



PHILADELPHIA CORPORATION FOR AGING™

MEMORANDUM

To: Adult Day Care Directors (OPTIONS Program)

Cc: Contract Managers

From: Susan Gibson, R.D., L.D.N., Nutrition Manager

Subject: **July 2015 revision of the Congregate Meal Program Standards for the Adult Day Care Provider**

The 2016 PCA Congregate Meal Program Standards for Adult Day Care (ADC) Providers is now available. The Pennsylvania Department of Aging (PDA) revisions in the Aging Program Directives (APD) for nutrition services for OPTIONS CONSUMERS are incorporated in this document. The attached letter that was distributed on April 22, 2015, contains the main changes that will impact OPTIONS ADC Congregate Meal Program and a copy is attached at the end of this memo.

There have been some adjustments to the original timeline and other issues and are as follows.

- Those ADC's that utilize one of the approved PCA meal providers are already receiving the meals from the menu that reflects the new guidelines.
- The menus have been submitted and recently approved for all of the other ADC with other Meal Providers and for those ADC's that cook on site so all meals should reflect the new guidelines no later than by August 31, 2015. Please communicate this to your meal provider.
- The menu template, both 5 day and 7 day that reflect the changes in the menu requirements have not been released by the Dept. of Aging at this time. When the next menus are due (for January to June, 2016) to be submitted we will provide an update regarding the availability of the template. Instructions were provided by the ADC Directors to the Dietitians analyzing the menus regarding adjustments for completing the current menu specifications with the old template for the July-December 2015 menu set.
- The first Nutrition Education will be sent to each ADC directors electronically during October, 2015. Instructions regarding the distribution and submission of verification forms are contained in this manual,(page 6).
- Other new topics mandated by the new APD are included in this manual that include meal monitoring, menu substitutions, food safety and sanitation monitoring and nutrition screening. There are also slight changes in the suggested contents of the Emergency Meal requirement that are included. Person in Charge (PIC) requirement during mealtime is also an addition. The Table of Contents will direct you to these topics.

Please make a copy of the attached manual and replace the previous version in its entirety. Any questions contact Susan Gibson, PCA Nutrition Manager, sgibson@pcaphl.org or by phone at 215-765-9000 ext. 5107



PHILADELPHIA CORPORATION FOR AGING™

Enriching lives, preserving dignity.

MEMORANDUM

To: Adult Day Care Directors (OPTIONS Program)

From: Bruce Bornmann
Director of Business Administration

CC: PCA Contract Managers

Date: April 22, 2015

Subject: Pennsylvania Department of Aging revised Nutrition Aging Program Directives (APD)

I am writing to inform you that effective January 1, 2015, the Pennsylvania Department of Aging (PDA) revised the Aging Program Directives (APD) for nutrition services for **OPTIONS CONSUMERS**. The main purpose of the revision was to bring the current directives in compliance with the Federal guidelines for meals served in PDA funded nutrition service programs. The APD's directives encompass all areas of the Congregate Meal Requirements. The following describes some of the changes that will have an impact in the OPTIONS Adult Day Care (ADC) Congregate Meal Program. **These changes will be implemented starting July 1, 2015.**

1. Meal Changes

The primary area of change that will impact the meal will be in the menu development. Each meal served is to represent 1/3 of the Dietary Intake recommendations which have changed since the last APD was released in 2006. This APD addresses the amount of fiber, carbohydrates, sodium, total calories and other nutrients to be compliant to current recommendations. As a result, menus will contain fewer carbohydrates, limited high sodium meals, and may be lower in total calories.

2. Monitoring

The forms that PCA has used in the past for facility/sanitation inspections will change to conform to new PDA-issued monitoring tools. However, the content of the inspections will remain essentially the same. The annual sanitation monitoring of OPTIONS ADC programs will be resumed.

An additional monitoring process will be added that will be completed by a Registered Dietitian that involves observation of the meal content as compared to the menu for accuracy. This monitoring will be conducted for a sample of each meal type, twice annually. Quality and menu content, adherence, and acceptance will be included in a report submitted to PDA.

A "Substitution Log" will be required to be completed whenever foods served are different from the approved menu. ADC's that prepare meals on-site will be required to complete this log on a form to be provided and submitted to PCA quarterly. Meal providers will complete this information for the catered menus that they provide and submit to the PCA Nutrition Manager. Meal Providers other than Meal Providers that are currently providing meals for PCA consumers will need to be notified of this process.

3. Nutrition Education

The new APD requires Nutrition Education be delivered by the ADC programs. Education that targets ADC individuals may be provided as written handouts for the individual or caregiver. Nutrition Education shall be provided biannually. PCA will provide the educational material electronically. It is the responsibility of the ADC to print copies and distribute. A verification form will be provided for the ADC to complete and submit to the PCA Nutrition Manager.

4. Nutrition Screening for Nutritional Risk

A nutritional 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 part of the initial and annual long-term care assessment conducted by the service coordinator.

These new APD requirements will be implemented with the new fiscal year beginning July 1, 2015. Should any changes to the timeline occur, we will advise of such as soon as possible.

The Adult Day Care Congregate Meal Provider Standards Manual is being revised to incorporate all of the updates and changes. It is anticipated that updates will be posted in June 2015 in the PCