIONS Program)

CC: Contract Managers

From: Amy Goldstein, MPH, RD, LDN, Nutrition Manager

Subject: **Congregate Meal Program Standards for the Adult Day Care Provider (OPTIONS Program)**

The Congregate Meal Program Standards for the Adult Day Care (ADC) Provider are now available, updated as of January 1, 2019. The Pennsylvania Department of Aging (PDA) revisions in the Aging Program Directives (APD) for nutrition services for OPTIONS consumers are incorporated into this document.

The following describes some of the changes that will have an impact on the OPTIONS ADC Congregate Meal Program.

- **Meal Changes:** The Meal Specifications included in the Congregate Meal Program Standards for the Adult Day Care (ADC) Provider include updates to the nutrient standards to be in line with the most recent APD and The Dietary Guidelines for Americans. As a result, menus have greater average amount of carbohydrates and contain less sodium on a weekly average. Note that the requirement for the sodium requirement is being reduced in each fiscal year. The fiscal year is from July 1 through June 30.
- **Menu Submission:** PCA has included updated instructions for the electronic menu submission process. It is the expectation of PDA that menus are submitted using the ESHA Food Processor. Any variance from this expectation must be agreed upon between the Provider and PCA. Until further guidance from PDA, with PCA's approval, menus may be submitted using the PDA-issued excel template. Menu submission in either form must include a completed Dietitian Information Form.

The Congregate Meal Program Standards for the Adult Day Care have been revised to incorporate all of the updates and changes. ADC's will continue to receive semi-annual menu submission request letters that will include specific details with dates and any updates as needed.

Please make a copy of the attached manual and replace the previous version in its entirety. Any questions can be directed to PCA's Nutrition Manager, Amy Goldstein. Email:

Amy.Goldstein@pcares.org
Phone: 215-765-9000 ext. 5107

**Philadelphia Corporation for Aging
Congregate Meal Program
Options Adult Day Care Provider Standards**

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**Philadelphia Corporation for Aging
Congregate Meal Program
Adult Day Care Provider Standards**

Introduction

The purpose of this document is to inform adult day care providers regarding the menu, food safety and sanitation-related requirements for meal service that must be met in order to serve PCA Options consumers.

The document is based on the requirements set forth by both the Aging Program Directives (APD) 15-03-02 Policies and Standards for the Dept. of Aging Nutrition Services effective November 1, 2016, and APD 15-03-01 Policies and Standards for Dept. Of Aging Food Safety and Menu Compliance Monitoring effective January 1, 2015. Both APD documents can be viewed in its entirety on the PDA website at www.aging.pa.gov under Professionals and Providers>Nutrition Tools and Resources>State Guidelines and Resources.

A copy of these standards is issues to all adult day care providers who are approved or wish to apply for approval to serve PCA Options consumers. This document should be kept on site for easy reference.

The PCA Nutrition Unit staff hopes that you will find this information helpful in providing safe and nutritious meals to consumers in the adult day care setting.

**Philadelphia Corporation for Aging
Congregate Meal Program
Adult Day Care Provider Standards**

Initial Approval Process for Meal Service

In order to become a PCA-approved provider for Options adult day care services, the applicant's licensure, menu, food preparation and food service facilities must be approved by the PCA Nutrition Unit.

When a new application is received, the PCA Business Administration Department forwards the menu submitted with the application to PCA's Nutrition Manager for review and approval. If feasible, the Contract Manager and Nutrition Unit staff coordinates to schedule an initial Food Safety & Sanitation Monitoring visit at the adult day care site and their meal provider/caterer facility (if applicable).

The initial inspection is documented in the form of a report citing areas that must be addressed and/or corrected prior to approval. This is sent to the applicant at which time PCA expects a written response outlining the corrective actions taken or planned for each area cited. This response must be received by the Contract Manager and deemed acceptable by the Nutrition Unit staff for the application process to proceed.

The following critical items must be accepted as satisfactory by the PCA Nutrition Unit before the adult day care provider can be approved to serve PCA consumers.

- **Menu Requirements:** Menu must meet PCA and the Pennsylvania Department of Aging nutrition requirements and standards.
- **Food Safety & Sanitation Monitoring:** Adult day care site and meal provider (if applicable) have been monitored by PCA and any deficiencies noted have been adequately addressed in a written Plan of Correction.
- **Food Preparation and Serving License:** Adult day care site and meal provider (if applicable) have appropriate, current licensing to prepare and/or serve food.
- **City of Philadelphia Department of Public Health Food Establishment Personnel Food Safety Certificate (or equivalent item for other county):** Adult day care site and meal provider (if applicable) have a staff person on site that currently holds this certification.

While this process is a coordinated effort between the PCA Business Administration Department Contract Manager and the PCA Nutrition Unit in Program Management, communication will occur primarily between the Contract Manager and the adult day care provider. All correspondence from an applicant should be addressed to the Contract Manager. Should specific food service or menu issues arise, Nutrition Unit staff may communicate directly with the applicant and will keep the Contract Manager informed/updated as to the status of those issues.

**Philadelphia Corporation for Aging
Congregate Meal Program
Options Adult Day Care Provider Standards**

Sanitation Requirements and Procedures

As per the APD, Compliance with applicable federal, state and local fire, health, sanitation, safety and building codes, regulations, licenser requirements and other provisions relating of the public health, safety, and welfare of individuals is required in all stages of food service operation.

Persons handling food/food service shall do so in compliance with local public health codes regulating food service establishments referencing to the most recent version of the FDA Food Code as adopted by the Pennsylvania Department of Agriculture.

A. License Requirements

The Adult Day Care facility and their meal provider/caterer must procure and keep in effect the following items and documentation shall be available for review at each facility.

1. Current *Food Preparing and Serving License* issued by the City of Philadelphia Department of Licenses & Inspections (or equivalent item(s) from State or other counties).
2. Up-to-date City of Philadelphia of Public Health *Food Establishment Personnel Food Safety Certificate* (or equivalent item for other counties) held by currently employed staff person.
3. Copy of most recent City of Philadelphia Department of Public Health inspection report (or equivalent item(s) from State or other counties).
4. Proof of routine extermination service.

Facilities located outside of the City of Philadelphia: The Adult Day Care and their meal provider/caterer shall procure and keep in effect all necessary licenses, permits, and food handler's cards as required by federal, state, and local laws and regulations. This documentation shall be available for review at the facility.

B. Person in Charge (PIC) Requirements

Federal Food Code requires a designated person to be on site and in charge during all hours of food service operation. Most often the PIC is the individual(s) holding the Personnel Food Safety Certificate or the equivalent certificate in other counties. The ServSafe curriculum that is required to obtain the Certificate covers all of this information. The PIC is responsible for:

1. Assuring safe food handling practices and demonstrating knowledge of foodborne disease prevention as it relates to the food service site.
2. Identifying menu components which may include food allergen through information provided by meal provider.
3. Restricting anyone with a communicable disease from working or volunteering where there is a likelihood that contamination of food or food contacts may occur.
4. Sanitation Certificate such as ServSafe.
5. If ADC cooks meals on site, knowledgeable regarding food product recall procedures.

C. Reporting Suspected Food Illness

A foodborne illness is defined as a disease carried or transmitted to people by food. A foodborne disease outbreak is defined as an incident in which two or more people experience the same illness after eating the same food.

In case of suspected foodborne illness or outbreak the adult day care provider must report the incident immediately to the City of Philadelphia Department of Public Health, Office of Food Protection at 215-685-9495. *It must also be reported to PCA by contacting the Nutrition Manager at 215-765-9000 ext. 5107. PCA will notify the Pennsylvania Department of Aging, as per requirement.*

**Philadelphia Corporation for Aging
Congregate Meal Program
Options Adult Day Care Provider Standards**

Compliance Monitoring

A. Introduction

As per APD directives, PCA shall monitor adult day service meals during preparation and service to assure that the food served meets the requirements of both the Older Americans Act as amended and the PDA Nutrition Services APD.

B. Nutrition Meal Monitoring

Nutrition Meal Monitoring is conducted for each type of the meal service. The Nutrition Meal Monitoring takes place at the ADC where the meal is served by a Registered Dietitian. Nutrition Meal Monitoring includes comparing the menu served to the approved menu, assessment of food temperatures, and evaluation of the meal. Nutrition Meal Monitoring reports are shared with PDA, the ADC Director, and the PCA Business Administration Contract Manager.

C. Food Safety and Sanitation Monitoring

PDA establishes consistent monitoring standards as well as procedures to be followed for those that prepare and serve PDA funded meals. This includes Food Safety and Sanitation Monitoring of meal sites and meal providers. Details of this function are included in the attached APD 15-03-01 (Appendix I).

D. Menu Substitution

Menu substitutions must be documented on the Substitution Form and be submitted to the PCA Nutrition Manager as per the form attached quarterly in March, June, September, and December. Any substitutions to the menu must be documented and communicated to the PCA Nutrition Manager to assure that appropriate foods are being served that provide similar nutrient amounts to maintain the integrity of the approved menu.

It is the responsibility of the ADC director to assure that someone is designated to assist the kitchen staff regarding appropriate substitutions. If a caterer other than the approved PCA Congregate Meal Providers, such as a restaurant, is making these decisions, final approval should come from a designated individual at the ADC.

- Menu substitutions shall be an equivalent meal component and shall provide a comparable nutrition profile to the food unavailable.
- Substitution related to menus that are subject to change with seasonal availability of food and/or product procurement difficulties. A complete menu move from one day to another does not constitute at substitution.

- PCA is required to retain documentation of menu substitutions including date of substitution, original menu item, and substituted menu item.
- A staff person must be designated to make decisions regarding substitutions.

Any occasional special holiday and celebratory meals that are submitted for meal reimbursement through the SNP (Senior Nutrition Program) must be submitted for approval on the Festive Meal Approval Form included. All components of the meal as listed must be met. No nutritional analysis is necessary.

E. Nutrition Education

Nutrition education is required to be provided to consumers and/or caretakers twice annually and a Nutrition Education Verification Form (Congregate Meal Program Nutrition Education Service Verification Form) is to be completed and submitted to the PCA Nutrition Manager to document the date(s) the nutrition education was distributed and the number of consumers that received the information. The nutrition education in the form of handouts will be created by PCA's Nutrition Unit and sent electronically twice a year and will include dates that the Verification Forms are due back to PCA. The DETERMINE Checklist handouts can also be counted as a supplemental handout and may be counted towards the total number of handouts provided.

It is the responsibility of each ADC to make copies and distribute nutrition education materials.

F. Nutrition Screening for Nutritional Risk

A nutrition risk assessment is required to be completed on an annual basis for all congregate meal consumers, including those attending ADC programs. This assessment is completed as a part of the initial and annual long-term care assessment conducted by the service coordinator.

**Philadelphia Corporation for Aging
Congregate Meal Program
OPTIONS Adult Day Center**

Substitution List

Meal Provider: _____ **ADC:** _____ **Year:** _____

Date of Substitution	Original Meal Item	Substitution Meal Item	Staff Approving Substitution	Menu Cycle	Comments

Submit this form quarterly (March, June, September, and December) to PCA's Nutrition Manager.

Fax: 215-282-6620
Email: amy.goldstein@pcacares.org

**Philadelphia Corporation for Aging
Congregate Meal Program
Festive Meal Approval Form**

Please complete entire form and fax to PCA at 215-282-6620 .	
To: Amy Goldstein, MPH, RD, LDN - Nutrition Manager	Date Completed: _____
From: Name: _____	ADC: _____
Signature: _____	Telephone: _____ Fax: _____

Procedure:

1. ADC to complete this form and fax to PCA, Attention: Amy Goldstein, Nutrition Manager at least 30 days before the scheduled event.
2. Festive Meal menu should meet the Food Based Menu Pattern of the Meal Specifications.
3. PCA's Nutrition Manager will review the menu and call the ADC if changes need to be made to meet the menu requirements.
4. PCA's Nutrition Manager will fax back to the ADC the approved, initialed form.

Festive Meal Menu: Please complete a form for each meal.

	Date of Meal Service	
	Occasion	
M E N U I T E M S	Entrée	
	Fruit/Vegetable	
	Fruit/Vegetable	
	Fruit/Vegetable*	
	Bread/Grain Item	
	Bread/Grain Item**	
	1% Milk	Must be served with all meals
	Miscellaneous**	

*Fruit or vegetable high in vitamin C. **Optional

PCA Use Only: Menu(s) Approved: Y/N	Comments: _____
Date Site Notified: ___/___/___	Initials: _____

Philadelphia Corporation for Aging Congregate Meal Program Nutrition Education Service Verification Form

Please complete the following information for each program.

Program: _____
 Date: _____
 Site: _____
 Presenter: _____
 Length: _____

Please check the type(s) of program and record the number of participants present.

<u>Type of Program</u>	<u>Number of Participants</u>	<u>Response from Participants</u>		
		<u>Favorable</u>	<u>Unfavorable</u>	<u>Other</u>
<input type="checkbox"/> Presentation	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Display	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Handout	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other*	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: (Please comment for unfavorable or other)

 Signature of center staff

 Signature of program presenter

Please return this form to:

Amy Goldstein, MPH, RD, LDN, Nutrition Manager
 Philadelphia Corporation for Aging
 642 North Broad Street
 Philadelphia, PA 19130-3409
 Fax: 215-282-6620
 Email: amy.goldstein@pcacares.org

Attachment 1(a): DETERMINE Checklist (English)

The Warning Signs of poor nutritional health are often overlooked. Use this checklist to find out if you or someone you know is at nutritional risk.

Read the statements below. Circle the number in the yes column for those that apply to you or someone you know. For each yes answer, score the number in the box. Total your nutritional score.

DETERMINE YOUR NUTRITIONAL HEALTH

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

Total Your Nutritional Score. If it's –

- 0-2** **Good!** Recheck your nutritional score in 6 months.
- 3-5** **You are at moderate nutritional risk.** See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.
- 6 or more** **You are at high nutritional risk.** Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

*These materials developed and distributed by the Nutrition Screening Initiative
2626 Pennsylvania Avenue, NW Suite 301
Washington, D.C. 20037
a project of:*

American Academy of Family Physicians
The American Dietetic Association
National Council on the Aging, Inc.

Remember that the warning signs suggest risk, but do not represent diagnosis of any condition. Turn the page to learn more about the Warning Signs of poor nutritional health.

The Nutrition Checklist is based on the Warning Signs described below.
Use the word **DETERMINE** to remind you of the Warning Signs.

DISEASE

Any disease, illness or chronic condition which causes you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by diet. Confusion or memory loss that keeps getting worse is estimated to affect one out of five or more of older adults. This can make it hard to remember what, when, or if you've eaten. Feeling sad or depressed, which happens to about one in eight older adults, can cause big changes in appetite, digestion, energy level, weight, and well-being.

EATING POORLY

Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruit, vegetables, and milk products daily will also cause poor nutritional health. One in five adults skip meals daily. Only 13% of adults eat the minimum amount of fruit and vegetables needed. One in four older adults drink too much alcohol. Many health problems become worse if you drink more than one or two alcoholic beverages per day.

TOOTH LOSS/MOUTH PAIN

A healthy mouth, teeth, and gums are needed to eat. Missing, loose or rotten teeth or dentures that don't fit well or cause mouth sores make it hard to eat.

ECONOMIC HARDSHIP

As many as 40% of older Americans have incomes of less than \$6,000 per year. Having less – or choosing to spend less – than \$25-30 per week for food makes it very hard to get the foods you need to stay healthy.

REDUCED SOCIAL CONTACT

One-third of all older people live alone. Being with people daily has a positive effect on morale, well-being and eating.

MULTIPLE MEDICINES

Many older Americans must take medicines for health problems. Almost half of older Americans take multiple medicines daily. Growing old may change the way we respond to drugs. The more medicines you take, the greater the chance for side effects such as increased or decreased appetite, change in taste, constipation, weakness, drowsiness, diarrhea, nausea, and others. Vitamins or minerals when taken in large doses act like drugs and can cause harm. Alert your doctor to everything you take.

INVOLUNTARY WEIGHT LOSS/GAIN

Losing or gaining a lot of weight when you are not trying to do so is an important warning sign that must not be ignored. Being overweight or underweight also increases your chance of poor health.

NEEDS ASSISTANCE IN SELF CARE

Although most older people are able to eat, one of every five have trouble walking, shopping, buying, and cooking food, especially as they get older.

ELDER YEARS ABOVE AGE 80

Most older people lead full and productive lives. But as age increases, risk of frailty and health problems increase. Checking your nutritional health regularly makes good sense.

Disease

Any disease, illness, or chronic condition that causes you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. People with confusion or memory loss may not remember what, when, or if they have eaten.

What you can do:

- Choose foods you are able to eat.
- Use herbs or spices to improve taste.
- Eat small meals and snacks.
- Use reminders to eat; for example, put a note on your refrigerator or bathroom mirror.

Eating Poorly

Eating too little or eating too much can lead to poor health. Eating the same foods day after day, or not eating fruits, vegetables and milk products daily also can cause poor nutritional health. And drinking alcohol can make health problems worse.

What you can do:

- Choose a variety of foods you like.
- Have fruit with breakfast and snacks.
- Limit alcohol use.
- Boost up your meals; for example, add grated carrots to sandwiches or make soups with low-fat milk instead of water.

Tooth Loss/Mouth Pain

We need a healthy mouth, teeth and gums to be able to eat a variety of foods. Missing, loose, or rotten teeth make it hard to eat; so do dentures that don't fit well or cause mouth sores.

What you can do:

- Take care of your teeth and gums!
- Be sure your dentures fit right.
- Visit the dentist regularly.
- Choose foods you are able to eat.

Economic Hardship

An estimated one in ten Americans over age 65 (almost 4 million people) live in poverty. Spending less than about \$35 per week for food makes it very hard to get the foods you need to stay healthy.

What you can do:

- Use available resources such as food stamps (SNAP Program).
- Share meals with a friend.
- Use coupons and buy store brand foods.
- Eat less expensive protein foods, such as pinto, lima and kidney beans and lentils.

Reduced Social Contact

One-third of all older people live alone. Being with people daily has a positive effect on morale, well-being and eating habits.

What you can do:

- Share meals with a friend.
- Eat at congregate meal sites or senior centers.
- Stay in touch with family and friends.

Multiple Medications

Many older Americans take multiple medications daily. Getting older may change the way the body responds to certain drugs. The more medicines you take, the greater the chance for side effects. This may include increased or decreased appetite, change in taste, constipation, drowsiness, diarrhea, or nausea. Large doses of vitamins or minerals act like drugs and also can cause harm.

What you can do:

- Buy all medicines at one pharmacy.
- Talk to your pharmacist about the medicines you take.
- Learn about possible interactions between foods and medicines you take.
- Make a list of all your medicines, including vitamin/mineral supplements and over-the-counter medicines. Take this list to all your doctor visits.

Involuntary Weight Loss/Gain

Losing or gaining weight when you are not trying to do so is an important warning sign that shall not be ignored. Also, being either overweight or underweight increases your chance of poor health.

What you can do:

- Eat healthy foods every day.
- Stay as active as you can.
- Tell your doctor about any change in your appetite and/or weight.

Needs Assistance in Self Care

The majority of older people are able to eat and take care of themselves. However, one of every five has trouble walking, shopping, buying and cooking food and/or eating.

What you can do:

- Stay in contact with family and friends.
- Take advantage of available services such home delivered meals and food delivery programs from grocery stores or online food companies.

Elder Years Above Age 80

Most older people lead full and productive lives. But as age increases, risk of frailty and health problems increase.

What you can do:

- Check your nutritional health often.
- Stay as active as possible.
- Treat yourself well with good meals.

What Does Your Nutrition Score Mean?

If your score is: 0 to 2

Good!

Recheck your nutritional score in 6 months.

If your score is: 3 to 5

You are at moderate nutritional risk.

See what you can do to improve your eating habits and lifestyle. A registered dietitian (RD), your office on aging, senior nutrition program, senior citizens center, county Extension service, or health department may be able to help. Recheck your nutritional score in three months.

If your score is: 6 or higher

You are at high nutritional risk.

Make an appointment to see your doctor, a registered dietitian, or qualified health or social service professional soon. Bring this checklist to your appointment. Talk with them about any problems you may have. Ask for help to improve your nutritional health. Also, use some of the "What You Can Do" tips for each of the items you circled.

Remember

- Warning signs suggest risk, but do **not** represent diagnosis of any condition.
- If you have questions or concerns about your nutritional score, check with your health care provider.

Attachment 1(b): DETERMINE Checklist (Spanish)

Muchas veces se ignoran indicadores que muestran que nuestra salud nutricional es deficiente. Use la siguiente lista para saber si usted o alguien que usted cuida esta en riesgo nutricional. Haga un círculo alrededor del número que esta al frente de cada una de las oraciones que le aplican.

Tabla 1.

Lista para DETERMINAR su salud nutricional

Tengo una enfermedad que me hizo cambiar el tipo y la cantidad de alimentos que como	2
Consumo menos de dos comidas al día	3
Como pocas frutas, vegetales o pocos productos lácteos	2
Tomo más de 3 cervezas (12 onzas), licor (1.5 onzas), o vino (5 onzas) casi todos los días	2
Tengo problemas en la boca o los dientes que me hace tener dificultad al comer	2
No siempre tengo dinero suficiente para comprar los alimentos que necesito	4
Como solo casi siempre	1
Tomo 3 o más medicinas por día (con o sin prescripción)	1
Sin querer, baje o subí 10 libras o más en los últimos 6 meses	2
No siempre puedo ir de compras, cocinar ni alimentarme por mi condición física	2
Total de su puntaje nutricional:	

Ahora mire las siguientes páginas para aprender más sobre los indicadores de una salud nutricional pobre o mala y que puede hacer para mejorarla. Después revise la sección de “Que significa su puntaje.”

Las primeras letras de los términos en las próximas páginas completan la palabra **DETERMINE**. Use esta palabra para recordar los indicadores de una salud nutricional pobre o mala. Si alguno de estos indicadores le aplica a usted o alguien que cuida, lea las casillas que están al lado derecho de las páginas para saber **qué puede hacer y así** disminuir el riesgo. Marque las casillas de los pasos que va a tomar para mejorar su salud nutricional.

Disease (Enfermedad)

Cualquier enfermedad o condición crónica que le cambia su forma de comer, o le dificulte comer, pone su salud nutricional en riesgo. Las personas con confusión o pérdida de memoria puede que no se acuerden qué, dónde, o si ya comieron.

Lo que puede hacer:

- Elija alimentos que pueda comer
- Use hierbas o condimentos para mejorar el sabor
- Coma pequeñas comidas y meriendas
- Use recordatorios para comer; por ejemplo, en el refrigerador o en el espejo del baño

Eating poorly (Alimentándose mal)

Comer mucho o muy poquito puede llevarle a un estado de salud deficiente. Comer lo mismo todos los días, o no comer frutas, vegetales o lácteos le puede causar una salud nutricional pobre o mala. También tomar alcohol en exceso empeora los problemas.

Lo que puede hacer:

- Escoja una variedad de alimentos que le gusten
- Coma frutas con el desayuno y las meriendas
- Limite el consumo de alcohol
- Mejore sus alimentos; por ejemplo, póngale zanahoria rallada a los sándwiches o haga sopas con leche baja en grasa en vez de agua

Tooth loss/mouth pain (Pérdida de dientes/dolor en la boca)

Necesitamos una boca, dientes y encías saludables para poder comer una variedad de alimentos. Los dientes sueltos, dañados o el no tener dientes, hacen más difícil alimentarse, como también las cajas de dientes que no se ajustan bien o hieren la boca.

Lo que puede hacer:

- ¡Cúidese la boca y los dientes!
- Asegúrese que su caja de dientes ajusta
- Visite el dentista regularmente
- Elija alimentos que pueda masticar

Economic hardship (Problemas económicos)

Más o menos uno en diez Estadounidenses mayores de 65 años (casi 4 millones de personas) viven en la pobreza. Al gastar menos de \$35 por semana es muy difícil obtener los alimentos que necesita para mantenerse saludable.

Lo que puede hacer:

- Use recursos disponibles como las Estampas de Comida (Programa SNAP)
- Comparta las comidas con un amigo.
- Use cupones y compre alimentos de marcas de la tienda.
- Coma alimentos con proteína más baratos como frijoles y lentejas.

Reduced social contact (Contacto social reducido)

Un tercio de las personas mayores viven solas. Estar con otras personas a diario trae efectos positivos a su moral, bienestar y hábitos alimenticios.

Lo que puede hacer:

- Comparta las comidas con un amigo.
- Coma en sitios de congregación o centros para adultos mayores.
- Manténgase en contacto con la familia y los amigos.

Multiple medications (Variedad de Medicinas)

Muchos estadounidenses mayores toman varias medicinas al día. Envejecer cambia la manera en que su cuerpo responde a ciertas medicinas. Entre más medicinas tome, mayor el riesgo de obtener efectos secundarios. Esto puede incluir aumento o disminución del apetito, cambio de gusto, estreñimiento, mareo, diarrea o náuseas. Altas dosis de vitaminas o minerales pueden actuar como drogas causando daño.

Lo que puede hacer:

- Compre todas sus medicinas en una farmacia
- Hable con su farmacéuta sobre las medicinas que está tomando.
- Aprenda sobre posibles interacciones entre los alimentos y las medicinas que está tomando.
- Haga una lista de sus medicinas, incluyendo los suplementos y las medicinas sin prescripción. Lleve esta lista a todas sus citas médicas.

Involuntary weight loss/gain (Pérdida/ganancia de peso involuntaria)

Ganar o perder peso cuando usted no está tratando de hacerlo es un indicador importante que no debe ser ignorado. También tener sobrepeso o estar por debajo del peso incrementa su riesgo de mala salud.

Lo que puede hacer:

- Coma alimentos saludables todos los días
- Manténgase lo más activo posible
- Dígale a su doctor sobre algún cambio en su apetito o peso

Needs assistance in self-care (Necesita ayuda para cuidarse a sí mismo)

La mayoría de los adultos mayores pueden comer y cuidarse a sí mismos. Sin embargo, uno de cada cinco adultos mayores tiene problemas para caminar, comprar, cocinar y/o comer.

Lo que puede hacer:

- Manténgase en contacto con amigos y la familia.
- Tome ventaja de los servicios como “Alimentos sobre ruedas” (*Meals On Wheels*) y programas de domicilio de alimentos de supermercados o compañías parahacer pedidos en línea.

Elder years above age 80 (Edad avanzada, sobre los 80 años)

La mayoría de los adultos mayores viven una vida plena y productiva. Pero a medida de que envejecen, el riesgo de fragilidad y otros problemas de salud aumentan.

Lo que puede hacer:

- Revise su salud nutricional a menudo
- Manténgase lo más activo posible
- Trátese bien con comidas saludables

¿Qué significa su puntaje nutricional?

Si su puntaje es: de de 0 a 2

¡Esta bien!

Revise su puntaje en seis meses.

Si su puntaje es: de 3 a 5

Está en riesgo nutricional moderado.

Vea qué puede hacer para mejorar sus hábitos alimenticios y estilo de vida. Un dietista registrado (RD), su oficina para gente mayor, programa de nutrición para adultos mayores, centro para ciudadanos mayores, servicio de Extensión del condado, o el departamento de salud le pueden ayudar. Revise su puntaje nutricional en tres meses.

Si su puntaje es: mayor de 6

Está en alto riesgo nutricional.

Haga una cita para ver a su doctor, un dietista registrado, u otro profesional calificado del servicio social o de salud. Traiga esta lista a su cita. Hable con ellos sobre cualquier problema que pueda tener. Pida ayuda para mejorar su salud nutricional. También use algunos de los consejos sobre “Lo que puede hacer” según las casillas que marcó.

Recuerde:

Estos indicadores sugieren riesgo, pero **no** representan un diagnóstico.

Si tiene preguntas o preocupación sobre su puntaje, consulte con su proveedor de la salud.

Oficina local de Extensión

Información de contacto

Dirección: _____

Teléfono: _____

Nombre del

Contacto: _____

Notas

Attachment 1(c): DETERMINE Checklist Resources

DETERMINE Checklist Resources in Other languages Are Available At:

[DETERMINE Creole version](#) [DETERMINE Russian version](#) [DETERMINE Chinese version](#)

Educational source to be used in individual or group settings to address areas where individuals may have indicated nutritional needs: <http://www.nyc.gov/html/dfta/html/health/nutritional.shtml>

**Philadelphia Corporation for Aging
Congregate Meal Program
Options Adult Day Care Provider Standards**

Monitoring Tools

Monitoring is a key factor for ensuring the quality, safety, and wholesomeness of meals served to adult day care consumers. PCA requires the following monitoring functions for all meals served:

- Food temperatures
- Refrigerator and freezer temperatures
- Thermometer calibration
- Measurement of sanitizer concentration (if applicable)

The following sample monitoring forms are attached to assist providers with this critical responsibility. Facilities may use these forms or suitable replacements which contain the required information. Completed forms shall be kept on file and available for review at each facility.

A. Daily Meal Monitoring Form

Used to track temperature of food to ensure items remain in acceptable temperature range to prevent foodborne illness. If food is brought from off-site, all food items must be at the proper temperature at the time of delivery: not less than 135 °F for hot foods and not more than 41 °F for cold foods.

B. Refrigerator And Freezer Temperature Log

Used to record temperatures of refrigerators and freezers to ensure food can be stored at proper temperatures to avoid spoilage and prevent foodborne illness. Temperatures of all refrigerators and freezers must be checked daily to make sure the appliance is working correctly and staying in appropriate temperature range.

C. Thermometer Calibration Log

Used to track compliance with requirement that food thermometers be checked for accuracy on a daily basis. Thermometers should be checked each morning, before any food temperatures are taken, and calibrated if necessary. This ensures that food temperatures are properly evaluated.

D. Sanitizer Concentration Log

Used to track compliance with requirement that the concentration of sanitizer solutions must be measured to check that they have been properly prepared. The concentration of the sanitizing solution must be measured each time a new batch is made. This is done by dipping a test strip into the solution and checking the results. This ensures that the solution will effectively sanitize the food service equipment, utensils, etc.

Congregate Meal Program Daily Meal Monitoring Form

Site: _____

Month/Year: _____ / _____

Part A: Delivery Information

****Use Ratings for these Items**

📅 Service Date of Meal																				
🕒 Time Food Delivered																				
Menu Followed Y=Yes N=No																				
Driver/Truck Appearance**																				

Part B: Record Food Temperatures

Entree Delivery	At																			
	At Service																			
Side Dish	At Delivery																			
	At Service																			
Side Dish	At Delivery																			
	At Service																			
Appetizer	At Delivery																			
	At Service																			
Dessert Delivery	At																			
	At Service																			
Milk Delivery	At																			
	At Service																			

Part C: Rate Food

Food Appearance, Odor, Taste**																				
Consumer Acceptance**																				

Ratings:

S=Satisfactory ☺
U=Unsatisfactory ☹
E=Excellent ★

Acceptable Food Temperatures:

Hot Entrees	135° or above	Cold Entrees	41° or below	Milk	41° or below
Hot Side Dishes		Salads		Ice Cream	10°
Soup		Cold Desserts		Frozen Meals at Delivery	0° (frozen solid)

Refrigerator/Freezer Temperature Log

Site: _____ **Month/Year:** _____ / _____

Type of Appliance:
 R=Refrigerator
 F=Freezer

Location/Type of Appliance			
/	/	/	/

Date	Time	Temperature Reading				Staff Initials

Correct Temperatures:

Refrigerator = 35°F to 40°F Freezer = 0°F or below

Congregate Meal Program Thermometer Calibration Log

Site: _____ Month/Year Log Started: _____ / _____

Date	Time	Method Used	Staff Initials		Date	Time	Method Used	Staff Initials

Calibration Guide:

Method Used	Correct Temperature Reading
Ice Bath	32° F
Boiling Water	212° F

Congregate Meal Program Sanitizer Concentration Log

Site: _____ Month/Year Log Started: _____ / _____

Date	Time	Concentration	Staff Initials	Date	Time	Concentration	Staff Initials

**Correct Concentration of Solution
Prepared with Steritabs™ =**

200 ppm (parts per million)

**Philadelphia Corporation for Aging
Congregate Meal Program
Options Adult Day Care Provider Standards**

Meal Specifications

A. General Information

1. Definition: The meal shall consist of an entrée and side dishes, delivered hot, in bulk, with fresh complementary items or approved alternative.
2. Nutritional Mandate: Meals shall conform to the requirements of Title III of the Older Americans Act. Each meal shall provide a least one-third of the current Dietary Reference Intakes, as established by the Institute of Medicine. Each meal must also adhere to the Dietary Guidelines for Americans, most recent edition.
3. Menu Changes: Special event meals must be reviewed and approved by PCA's Nutrition Manager as meeting requirements prior to meal service. Other changes to menu or substitutions that occur due to seasonal availability and/or product procurement difficulties must be documented and submitted to PCA's Nutrition Manager on a quarterly basis. The provider dietitian will be responsible for monitoring the changes regarding nutrient/menu compliance.
4. Menu Format: All PA Department of Aging funded programs which provide meals to the elderly shall submit menus to be used for a six-month period. Menus submitted for all lunch programs shall include at least one four-week cycle which reflects seasonal adjustments.
5. Variety: Daily menus shall differ in regards to meat, vegetable, fruit, and dessert without repetition of any particular daily menu within the 20 day cycle period unless approved by PCA.
6. Menu Characteristics: Meals shall be attractive, palatable, and tasty, and to the extent possible shall appeal to the cultural food preferences of participants. All menus shall be planned in accordance with the Dietary Guidelines for reduced sugar, sodium and fat intake and increased consumption high fiber foods.
7. Kosher Meals shall comply with standards established by the Union of Orthodox Jewish Congregations of America or equivalent Jewish dietary law requirements.

B. Traditional Menu Pattern for Each Meal:

The following requirements are described as the Traditional Menu Pattern. The Traditional Menu Pattern shall be used in menu development and service delivery for the regularly served menu.

Food Group	Required Amount per Meal
Protein Source-Meat, poultry, eggs, cheese, fish or the protein equivalent in nuts and legumes	3oz. edible (cooked) portion or equivalent.
Fruits and Vegetables	Two ½ cup servings of distinct foods (or juice) for a total volume of 1 cup or equivalent. (Raw leafy greens serving size is 1 cup/serving)
Grains	One to two servings, with a weekly average not to exceed 7 servings.
Fortified Butter or Margarine or substitute	Optional
Milk	½ pint 1% milk (8oz.) or calcium equivalent.
Dessert, Soup	Optional. As desired to complement the meal.
Miscellaneous Food and Beverage	As desired to complement the meal.
Condiments	As desired to complement the meal.

C. Traditional Menu Nutrient Requirements:

Nutrient	Required Amount Each Meal
Protein	Minimum of 25 grams per meal
Carbohydrate	Maximum weekly average of 85 grams
Fat	Maximum weekly average of 35% of total calories
Calories	Minimum of 600 calories per meal Maximum weekly average of 750 calories
Fiber	Minimum weekly average of 7 grams
Sodium*	FY2019: weekly average of 1100 milligrams or less FY2020: weekly average of 900 milligrams or less FY2021: weekly average of 800 milligrams or less
Calcium	Minimum weekly average of 350 milligrams
Vitamin C	Minimum of 20 milligrams per meal
Vitamin A	Minimum weekly average of 250 micrograms (RAE)

*PCA will be making step-wise reductions to the weekly average of sodium in meals over the next three fiscal years. Reductions to the maximum milligrams for the weekly average of sodium will be made for each fiscal year as described.

D. Traditional Menu Pattern Meal Component Specifications

Food	Meal Amounts	Specifications
<p>Entrée Protein Source; meat, poultry, eggs, cheese, fish or the protein equivalent in nuts and legumes</p>	<p>3 oz or equivalent edible (cooked) portion unless menu is excepted (lacto-ovo vegetarian, DASH plan, ethnic menu plan) A minimum of 25 grams of total protein in each meal.</p>	<ol style="list-style-type: none"> 1. Equivalents for one ounce of edible protein include: <ul style="list-style-type: none"> • 1 ounce (solid-type) cheese • ¼ cup cottage or ricotta cheese • 1 egg • Tablespoons peanut butter • ½ c dried beans, peas or lentils 2. A whole meat item must be served at least 2 times per week. Whole meat items are defined as a solid piece of meat, poultry or fish (i.e. chicken breast) or combination items which contain at least ½ ounce pieces of meat, poultry, fish (i.e. beef stew). Entrees which contain ground, molded, pressed, or flaked items, items mixed with other ingredients (i.e. tuna salad) or entrees made from eggs (i.e. omelet) may <u>not</u> be used to meet this requirement. 3. Entrees containing pork products may be served one time per cycle for nonkosher. Kosher must not contain pork. 4. Use of high fat and high sodium meats should be limited to no more than 2 meals a month. High fat indicates the protein portion provides more than 8 grams of fat per ounce equivalent. High sodium is defined as greater than 650 mg per serving. The regular use of highly processed meats is discouraged. 5. Kosher menus must include two dairy meals per week. 6. If textured vegetable protein is used, high food quality shall be maintained. 7. Fish/seafood is encouraged to be served once a week.

Food	Meal Amounts	Specifications
Fruits and Vegetables	Two ½ cup servings of fruit and vegetables or 1 piece of fresh fruit or 1 cup raw leafy greens.	<ol style="list-style-type: none"> 1. Potatoes are to be counted as a vegetable. Rice and noodles cannot be counted as a vegetable. 2. Fresh or raw fruits and vegetables must be provided at least 2 times per week in different meals. 3. A fruit dessert may count as one of the two servings of fruits and vegetables required. 4. A dessert that contains fruit must contain at least ½ cup of fruit to be counted as one of the two servings. 5. Fresh or frozen vegetables shall be used. Canned vegetables shall not be used except where necessary (e.g. beets, stewed tomatoes.) 6. Fruit juice is to be counted as a serving of fruit. Fruit juice must be 100% juice. One serving of fruit juice is ½ cup. Programs are encouraged to limit juice to one time a week. 7. Instant mashed potatoes utilized for the vegetable requirements shall be enriched with Vitamin C. 8. Canned fruits shall be packed in natural juice. 9. A minimum daily meal average of 7 grams of fiber in each meal served through the use of whole grains, fruits and vegetables 10. It is recommended to serve a high potassium source or multiple fair sources of fruit and/or vegetables with a high sodium entrée. 11. Legumes are encouraged to be served weekly and can be counted as a vegetable or a protein 12. No food may be counted in two categories unless as part of an ethnic or vegetarian menu.
Grains	1-2 servings With a weekly average of 7 grain servings per week.	<ol style="list-style-type: none"> 1. For examples of enriched bread/whole grain foods see, Appendix B. 2. The bread/alternate must be served as an accompaniment to, or a recognizable part of the main dish, not merely as an ingredient. 3. The weekly average of carbohydrates shall not exceed 85 grams. 4. The weekly average of fiber shall be at least 7 grams through the use of whole grains, fruits and vegetables. 5. Whole grain products may be used to meet fiber requirements. See Appendix B for a list of whole grain products. 6. Kosher meals shall be served Matzo each meal during Passover.

Food	Meal Amounts	Specifications
Fortified Butter or Margarine or substitute	1 teaspoon or equivalent should be included when appropriate to accompany meal complements.	<ol style="list-style-type: none"> 1. Substitutes can include: <ul style="list-style-type: none"> • 1 teaspoon mayonnaise • 1 tbsp. salad dressing • 1 tbsp. cream cheese • 1 tsp. oil • 1 strip bacon 2. All items shall be prepackaged by manufacturer for individual use 3. All items shall comply with City of Philadelphia Title 6 Health Code, Section 6-307 <i>Foods Containing Artificial Trans Fats</i>. See Appendix B for more information.
Fortified Milk or Calcium Equivalent	Each meal shall offer at least one calcium rich or calcium enriched food or beverage.	<ol style="list-style-type: none"> 1. Low-fat (1% Milk fat) milk shall be served. Upon request by individual meal site, nonfat (skim) milk will be made available. 2. Calcium equivalents for 8 oz milk include: <ul style="list-style-type: none"> • 1 cup yogurt • 1 ½ cups cottage cheese • 1 ½ ounces of cheddar-type cheese 3. Non daily calcium equivalents can be used to meet the calcium requirement. 4. All milk delivered to meal sites shall be dated no fewer than 7 days prior to the actual date of expiration. 5. The minimum daily calcium served, averaged weekly, shall be 350 milligrams per meal.
Dessert	½ cup or equivalent may be served when incorporated into nutrient, calorie, and carbohydrate requirements.	<ol style="list-style-type: none"> 1. Dessert is an optional meal component. 2. A fruit dessert may count as one of the two servings of fruits and vegetables required if a serving of the dessert contains at least ½ cup of fruit. 3. Graham crackers and granola bars may count as one of the two servings of enriched bread/whole grain requirements. See Appendix B for more information.

Food	Meal Amounts	Specifications
Miscellaneous foods	Miscellaneous Foods: As desired or needed to complement the meal Condiments: one serving per person	<ol style="list-style-type: none"> 1. Miscellaneous foods can include any food that may enhance the overall acceptability of the meal or to contribute toward the meal’s calorie or nutritional content. 2. Foods such as soups and sauces can be included to enhance the food acceptability and meet the caloric or nutritional requirement of the meal. 3. Nutrient dense miscellaneous foods are recommended to provide additional vitamins, minerals. 4. Condiments shall be packaged as follows: <ul style="list-style-type: none"> • Sugar, sugar substitute and other condiments- individual • Salt and Pepper disposable shakers 5. All items shall comply with City of Philadelphia Title 6 Health Code. Section 6-307. Foods Containing Artificial Trans Fats. See Appendix B for more information.
Beverages	One serving per person	<ol style="list-style-type: none"> 1. Beverages shall be packaged as follows: <ul style="list-style-type: none"> • Coffee – ground, bulk • Decaffeinated instant coffee, tea bags, dry nondairy creamer – individual 2. Water should be available to all participants at each meal served.

E. Emergency Food

The Adult Day Care shall have a plan in place for providing meal to their consumers in the event that their normal meal cannot be served due to unforeseen circumstances.

Emergency situation may include:

1. Provider does not deliver food or the appropriate amount of food.
2. Late arrival of food.
3. The arrival of food at unsatisfactory temperatures.
4. Food is spoiled or otherwise does not meet specifications.
5. Items are damaged.
6. Loss of electrical power.

Plan suggestions could include the storage of back-up food onsite or the purchase of food from another location. It is important to have a plan in place ahead of time to assure you can provide an adequate meal to your consumers in the event of an emergency. Emergency meal shall comply with specific nutrient requirements to be counted as a reimbursable meal.

If emergency food supply is kept on site, it could include:

1. Canned fruit – packed in 100% fruit juice, sufficient amount to provide ½ cup drained fruit per participant.
2. Tuna – a sufficient number of cans to provide each participant with 3 oz. of tuna.
3. Three bean salad – Sufficient amount to provide each participant with ½ cup serving.
4. Crackers – individually wrapped in portions and sufficient amount to provide 2 graham cracker squares/person or 6 saltine crackers/ person or oatmeal raisin granola bar.
5. Mayonnaise – sufficient amount to mix with tuna.
6. Milk – Non-fat dry milk in sufficient amount to provide each participant with 8 fluid ounces.

F. Food-Based Menu Pattern

Food-Based Menu Pattern should be used for specific meals as specified in the Meal Specifications. Nutrition analysis does not need to be completed for meals that are planned using the Food-Based Menu Pattern. The Food-Based Menu Pattern should be used for individual meals only and not for weekly averages. Meals for which the Food-Based Menu Pattern can be used include Holiday Meals and Festive Meals. Meals planned using the Food-Based Menu Pattern must be approved and filed by PCA's Nutrition Manager prior to service.

Food	Meal Amounts	Specifications
Protein Source – meat, poultry, eggs, cheese, fish or the protein equivalent in nuts and legumes	3 ounces, edible portion	<ol style="list-style-type: none"> 1. Encourage use of whole meat items. 2. Encourage that high fat/high sodium entrees are limited. High fat meat is one that provides more than 8 grams of fat per ounce. High sodium entrée provides more than 650 mg of sodium per serving. Assess by utilizing food labels.
Fruits and Vegetables	3 servings of fruit and/or vegetables shall be served in each meal, as 2 or 3 distinct foods to assure requirements for Vitamin A, Vitamin C and fiber will be met. High or fair vitamin C sources shall be served daily to provide a minimum of 20 grams of Vitamin C per meal.	<ol style="list-style-type: none"> 1. One serving is ½ cup of drained fruits or vegetables, 4 ounces of juice, 1 piece of fresh fruit, or 1 cup raw leafy greens. 2. No food may be counted in two categories unless as part of an ethnic menu. 3. Potatoes shall be counted as a vegetable. 4. Vitamin C sources providing a minimum of 20 mg per serving shall be served with each meal. This can be done by serving one high Vitamin C source or two fair Vitamin C sources at each meal. 5. Encourage inclusion of foods providing more than 250 mg Vitamin per serving and foods high in potassium.
Grains	1 to 2 grain servings shall be served in each meal.	<ol style="list-style-type: none"> 1. There can only be 1 grain served with a high carbohydrate vegetable (potatoes, corn, lima beans, and peas). 2. Whole-grain products shall be served 50% of the time to provide fiber. 3. Foods such as pasta, rice, cereals, barley, and noodles are counted towards the grain requirement and these foods are not part of the vegetable component.

Food	Meal Amounts	Specifications
Enriched Milk or Calcium Equivalent	Each meal shall offer milk	<ol style="list-style-type: none"> 1. Low-fat (1% Milk fat) milk shall be served. Upon request by individual meal site, nonfat (skim) milk will be made available. 2. Cheese, yogurt, calcium enriched juice may be used as calcium equivalents. 3. Nondairy calcium equivalents can be utilized to meet the calcium requirement if serving alternative for religious or cultural preference.
Fiber		<ol style="list-style-type: none"> 1. Whole grains, legumes, fruits, and vegetables should be used to increase the fiber content of the meals.
Fat		<ol style="list-style-type: none"> 1. Lower fat foods are encouraged. 2. Fat content can be limited by using skim milk, low-fat condiments, use of poultry and fish and limiting processed meats. 3. Low-fat products that do not raise the sodium content of the meal should be specified on the menu.
Sodium	It is encouraged that meal programs should strive for meals low in sodium.	<ol style="list-style-type: none"> 1. Meals should be prepared without added salt. 2. High sodium foods, defined as those providing more than 650 mg per meal, should be limited. 3. Low sodium products should be specified on the menu to meet the sodium requirements. 4. The use of processed foods should be minimized to meet sodium guidelines.
Energy	Minimum of 600 calories per meal.	<ol style="list-style-type: none"> 1. Diabetic exchange guidelines or food labels should be utilized to assess calorie information.
Miscellaneous Foods	As desired or needed to complete the meal. Fats and desserts are considered optional meal components.	<ol style="list-style-type: none"> 1. Miscellaneous foods can include any food that may enhance a meal or contribute toward the meal's caloric or nutritional content. 2. Nutrient-dense miscellaneous foods are recommended. 3. Foods such as soups and sauces can be included to enhance food acceptability and meet the caloric requirements of the meal.
Beverages		<ol style="list-style-type: none"> 1. Water should be made available to all participants at each meal served. 2. All juice served must be 100% juice.
Dessert		<ol style="list-style-type: none"> 1. Dessert is an optional menu component.

**Philadelphia Corporation for Aging
Congregate Meal Program
Options Adult Day Care Provider Standards**

Requirements for Menu Development and Menu Submission

A. General Information

1. Providers shall submit menu cycles with corresponding nutritional analyses two times per year in the manner described herein.
2. New menu cycles shall be written two times per year. The service dates for these menus are as follows:
 - a. July 1 – December 31
 - b. January 1 – June 30
3. Menus shall accurately reflect the food that will be received at the meal sites. Menu changes or substitutions that will impact the current menu on a regular basis may be made only when approved by PCA's Nutrition Manager. Notice of such intention shall be given by Provider *prior* to delivery to the meal sites. For menu substitutions that will occur on a temporary basis due to food shortage, unavailability, or below quality standards, the Menu Substitution Log shall be used according to the following procedure:
 - a. Menu substitutions shall be a menu component equivalent to the food being changed and will provide a comparable nutrient profile.
 - b. A Meal Provider staff person shall be designated by the meal provider, with approval by PCA's Nutrition Manager, to determine the appropriateness of the substitutions.
 - c. All menu substitutions must be emailed to PCA Nutrition Manager when the substitution is made with date of substitution, original menu items and substituted menu item.
4. Final approval of the content of all menus rests with PCA's Nutrition Manager.

B. Menu Preparation

1. All dietitians analyzing the nutrient content of menus must use a software program or database.
2. Menu cycles shall meet all PCA requirements as described in the Meal Specifications. Additionally:
 - a. Portion sizes of all items shall appear on the menu form.
 - b. When combination dishes such as casseroles, soups, salads are served, the major ingredients and portion sizes must be indicated. Menu items with inexplicit names must also be described. E.g. ½ cup winter mixed vegetables (broccoli, cauliflower, carrots); or Health Salad (½ cup of fresh spinach, mandarin oranges, walnuts, raisins and one tablespoon of sweet and sour dressing).
 - c. When describing entrees, the amount of the *edible portion* (EP) of the protein source shall be specified and all components listed. E.g. 3 oz EP Baked Chicken

or 6 oz Beef Stew with 3 oz EP Beef Cubes, ½ c. Mixed Vegetables (carrots, peas, onions) and 2 oz Gravy.

- d. When an entrée includes cheese, the type(s) of cheese in the recipe shall be specified using the proper equivalents for each type. E.g. 6 oz Stuffed Shells with ½ c Ricotta Cheese, 1 oz Mozzarella Cheese, ¾ c. Pasta and 2 oz Tomato Sauce.
- e. Ingredients of menu items shall be specified. E.g. 1 medium Apple (not Fresh Fruit), ½ cup Mixed Vegetables (green beans, carrots and corn), or ½ c Tropical Fruit Salad (pineapple, grapefruit and shredded coconut).

C. Menu Submission

- 1. All menus shall be submitted to PCA electronically. It is the expectation of PDA that menus are submitted using the ESHA Food Processor process. Any variance from this expectation must be agreed upon between the Provider and PCA. Instructions for completing the forms and the submission process are included in this document.
- 2. Dates for submission of finalized menu cycles shall be determined by PCA's Nutrition Manager.
- 3. When menu forms have been completed and reviewed for accuracy and completeness:
 - a. A separate Dietitian Information Form must be sent for each menu cycle submitted. Completed forms may be sent as a scanned copy by email to PCA's Nutrition Manager at amy.goldstein@pcaCares.org. Or a hard copy of the completed form can be mailed to PCA's Nutrition Manager at:

Amy Goldstein
Program Management – Nutrition Manager
642 N. Broad Street
Philadelphia, PA 19130.

- b. E-mail menu and nutrition analysis for each menu day to PCA's Nutrition Manager at amy.goldstein@pcaCares.org or send with dietitian signature(s).
- c. **Menu submission will not be considered complete until all required items are received by PCA.**
- d. Upon request, Provider shall forward for examination by PCA, the composition and recipe for any food items served.

D. Sample Congregate Menu

Food Group	Monday	Tuesday	Wednesday	Thursday	Friday
Protein Source	Turkey sandwich w/ 3 oz EP Turkey Breast & 1 oz American Cheese	Spaghetti & Meatballs w/ 3 oz EP Ground Beef	Chicken Cacciatore w/ 4 oz EP Chicken	3 oz EP Pot Roast w/ 1 oz Gravy	4 oz EP Baked Fish
Fruits & Vegetables	½ c. Lettuce 2 slices Tomato ½ c. Coleslaw	½ c. Garlic Spinach ½ c. Tossed Salad	¼ c Onions, ¼ c Red Peppers in entree, ½ c. Cantaloupe 1 c Spinach Salad	½ c. Mashed Potatoes ½ c. Carrots	½ c. Green Beans 1 orange
Grains	2 slices Rye Bread	¾ c Spaghetti	½ c. Rice	1 slice whole wheat bread	½ c. macaroni and cheese
Milk/ Calcium	8 oz 1% Milk	8 oz 1% Milk	8 oz 1% Milk	8 oz 1% Milk	8 oz 1% Milk
Miscellaneous	1 tsp mayonnaise	½ c. Tomato Sauce 1 tsp. Italian Dressing	1 oz Ranch Dressing	1 tsp margarine ½ c. Orange juice	6 oz Minestrone Soup

E. Meal Pattern Chart

Category	Subcategory	Servings per 20 day cycle
Entrée, protein source		20 (no repetition)
	Whole Meat Item	8 (minimum)
	Pork Item	1 (maximum) – nonkosher only
Vegetable/Fruit	2 or more daily	40
Grains; may be 50% whole grain	1-2 daily not to exceed 7 servings in one week	20-28
Dessert	Optional meal component	No requirement, must fit within nutrition requirements
Margarine/Butter/Alternate		As needed to accompany meal
Milk	1 % daily or Calcium equivalent	20
Beverage		20
Condiments		As Needed

F. Electronic Menu Submission Instructions

1. General Information:

All menus shall be submitted to PCA electronically. It is the expectation of PDA that menus are submitting using the ESHA Food Processor. Any variance from this expectation must be agreed upon between the Provider and PCA. Until further guidance from PDA, with PCA's approval, menus may be submitted using the PDA excel template.

All menu submissions must include the Dietitian Information Form. This form will be provided by the PCA Nutrition Manager via e-mail. The completed Dietitian Information Form must be sent to PCA's Nutrition Manager, Amy Goldstein, by mail or email at amy.goldstein@pcaphl.org

- a. ESHA Food Processor
 - An ESHA Food Processor license must be purchased and will not be provided by the AAA (PCA).
 - Utilize the ESHA Research website (www.esha.com) and handbook for demos, tutorials, and support.
- b. PA Department of Aging Template
 - The PDA excel templates were created as worksheets in Excel 2000. Users must have an operating system of Windows 98 or above to utilize the process.
 - The templates will be provided by PCA's Nutrition Manager via e-mail. Open each template, copy and save it for use. The master forms can be retained for future use.

2. Completing the Dietitian Information Form

The Dietitian Information Form is a pdf form that must be completed for each menu submitted to PCA for approval. To use a pdf form, open the pdf in Adobe or other pdf program. In the fields where information must be entered, there is a text box to type in that information. Click on the colored box to start typing.

The completed and signed Dietitian Information form can be submitted to PCA's Nutrition Manager by mailing the original copy or e-mailing a scanned copy.

- a. Area Agency on Aging Information: This information has been entered by PCA's Nutrition Manager on the template. All submitted forms must contain this information.
- b. Dietitian Information:
 - Printed Name: name of the dietitian submitting the menu
 - Registration Number: the dietitian's ID number
 - Signature: dietitian must handwrite this signature after the document has been printed
 - Address: the dietitian's address

- Contact Phone Number: the dietitian’s phone number
 - E-mail Address: the dietitian’s email address or the e-mail address being used to send the e-mail
- c. Menu Information:
- Menu Details: Describe the menu if necessary, including the year the menu is served and the months that it will be served to consumers. If any modified diets are provided to the consumers, please list the modified diets here.
 - Identify all meal service locations utilizing these menus: Include the name and location of senior community centers, adult day care centers, home delivered meal programs, etc., that are being served by the menus. If additional space is required to list all of the meal service locations, scroll down to page 2. Additional space is available to continue listing the meal service locations.
 - Submission Process: click the box next to which submission process is being used, either by ESHA Food Processor or the PA Dept. of Aging Form. Only one should be selected.
3. Using ESHA Food Processor for Menu Submission

a. Create a Nutrient Set

- Create a custom Nutrient Set to view all nutrients that are being assessed.
- When under the Home tab at the top of the menu bar, click Nutrients to View and select Modify.
- In the new window that appears, click *New*. Move them to the ‘Selected Nutrients’ column by selecting each nutrient and then clicking the blue arrow. Calories, Protein, Carbohydrates, Fat, Total Dietary Fiber, Vitamin C, Vitamin A - RAE, Calcium, and Sodium
- After all nutrients are seen in the ‘Selected Nutrients’ column, click *Okay*.
- Click *Save As* to save this new Nutrient Set. Save this Nutrient Set with a name to indicate that this should be used for all menus submitted to the AAA (PCA). Ensure the file is saved a Nutrient File (.nut). Save to your computer.
- This Nutrient Set will now appear in the Nutrients to View menu. Ensure this set is selected when creating and analyzing menus for the AAA (PCA).

b. Develop and Enter a Menu: Each menu developed will be entered as a ‘Person’ in ESHA Food Processor, with each week of the menu as a different ‘Person’.

Creating A ‘Person’

- When under the Home tab at the top of the menu bar, click New and select Person.
- Creating a Person’s Personal Information
 - First Name: 20## Month-Month CONG
(4 digit year when menu is being served, months menu is being served)
 - Last Name: VendorName MenuType Week #
(Vendor’s name, type of menu being entered, and week number of the cycle)
 - Age: 71 years
 - Gender: Female

- Activity Level: Sedentary
- Height: 5 feet 5 inches
- Weight: 130 pounds
- Click *Okay*
- While under the Person view, rename each day by the day of the week.

Required Information:

- While under the Person view, click the text area under ‘Note 1’ at the bottom of the page. Include the following information for each week of the menu:
- Name of the nutrition Program Provider/Caterer: Type the name of the caterer or company providing meal service to your site(s). If you prepare your own meals, enter the name of your site where preparation occurs.
- Name of AAA: Type the name of the AAA (Philadelphia Corporation for Aging).
- Menu will be served: Type the time period for which the menu will be served. (For example: From July 1, 2017 To December 31, 2017)
- Week number: Type the week number of the menu cycle.

Add Menu Items

- Add all food items being served to each day of the menu. Be as specific as possible.
- When combination dishes such as casseroles or stews are served, all ingredients and amounts used must be added.
- Convenience food items used by the Provider are acceptable. These items must be identified, approved in quality by PCA and meet nutritional needs as determined by PCA’s Nutrition Manager. Convenience food item’s nutrition information must be manually entered into the menu analysis.
- For additional support, view tutorials on the ESHA website (www.esh.com) and the ESHA Food Processor manual.

- c. Export and Send the ESHA Data File (.exl): AAA (PCA) requires that menus be submitted in the ESHA Data File type (.exl). The ESHA Data File must be sent via email to the PCA Nutrition Manager.
- Determine a location on your computer’s desktop where the files will be saved after exporting from ESHA Food Processor before sending to PCA.
 - Launch the ESHA Food Processor Program and select the *Person* (menu) you want to export. Let it load. You will automatically be in the *Person* viewing screen.
 - From the task bar click **Export**. Then select **Person** from the drop-down list.
 - Save to the location identified in *Step 1*. The name of the *Person* (menu) you choose should automatically appear in the filename field. Ensure the file is saved as an ESHA Data File (.exl).
 - After confirming that everything is correct, click **Save**. Wait until you see the *Export Succeeded* notification and click *Okay*. The file will now be in the location that you have identified.

Note: you can send and receive ESHA Data Files (.exl), but can only open and view them using the ESHA Food Processor program.

- Create an e-mail and attach the ESHA Data File (.exl) and send to the PCA Nutrition Manager at amy.goldstein@pcaCares.org.
- Include the completed Dietitian Information Form with each menu being submitted.

4. Using PA Dept. of Aging Template for Menu Submission

The PA Dept. of Aging Template is an excel file than can be provided by the PCA Nutrition Manager via email. Open the template and save the blank version for future use.

- a. Required Information: (information must be provided for each week of the menu.)
 - Name of Nutrition Program Provider/Caterer: Type the name of the caterer or company providing meal service to your site(s). If you prepare your own meals, enter the name of your site where preparation occurs.
 - Name of AAA: Type the name of the AAA (Philadelphia Corporation for Aging).
 - Menu will be served: Type the time period for which the menu will be served. (For example: From July 1, 2013 To December 31, 2013)
 - Week number: Type the week number of the menu cycle.
 - Vitamin A Measurement: RAE Micrograms must be used for Vit A analysis. The completion of this section is no longer necessary due to changes in the PDA directives.

- b. Menu Items:
 - *Entrée-protein source*: Type the food item and amount that is being served as the entrée or protein source. When combination dishes such as casseroles and stews are served, the major ingredients and portion sizes must be indicated. The amount of the edible portion of the protein source shall be specified and all components listed. E.g. 6 oz Beef Stew with 3 oz EP Beef Cubes, ¼ cup carrots, and ¼ cup peas).
When an entrée includes cheese, the type(s) of cheese in the recipe shall be specified using the proper equivalents for each type. E.g. 6 oz Stuffed Shells with ½ cup ricotta Cheese, 1 oz Mozzarella Cheese, ¾ , Pasta and 2 oz Tomato Sauce.(The pasta can be used towards the enriched bread serving requirements. Although the nutrients will not be counted twice, the menu item may be placed again in the appropriate block in parentheses the second time it is listed. E.g. ¾ cup pasta with the entrée description for the stuffed shells and again (¾ c pasta.) in the enriched bread block to indicate it is being counted in that category.)
 - *Fruits and vegetables*: Type the fruit and/or vegetable menu items and amounts that are being served, such as 1 medium apple. When menu items with inexplicit names are used, they must be described; such as ½ cup tropical fruit salad (banana, pineapple and mango), or ½ cup winter blend vegetables (carrots, broccoli, cauliflower).
 - *Grains*: Type the bread, bread product, or alternate item(s) and amounts that are being served.

- *Milk*: Type the milk product or calcium equivalent and amount that is being served.
 - *Miscellaneous*: Type the miscellaneous food(s) and beverages(s) and amounts being served. Butter or margarine, or other fats, desserts, soups, will also be added to this block.


- c. Nutrient Amounts: After completing the nutritional analysis of the meals, enter the total nutrient values for each entire meal in the “amt.” section of the “Miscellaneous” meal component. Follow the guide on the right side of the menu for order of entry (protein, vitamin C, vitamin A, etc.). Do not split up the amounts by meal component i.e. do not make any entries in the “amt.” sections of the other menu blocks. A copy of the results of your analysis shall be forwarded to PCA’s Nutrition Manager. Retain a hard copy of the results of your analysis on file in the event that the material is needed at a later date.

- d. Resource(s) used for this nutritional analysis: Type the name and version of the nutrition analysis software or database used to complete the nutritional analysis for the menu.

- e. Menu Analysis Results:
 - Upon entering all of the menu items and nutrient values for each meal as indicated above, the total values for protein, carbohydrates, vitamin C, vitamin A, calories, fiber, fat, sodium and calcium will be automatically displayed in the respective boxes at the bottom of each day.
 - The menu submission form will tabulate the daily averages of vitamin A, vitamin C, fiber, sodium and calcium for the week as well as the total calories and total fat grams for the week. These numbers will be displayed to the far right of the miscellaneous component block. This serves as a self-check to ensure that the required averages for these nutrients are met.
 - Along the bottom of the form, there are prompts for protein, vitamin C, vitamin A, calories, fiber, fat, sodium and calcium for each day. Currently the self-check feature at the bottom of the screen has not been entirely coordinated with the new Aging Program Directives. Look at averaged and daily requirements for compliance. Adjustments such as this need to be done prior to sending the menus to PCA.

- f. Tips for Typing in the Template: The menu templates are protected documents. You are able to type only in the white or gray or shaded areas. To begin typing, place your cursor in any white, green or gray box to type the information requested. To move about the template, you can either move the cursor using the mouse or use the Tab key to move the cursor. Remember to save your work periodically.

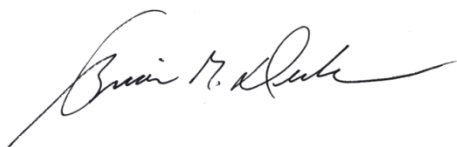
Appendix I
Policies and Standards for the Department of Aging Food Safety and
Menu Compliance Monitoring (APD 15-03-01)

	PENNSYLVANIA DEPARTMENT OF AGING	
	1. File Number: 15-03-01	2. Disposition: Replaces APD #06-03-01
	3. Issuance Date: November 17, 2014	4. Effective Date: January 1, 2015
	5. Program Area: Congregate Meals	
6. Origin: Bureau of Aging Services		7. Contact: Bureau of Aging Services 717-772-0371

AGING PROGRAM DIRECTIVE

**SUBJECT: POLICIES AND STANDARDS FOR THE DEPARTMENT OF AGING
FOOD SAFETY AND MENU COMPLIANCE MONITORING**

TO: COUNTY COMMISSIONERS
AREA AGENCIES ON AGING
EXECUTIVE STAFF
PENNSYLVANIA COUNCIL ON AGING
ADMINISTRATION ON AGING, REGION I, II, III
COMPTROLLER
PENNSYLVANIA ASSOCIATION OF AREA AGENCIES ON AGING

FROM: 

Brian M. Duke
Secretary
Pennsylvania Department of Aging

LEGISLATIVE / REGULATORY REFERENCE:

The Pennsylvania Department of Aging (PDA) nutrition programs, which include meals funded by Title III Part C Subparts 1 and 2 and the Nutritional Services Incentive Program (NSIP), i.e.,

congregate meals, home delivered meals, and meals served at Adult Day Care (ADC) centers are authorized under Title III and Title VI of the Older Americans Act (OAA) U.S.C. §§3001-3058ee.

PURPOSE:

The purpose of this Aging Program Directive (APD) is to replace Chapter 4 IX.1 a.-d, Nutrition Services APD #06-03-01 Food Service Monitoring Responsibilities. This APD establishes state-wide consistent monitoring standards for all PDA funded nutrition program food preparation and meal sites. This APD is directed to all Area Agencies on Aging (AAAs), AAA staff, and AAA contractors or vendors responsible for administering PDA's funded nutrition service programs including congregate, home delivered, and adult day service meals.

BACKGROUND:

The AAAs are responsible for monitoring food safety and menu compliance for congregate, home delivered, and adult day service meals during preparation and service and assuring that the food served meets the requirements of both the Older Americans Act (OAA) as amended and the PDA Nutrition Services APD.

OAA Section 339 (42 U.S.C. §§ 3030g-21) requires a state to:

1. Establish and operate nutrition projects that solicit the expertise of a dietitian or individual with comparable expertise in the planning of nutrition services;
2. Ensure that the project provides meals that comply with the Dietary Guidelines for Americans (DGA);
3. Provide each participating older individual a minimum of one-third of the Dietary Reference Intake (DRIs) if one meal is served, a minimum of two-thirds of the Dietary Reference Intakes (DRIs) if two meals are served, or one-hundred percent of the DRIs if three meals are served, and
4. Ensure that meals comply with applicable provisions of state and/or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to older individuals.

The sanitation inspection of the food service provider is the responsibility of the Pennsylvania Department of Agriculture or the local health department licensing and inspection agency.

DEFINITIONS:

1. Approved Dietitian – An individual with a bachelor's degree in dietetics who has successfully completed the national examination of the Commission on Dietetic Registration (CDR) and maintains continuing education requirements as established by the CDR. The Dietitian/Nutritionist shall be licensed in Pennsylvania pursuant to the State Board of Nursing regulations at 49 PA. Code, Chapter 21, Professional and Vocational Standards for Licensing Dietitian Nutritionists.
2. Child Nutrition (CN) Label – A voluntary federal labeling program that represents the Child and Adult Nutrition Programs.
3. Cold Storage – Refers to a refrigeration unit or freezer unit.

4. Congregate Meal – A meal authorized under Title III Part C Subpart 1 of the OAA providing nutrition services in a group setting. Services shall include, nutrition screening, education, nutrition assessment, nutrition counseling as appropriate, opportunities for social engagement, and meaningful volunteer roles. Congregate meals shall be served to the individuals as per Procedure 5: Public Health Control for Food Transport on page 8.
5. Elderly Nutrition Program (ENP) – Program providing meals and related nutrition services to aging individuals in congregate facilities such as senior centers; or by home delivery to older individuals who are homebound due to illness, disability, or geographic isolation. Nutrition Services Incentive Program (NSIP) funding is part of the ENP meal funding. Services are targeted to those in greatest social and economic need with particular attention to individuals with low incomes, minority status, living in rural communities, limited English proficiency, and at risk of institutional care.

Reference: [OAA Title III Part C, Nutrition Services](#)

6. Food and Drug Administration (FDA) – Agency of the United States Department of Health and Human Services responsible for protecting and promoting public health through the regulation and supervision of food safety, tobacco products, dietary supplements, prescription and over-the-counter pharmaceutical drugs (medications), vaccines, biopharmaceuticals, blood transfusions, medical devices, electromagnetic radiation emitting devices (ERED), cosmetics and veterinary products.
7. FDA Food Code – Rules that assists food control jurisdictions at all levels of government by providing scientifically sound technical and legal basis for regulating the food service industry.

Reference: [2013 FDA Food Code](#)

8. Food Service Provider (FSP) – An organization or contracted Food Service Vendor (FSV) responsible for the activities performed and resources needed to prepare meals including procuring, preparing, distributing, and serving of food and the cleaning of equipment in facilities related to meal service. The FSP may work directly for the AAA, be contracted through the AAA, or be a subcontracted meal provider.
9. Food Service Vendor (FSV) – An organization responsible for providing ENP meals. This includes senior community centers, restaurants, school and hospital cafeterias, catering operations, and many other formats. The FSV operates through a contract with the AAA or as a subcontracted meal.
10. Food Transport Equipment – Equipment used to transport bulk meals and individually packaged meals including thermal transport units and vendor vehicles.
11. Foodborne Illness – Reported illness of two or more unrelated people linked to a common food or a common facility. Suspected foodborne illness shall be reported to the local licensing and inspection agency and PDA.
12. Garbage – All putrescible wastes, except sewage and body waste, including animal and vegetable offal.

13. Handwashing Sink– Facilities provided with warm water, soap and hand drying device that is dedicated to handwashing. No food service functions shall take place in a handwashing sink.
14. Hazardous Food – Food that requires time and/or temperature control to keep them safe for human consumption. The following are characteristics of hazardous food:
 - a. Contains moisture - usually regarded as a water activity greater than 0.85.
 - b. Contains protein.
 - c. Neutral to slightly acidic - typically having a pH between 4.6 and 7.5.
15. Home Delivered Meal – A meal authorized under Title III Part C Subpart 2 of the OAA which authorizes meals and related nutrition services to older individuals who are homebound. In addition to meals, services shall include: nutrition screening, nutrition education, nutrition assessment, and nutrition counseling as appropriate. Home delivered meals shall be served to individuals following Procedure 5: Public Health Control for Food Transport on page 8.
16. Licensing and Inspection Agency –The regulatory authority responsible for providing food safety inspections for a food service operation. The licensing and inspection agency could be a local health department, a county health department, or the PA Department of Agriculture. A licensing and inspection agency may conduct routine unannounced sanitation inspections as often as deemed necessary. The Pennsylvania Department of Agriculture’s website contains a [list of local licensing and inspection agencies](#).
17. Meal Production Records – Forms used to determine the kind and amount of food to produce and portion sizes to serve for the menu.
18. Meal Service – The point at which the individual receives the meal either at the community site or in the individual’s home.
19. Menu Substitutions – A food item replacing a menu item that is not available. Menu substitutions are a food equivalent to the food being changed and shall have a comparable nutrient profile.
20. Monitoring and Evaluation – Ongoing activities undertaken to determine the extent to which a program is in compliance with applicable law, policy, regulation, and contracts; determining the quality and effectiveness of programs in order to suggest ways to enhance and improve these programs.
21. Nutrition Education – A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, and health (as it relates to nutrition) information and instruction to individuals, caregivers, or individuals and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise. An individual with comparable expertise is someone who has the academic training, knowledge, and expertise of a Registered Dietitian including expertise in nutrition science,

clinical nutrition, nutrition education, counseling and assessment, food service operations, health promotion, and disease prevention programs.

22. Nutrition Service Incentive Program (NSIP) – A program that provides allocation grants to states, territories, and eligible Indian tribal organizations. These grants are in addition to Title C1 and Title C2 funding and may only be used for food.

Person In Charge (PIC) – FDA Food Code Chapter 2 requires a designated person to be on site and in charge during all hours of food service operation.

The PIC is responsible for:

- a. Assuring safe food handling practices and demonstrating knowledge of foodborne disease prevention as it relates to the individual food service site.
- b. Identifying menu components which may include a food allergen through information provided by the FSV. Ninety percent of serious food allergies are caused by contact with the proteins in eight foods: milk, eggs, fish, shellfish, tree nuts, wheat, peanuts, or soybeans.
- c. Restricting any person with a communicable disease from working or volunteering in any food service establishment in any capacity in which there is a likelihood that the person might contaminate food or food contact surfaces.
- d. The PIC is responsible for documenting food safety. Materials are available through the Pennsylvania Department of Aging, the Pennsylvania Department of Agriculture, and other resources. Information about food safety training is available at the [PDA website](#) under the Health and Wellness menu.

Reference: [2013 FDA Food Code](#) Section 2.1, Supervision

24. Sanitation Certification – Documentation which may be required by the licensing and inspection agency or by contract with the AAA. This may include Food Protection Manager Certification Programs (i.e. ServeSafe), PA Department of Agriculture Sanitation for non profit organizations training or other options as agreed upon by the FSP and the AAA.

25. Temperature Control Unit – Equipment designed to maintain temperature when food is required to be heated, cooled, or both to remain at the target temperature (set point) regardless of the changing environment around it. Examples include a refrigerator, oven, or temperature regulated thermal unit. Removal from this unit will mark the start of the four hour time in lieu of temperature control.

PROCEDURES:

1. Dishwashing Procedures –All eating equipment and utensils shall be cleaned and sanitized using one of the following methods:
 - a. Cleaning and sanitizing by any mechanical dishwashing machine that meets the NSF International (formerly National Sanitation Foundation) Standard 3 for

commercial spray type dishwashing machines. Wash and rinse temperatures shall be no less than those specified by the machine manufacturer which are shown on the machine's data plate.

- b. If a commercial dishwashing machine does not meet NSF International Standard 3 for commercial spray type dishwashing machines, all dishes and utensils shall be sanitized using a separate sanitation procedure. Dishes and utensils shall be submerged in a sanitizing solution following guidance as stated below, Section (d) (iv). Dishwashers not meeting NFS International Standard 3 are not considered sanitizing equipment.
- c. If a commercial dishwasher is unavailable, the three-sink method shall be utilized as outlined below. The use of a residential dishwasher is not allowed.
- d. For manual washing, rinsing, and sanitizing utensils and equipment, the three-sink method/procedures shall be followed:
 - i. Equipment and utensils shall be prescraped and when necessary presoaked.
 - ii. Equipment and utensils shall be thoroughly washed in the temperature specified on the cleaning agent manufacturer's label instructions or using 110°F water containing a detergent solution.
 - iii. Equipment and utensils shall be rinsed in clean, 110° F water.
 - iv. All eating equipment and utensils shall be sanitized using one of the following methods:
 - 1. Immersion in clean, hot water at a temperature of at least 171°F.
 - 2. Immersion in a clean solution containing 50 parts per million (PPM) of available chlorine as a hypochlorite and at a temperature not to exceed 220°F.
 - 3. Immersion in a clean solution containing 200 to 400 PPM or as otherwise specified by the manufacturer of any other chemical sanitizing agent such as quaternary ammonia which demonstrates to be effective and nontoxic under use conditions following the manufacturer's label for PPM and on a room temperature solution.
 - v. A test strip or other device that accurately measures the PPM concentration of a solution shall be available and used regularly.
 - vi. After sanitization, all equipment and utensils shall be air dried and stored in a self-draining position. Glasses and cups shall be stored inverted. Other items should be covered or inverted, whenever practical.
- e. If adequate facilities for cleaning and sanitization are not available, single service articles shall be used and discarded.

Dishwashing machines or warewashing machines may be checked for NSF 3 compliance at the Public Health and Safety Organization's website at [NSF Certified Food Equipment](#).

Reference: [2013 FDA Food Code](#) Section 4-7, Sanitation of Food and Utensils

2. Glove Use Procedure – Single-use gloves should be worn when manual contact is made with food products. Barehanded contact is prohibited. Single-use gloves shall be used for only one task. Single-use gloves shall be discarded when damaged or soiled, interruptions occur during a task, and continual use during a single task lasts more than four hours.

Reference: The FDA's Food Code 2013, Section 3-3, Protection from Contamination After Receiving on the FDA's website at [2013 FDA Food Code](#).

3. Handwashing Procedure – Handwashing shall be completed on the hands and exposed parts of arms with soap and hot water before work; after using the restroom; before and after handling raw foods; after touching the hair, face or body, after sneezing, coughing or using a handkerchief or tissue; after smoking, eating, drinking, or chewing gum or tobacco; after handling chemicals that might affect the safety of food; after taking out the trash; after clearing tables or handling dirty dishes or utensils; after touching clothing or aprons; after touching anything else that may contaminate hands, such as unsanitized equipment, work surfaces or washcloths. Paid and unpaid staff shall receive training on proper handwashing techniques:

Step 1: Wet hands with running water as hot as the persons can comfortably stand (at least 100°F).

Step 2: Apply enough soap to build up a good lather.

Step 3: Vigorously scrub hands and arms for at least twenty seconds, lather well beyond the wrists, including the exposed portions of the arms.

Step 4: Clean under finger nails and between fingers.

Step 5: Rinse thoroughly under running water, turn the faucet off using a single-use paper towel if available.

Step 6: Dry hands and arms, use single-use paper towels or a warm-air hand dryer. Never use aprons or wiping cloths to dry hands after washing.

Reference: The FDA's Food Code 2013, Section 3-3, Protection from Contamination After Receiving on the FDA's website at [2013 FDA Food Code](#).

4. Menu Substitution Procedure –The procedure for substitutions shall include:
 - a. Menu substitutions shall be a menu component equivalent to the food being changed and will provide a comparable nutrient profile.
 - b. A staff person designated by the AAA shall approve substitutions.

- c. When menu substitutions are made, the AAA will retain documentation of date of substitution, original menu item, and substituted menu item.
 - d. A complete menu move from one day to another does not constitute a substitution.
 - e. Appendix I provides information about comparable food substitutions based on vitamin and mineral requirements.
5. Public Health Control for Food Transport Procedures – Food may be transported to a meal service site using temperature only guidelines or using time in lieu of temperature control guidelines.

Temperature Control for Food Transport

- a. The temperature of hot food items shall at no time drop below 135°F from the point of preparation through delivery until meal service.
- b. The temperature of cold foods shall remain at or below 41°F from the point of preparation through delivery until meal service.
- c. At a minimum, food temperatures shall be checked and recorded at the point of final preparation prior to delivery to the meal site and at the point of receipt at the meal site (where applicable).
- d. If upon receipt at a meal site food temperature checks reveal that hot foods have not been maintained at 135°F or above for a period of less than four hours, the affected foods shall not be served but must be discarded for reasons of food safety or reheated to a temperature of 165°F or higher. Food may be reheated in a microwave, oven, or stovetop. Steam tables, bain-maries, warmers, or similar hot food holding devices are prohibited for reheating foods. Food item may not be served if it has been maintained at a temperature of less than 135°F for a period greater than four hours.
- e. Cold food items that have not been maintained at 41°F or below for a period no longer than four hours or are received at a temperature of 71°F or higher shall be discarded for reasons of food safety.

Time in Lieu of Temperature Control for Food Transport

- a. Hot food items can be held without temperature control for up to four hours provided temperature is 135°F or higher directly upon removing it from temperature control (oven, stove, microwave, etc.) followed by immediate plating, packaging, and placing into the thermal transport unit for delivery. Items shall be labeled as to the time they were packed and discarded if not served within four hours
- b. Cold food items can be held without temperature control for up to four hours provided the temperature is 41°F or lower upon removal from refrigeration and does not reach 71°F at any time. Items shall be labeled with the time

they were packed and discarded if not served within four hours. Cold food that reaches a temperature above 71°F at any time shall be discarded.

- c. Time of packing meals and temperature of food items when packed shall be documented at the food service site and on food transport containers.

Reference: [2013 FDA Food Code](#) Section 3-5, Limitation of Growth of Organisms of Public Health Concern

6. Thermometer Calibration Procedures – Thermometers should be calibrated before initial use when going from one temperature extreme to another or if dropped. The following are two calibration methods:

Ice Point Method:

- a. Fill an insulated cup with crushed ice and water. The cup shall have enough crushed ice to provide an environment of 32°F.
- b. When the mixture of the water has stabilized in about four or five minutes, insert the thermometer to be calibrated to the appropriate immersion depth.
- c. Be sure to hold the stem of the instrument away from the bottom and sides of the container (preferably one inch) to avoid error.
- d. If the thermometer is not accurate within +/- 2°F of 32°F, adjust the thermometer accordingly. The ice point method permits calibration to within 0.1°F.

Boiling Point Method:

- a. Place distilled water in a container and heat.
- b. After the water in the container has reached a complete rolling boil, insert the instrument to the appropriate immersion depth.
- c. Be sure there is at least a two-inch clearance between the stem or sensing element and the bottom and sides of the container.
- d. If the thermometer is not accurate within +/- 2°F of 212°F, adjust thermometer accordingly. The boiling point method permits calibration to within 1.0°F.

Reference: The University of Wisconsin's Food Safety web page at [Thermometer Calibration Document](#)

FOOD SAFETY AND MENU COMPLIANCE MONITORING OF ENP MEAL PROVIDERS:

The AAAs shall:

1. Monitor ENP FSPs to ensure compliance with the policies and standards of the PDA Food Safety and Menu Compliance Monitoring APD, menu compliance to the PDA Nutrition Services APD and the OAA, evaluate the provision of service and arrange for/provide technical assistance as needed.
2. Assign monitoring responsibilities to a AAA representative who is not actively engaged in the provision of the meal service at that site. No FSP or their representative shall self-monitor.
3. Operate only ENP meal service programs which are in food safety compliance with the standards listed in the FDA Food Code as adopted by the Pennsylvania Department of Agriculture.
4. Operate only ENP meal service programs which are in menu compliance with the standards listed in the PDA Nutrition Services APD.
5. Comply with any additional APDs related to nutrition services and also shall adhere to federal law and standards published at 45 CFR 1321.
6. At a minimum, ensure that monitoring visits are completed annually at all sites where ENP meals are prepared and/or served.
7. Report any suspected foodborne illness to the local licensing and inspection agency and notify PDA of the number of people affected, name of the alleged food item, name of the FSV, and actions taken.
8. Report suspected facility sanitation deficiencies to the licensing and inspection agency. The AAA shall also notify PDA of the actions taken.
9. Retain all required documentation for three years. Information may be filed as a hard copy or an electronic copy and shall be available for PDA monitoring or technical assistance visits.

During the ENP Food Safety and Menu Compliance Monitoring Visit the AAA Representative Shall:

1. Use the designated monitoring tools provided by the PDA to conduct the food safety and menu compliance monitoring visit of the FSP.
 - a. The FSP ENP Meal Service Monitoring Form (see Appendix II).
 - i. All sites will be monitored using the first three pages of the form.
 - ii. Any site preparing food will be monitored using Section II of the form.
 - iii. Any serving sites will be monitored using Section III of the form.

- b. PDA reserves the right to modify or change the FSP ENP Meal Service Monitoring Form and will provide thirty (30) calendar days written notice to the AAA of any such modification or change.
2. Monitor only the meal services funded by the ENP meal programs.
3. Monitor the meal services through direct observation of meal preparation and/or meal service.

Note: Parts of the meal may be prepared prior to the time of the monitor's site visit or the post production or service times may extend the monitoring visit.
4. Sign the monitoring tool as a hard copy or electronic signature by a representative of the site at the conclusion of the visit
5. Document in the comment section of the monitoring form any observance of a possible sanitation deficiency. The AAA shall report the observation to the appropriate licensing and inspection agency. A copy of the completed monitoring form shall be kept on file.

Completing the Food Safety and Menu Compliance Monitoring Visit:

1. Practices found to be out of compliance at the monitoring visit will be corrected onsite, when feasible, by the FSP.
2. The AAA shall prepare and submit a written monitoring report by mail or email stating any/all findings of the monitoring visit with a copy of the signed monitoring report within forty-five (45) calendar days to the FSP. If deficiencies, concerns, or exceptions are found, the FSP will have thirty (30) calendar days to submit in writing to the AAA a response to the findings and provide corrective actions. The AAA shall require the FSP to develop a corrective action plan including time frames for compliance.
3. The AAA shall continue to monitor the provider's plan of correction until the provider is found to be in compliance.
4. A copy of the monitoring report and corrective action plan shall be submitted to the PDA when completed.

PDA Responsibilities

1. The PDA is responsible for providing annual food safety updates to AAA personnel.
2. The PDA is responsible for maintaining an updated list of approved nutrition education materials for congregate and home delivered meal individuals.
3. The PDA is responsible for notifying the AAA's of changes in the PA adopted FDA Food Code and for modifying the monitoring tool to reflect these changes.
4. The PDA is responsible for providing technical assistance upon request to the AAA.

**Appendix I: Food Sources of Vitamin A, Vitamin C, and Calcium
Based on USDA National Nutrient Database for Standard Reference**

Calcium Sources

- 8 oz of fortified milk
- 6 oz of fat free or low fat yogurt
- Fortified, ready to eat cereal
- 4 oz of calcium fortified juice
- Powdered calcium-fortified beverage mix; shall have serving of water to accompany
- 8 oz calcium-fortified soy/rice/almond milk
- ½ cup calcium fortified tofu
- 1 ½ oz of cheese
- 3 oz sardines or canned salmon (with bones)

Vitamin A Sources, ½ cup portions:

- | | |
|---------------------------|--|
| Dried apricots | Mango |
| Cantaloupe | Spinach |
| Collard greens | Greens (i.e. turnip, collard, mustard, bok choy) |
| Kale | Winter squash (hubbard, butternut) |
| Pumpkin | Sweet potatoes |
| Broccoli raab | Brussel sprouts |
| Red or green leaf lettuce | Canned apricots |
| Kale | Pink or red grapefruit |
| Carrots | Mixed vegetables |
| Tomato sauce | Broccoli |
| Vegetable juice | Black eyed peas |
| Plantain | Prunes |
| Sugar snap peas | Romaine lettuce |

Vitamin C Sources, ½ cup portions:

- | | |
|-----------------|--|
| Broccoli | Brussels sprouts |
| Cantaloupe | Mandarin oranges |
| Cauliflower | Fruit juices, fortified |
| Mango | Orange or orange juice |
| Raw pineapple | Sweet red pepper |
| Green pepper | Tangerine |
| Honeydew melon | Blackberries, raspberries, strawberries |
| Kale | Instant potatoes with added Vitamin C |
| Asparagus | Spinach |
| Cabbage | Tomatoes, tomato juice or sauce |
| Watermelon | Greens (i.e. turnip, collard, mustard, bok choy) |
| Vegetable juice | Fresh pineapple |
| Potatoes | Cauliflower |
| Acorn squash | Zucchini |
| Lima beans | Sugar snap peas |
| Sweet potatoes | |

Grain Sources, ½ cup portions:

- | | |
|---------------------------|----------------------------------|
| Rice | Spaghetti |
| Noodles | Oats |
| Barley | Quinoa |
| Millet | 1 slice of bread |
| 1 Pancake or waffle | 4-6 crackers |
| ¾ cup ready to eat cereal | small muffin or biscuit |
| ½ bagel or English muffin | ½ cup bread dressing or stuffing |

Appendix II: ENP Meal Service Monitoring Form



ENP Meal Monitoring

Name of site: _____ Location of site:

Type of meal prepared or delivered:

- _____ Meals delivered cold, in bulk, to be heated before service
- _____ Meals delivered hot, in bulk
- _____ Meals prepared and served "ready-to-eat" from the on-site preparation kitchen
- _____ Meals delivered in a frozen state to be heated before service
- _____ Meals delivered prepacked to be transported and delivered "ready-to-eat"

This site prepares/serves: ___ breakfast ___ lunch ___ supper ___ weekend meals ___
therapeutic diet

Food is transported using: ___ temperature control ___ time in lieu of temperature control ___ N/A

Date of review: _____ Time of arrival: _____ Time of departure:

Monitor's name: _____ Monitor's title:

Name (Printed) of the Person interviewed at the site:

Signature and title: _____ Date:

By signing below, the reviewer confirms they have visually assessed the ENP meal service program items addressed and that the review was completed during service at the meal site.

Monitor signature and date:

Findings and Recommendations:

1. List problems identified:

2. Indicate corrective action needed (attach additional pages as needed):

Section I: All Sites

This section of the monitoring tool is to be used at all sites.

Facility:			
A. Is a "person in charge" identified?	Yes	No	
B. Does the site appear clean with adequate lighting, cooling, heat, ventilation?	Yes	No	
C. Do refrigerators, steam tables, and equipment appear clean and in good working order?	Yes	No	N/A
D. Describe dishwashing and drying method: _____			
E. Is this an acceptable method of dishwashing/drying according to the FDA food code?	Yes	No	N/A
F. Are chemical cleaners and paper goods stored away from food?	Yes	No	N/A
G. Are there thermometers in the refrigerators and freezers used for ENP programs? If yes, record the temperatures: _____ a. Refrigerators shall be no higher than 41°F, and b. Frozen food must be frozen to touch, and c. Cold storage temperatures must be checked and recorded at least once daily.	Yes	No	N/A
H. Have the food thermometers been calibrated?	Yes	No	
I. Are trash receptacles clean, emptied when necessary, and covered when not in use?	Yes	No	
J. Is there a separate hand washing sink?	Yes	No	
K. Was hand washing observed?	Yes	No	
L. Are hands washed in accordance with FDA food code instruction?	Yes	No	
M. Do the food service and storage areas appear free from insects and rodents?	Yes	No	
N. Is the area where food is handled or served clean and in good repair?	Yes	No	
O. Are counters and work areas sanitized prior to use?	Yes	No	N/A
P. Are foods labeled with content and date when placed in dry storage (storeroom or pantry)?	Yes	No	N/A
Q. Are foods labeled with content and date when placed in cold storage (refrigerator or freezer)?	Yes	No	N/A
Personal Hygiene:			
A. Are hair restraints and gloves worn during meal preparation and service?	Yes	No	N/A
B. Are hands washed prior to putting on gloves?	Yes	No	
C. Are gloves used correctly? a. Single use gloves should be worn when manual contact is made with food products. Barehanded contact is prohibited. b. Single use gloves shall be used for only one task. c. Single use gloves shall be discarded when damaged or soiled; when interruptions occur during a task; or if in continual use during a single task for more than four hours.	Yes	No	
D. Are burns, wounds, sores, scabs, and splints on hands bandaged and completely covered with a glove prior to preparation or service?	Yes	No	

E. Are staff and volunteers wearing clean clothes and an apron or other covering?	Yes	No	
F. Do volunteers or staff show no sign of acute respiratory disease (sneezing/coughing)?	Yes	No	
Menu / Record Keeping:			
A. Has the current menu been signed by an approved dietician?	Yes	No	
B. Is a copy of a current food serving license available (currently defined as within the last 12 months)?	Yes	No	N/A
C. Is a copy of a current sanitation inspection available (currently defined as within the last 12 months)?	Yes	No	N/A
D. Is there a copy of any required sanitation certification available?	Yes	No	N/A
E. Have findings reported by the licensing and inspection agency been corrected?	Yes	No	N/A
F. Is the menu served the same as the menu published?	Yes	No	
G. Do the meal production records, if available, agree with approved menus?	Yes	No	N/A
H. Is the milk served prior to the use by date?	Yes	No	
I. If manufacturer labels or CN labels are available, do they support portion guidelines for the meal?	Yes	No	N/A

Menu Served Today

(Menu item / portion / temperature / time of packing)

This section is to be used at all monitoring visits.

The reviewer must visually confirm the ENP meal service program items.

List foods being served, portion sizes served, food temperature at serving (if available), and time food was packed for transport (if known).

Menu Comments:

Notes:

Section II: Food Preparation Site

Food Preparation:			
A. Are cooked foods chilled according to the FDA food code guidelines? a. By using a quick cooling method such as an ice bath, chilling wands, or packed in the cooler in shallow metal pans, or b. Hot food shall be cooled to 135° F to 70° F within 2 hours, then 70° F to 41° F within a total of 6 hours by using a quick cooling method.	Yes	No	N/A
B. Are frozen foods thawed according to FDA food code guidelines? a. As part of the cooking process, when the product reaches minimum internal cooking temperatures, or b. In the refrigerator at a temperature of 41° F or below, or c. Under running potable water (70° F or below), or d. By microwave thawing (only if cooked immediately afterward).	Yes	No	N/A
C. Is cooked or ready-to-eat food protected from cross-contamination? a. Raw meat, poultry, and fish is stored separately from cooked, ready-to-eat foods, or b. If not possible, prepared or ready-to-eat foods must be stored above raw meat, fish or poultry, or c. Raw meat and poultry should be stored on the bottom shelf of refrigerator, or d. Raw animal products and ready-to-eat foods should be prepared on separate cutting boards.	Yes	No	N/A
D. Are foods that are being reheated done so at a temperature of 165° F or above?	Yes	No	N/A
Food Transport for ENP Program Meal:			
A. Is the food transport equipment in good condition and appear capable of maintaining temperatures?	Yes	No	N/A
B. Does food transport equipment appear clean?	Yes	No	N/A
C. Are hazardous foods hot (135° F and above) or cold (41° F or below) when packing for transport?	Yes	No	N/A

D. If temperature control is used, is packing temperature documented?	Yes	No	N/A
E. If time in lieu of temperature control is used, is food labeled with time of packing and food temperature documented on the label?	Yes	No	N/A
Record Keeping:			
A. Are recipes used?	Yes	No	N/A
B. On the day of review, are both meal pack time and meal pack temperature documented and kept on file?	Yes	No	N/A
C. Is there a procedure for food product recalls?	Yes	No	N/A
D. Is there a procedure for suspected foodborne illness reporting?	Yes	No	

Notes:

Section III: Congregate and Home Delivered Meal Site

This section of the monitoring tool is to be used at participant sites. The reviewer must **visually confirm** the ENP meal.

Facility:			
A. Is the site accessible to people eligible for services targeted by the OAA?	Yes	No	N/A
B. Are the tables and chairs clean and in good condition?	Yes	No	N/A
C. Are there appropriately sized serving utensils available and being used?	Yes	No	
D. Is food prepared and served at the same site? (If yes, enter responses in next section)	Yes	No	N/A
1. If time in lieu of temperature is used, does this meal meet the time and temperature requirements while allowing for food to be served and consumed? a. Hot food items can be held without temperature control for up to 4 hours when the temperature is checked to be at 135° F or higher upon removing it from temperature control. b. Cold food items can be held without temperature control for up to 4 hours provided they are temperature checked at 41° F or lower upon removing them from refrigeration and do not reach 70° F at any time after that point. Cold food with temperatures above 70° F at any time must be discarded.	Yes	No	N/A
E. Is the temperature of the food taken prior to service?	Yes	No	
F. Are foods hot (135° F and above) or cold (41° F or below) when placed in the steam tables or refrigeration/freezer units?	Yes	No	
G. Is food delivered to meal site? (If yes, enter responses in next section)	Yes	No	

1. Are meal carriers labeled to time and temperature of packing?	Yes	No	
2. Are meals transported in safe and sanitary containers/carriers?	Yes	No	N/A
3. If meal is transported using time in lieu of temperature control, is food served to all participants within 4 hours of leaving temperature control?	Yes	No	N/A
4. For home delivered meal transport, are hot and cold meal carriers insulated?	Yes	No	
5. For home delivered meal transport, how long is the longest delivery route, measured in time: _____			
Record Keeping:			
Number of meals ordered: _____ Number of meals received: _____ Number of meals served: _____ Number of meals unserved: _____			
A. Is there documentation of required nutrition education?	Yes	No	N/A
B. In the congregate setting, is offer versus served used?	Yes	No	N/A
C. If this is an Adult Day Center (ADC), are meals reported through SAMS, or	Yes	No	N/A
D. Are meals reported through the adult care food program (school lunch)	Yes	No	N/A
Take-Home Foods:			
A. Are participants allowed to take foods home from the center?	Yes	No	N/A
B. Lists foods participants are allowed to take home: _____ _____			
C. Is the container used a disposable container?	Yes	No	N/A
D. Are these foods charged as take-out foods or meals?	Yes	No	N/A

In the congregate meal setting, interview 3 participants and record participant meal comment:

Participant 1:

Participant 2:

Participant 3:

Appendix II Enriched Bread/Whole Grain Requirements

A. Introduction

Enriched breads or alternates must be made with whole grain or enriched or made from whole grain or enriched meals and/or flours, as the primary ingredient(s) by weight, as specified by labeling or recipe.

Whole grain bread products must be served a minimum of three times weekly in different meals. Examples of whole grain foods include one of the following listed first on the label's ingredient list: brown rice, cracked wheat or bulgur, graham flour, whole grain corn, oatmeal, popcorn, pearly barley, whole oats, whole rye or whole wheat.

One serving equals one slice of bread, or one low fat biscuit, low fat muffin, dinner roll, or square of cornbread. Additional information regarding serving sizes is found below.

B. Bread/Alternate Products

The following may be used to meet the bread/alternate requirement:

- Whole grain or enriched breads
- Whole grain or enriched cereals
- Biscuits, low fat
- Chow Mein Noodles
- Corn tortillas and corn products made with whole grain or enriched corn meal
- Egg roll or Won Ton wrappers
- French toast
- Graham crackers
- Grains, such as bulgur, oats, wheat, farina, corn meal, millet, rice, etc.
- Grits - enriched corn grits or hominy grits
- Enriched macaroni and pasta products
- Melba Toast, low sodium
- Bagel chips, low sodium
- Enriched noodles and noodle products
- Pita pockets
- Popovers
- Rice cakes
- Stuffings/dressings (made with enriched breads)
- Taco shells
- Tortilla chips, low fat, low sodium

The following may not be used to meet the bread/alternate requirement:

- Commercial bread stuffing made from unenriched bread products
- Cakes
- Chips (taco, potato, corn, etc.)
- Unenriched corn meal or grits
- Cupcakes
- Gingerbread
- Ice cream cones
- Dessert pie crusts
- Popcorn
- Pretzels
- Tapioca
- Wheat germ (may be used in bread products)
- Cookies
- Breads containing fruits and vegetables (e.g. bananas or pumpkin)

C. Enriched Bread Equivalents

Item	Serving Size
Bagel	½ bagel
Bagel Chips, low sodium	10 small chips
Biscuit, low fat	1 medium
Bread Sticks, hard	2 sticks
Bread Sticks, soft	1 stick
Buns, all types	½ bun
Chow Mien Noodles	½ cup
Cornbread (2" square)	1 square
English Muffin	½ muffin
French Toast	1 slice
Graham Cracker (2 ½" square)	2 crackers
Melba Toast, low sodium (oblong)	3 oblongs
Muffin, low fat	1 muffin
Pancakes (4")	2 pancakes
Pita Pocket (6")	½ pocket
Pizza Crust	1 slice crust
Popover	1 popover
Rice cake (4")	2 cakes
Roll, dinner	1 roll
Rye wafers (whole grain)	4 wafers
Saltine crackers	6 crackers
Stuffing/dressing	1/2 cup
Taco shells	2 shells
Tortilla Chips, low sodium, low fat	9
Tortillas (6" diameter)	1 tortilla
Waffles (4 ½ " square)	1 waffle

Cooked portions of cereal products such as pasta (macaroni, noodles, and spaghetti), rice, bulgur, or other grains may count toward meeting the bread requirement as follows:

Bulgur	½ cup
Pasta products (all varieties)	½ cup
Rice	½ cup
Rolled Oats.....	½ cup
Grits, enriched corn grits or hominy grits.....	½ cup
Barley.....	1/3 cup
Couscous.....	½ cup

Appendix III City of Philadelphia Trans-Fats Ordinance

TITLE 6. HEALTH CODE.

§6-307. Foods Containing Artificial Trans Fats.

- a. No person shall store, distribute, hold for service, use in preparation of any menu item or serve any foods containing artificial trans fat, as defined in this section, in any food service establishment except food that is served directly to patrons in a manufacturer's original sealed package.
- b. A food shall be deemed to contain artificial trans fat if the food is labeled as, lists as an ingredient, contains or is vegetable shortening, margarine or any kind of partially hydrogenated vegetable oil, except that a food the nutrition facts label of which, or other documentation from the manufacturer, lists the trans fat content of the food as less than 0.5 grams per serving shall not be deemed to contain artificial trans fat.
- c. Food service establishments shall maintain on site either the original labels identifying the trans fat content or approved alternative documentation for all food products:
 - (1) that are, or that contain, fats, oils or shortenings;
 - (2) that are, when purchased by such food service establishments, required by applicable law to have labels; and
 - (3) that are being stored, distributed, held for service, used in preparation of any menu items or served by the food service establishment.

Documentation acceptable to the Department from the manufacturers of such food products, indicating whether the food products contain vegetable shortening, margarine or any kind of partially hydrogenated vegetable oil, or indicating trans fat content, may be maintained instead of original labels, or where original labels are not required by law.

- d. This section shall take effect on September 1, 2010 with respect to oils, shortenings and margarines containing artificial trans fat that are used for frying or in spreads and shall take effect on September 1, 2008 with respect to all other uses of foods containing artificial trans fat.

For additional information and guidance please refer to the City of Philadelphia's *Guide for Restaurants, Caterers, Mobile Food-Vending Units and Other Food Service Establishments* (http://www.phila.gov/health/pdfs/Trans_Fat.pdf)

Appendix IV
Dietitian Information Form

Dietitian Information Form

Philadelphia Corporation for Aging
Services for Congregate and Home-delivered Meals

AREA AGENCY ON AGING INFORMATION:

Name of AAA: Philadelphia Corporation for Aging

Name of Nutrition Program Director: Amy Goldstein, MPH, RD, LDN

Contact Phone Number: 215-765-9000 ext. 5107

E-mail Address: amy.goldstein@pcacares.org

DIETITIAN INFORMATION:

Printed Name: _____

Registration Number: _____

Signature: _____

Address: _____

Contact Phone Number: _____

E-mail Address: _____

MENU INFORMATION:

Menu Details: _____

Identify all meal service locations utilizing these menus: _____

Submission Process: *(select one)*

ESHA Food Processor [] PA Dept. of Aging Form []

PCA Use Only
Nutrition Manager:

Date:

Dietitian Information Form

Philadelphia Corporation for Aging
Services for Congregate and Home Delivered Meals

ADDITIONAL INFORMATION: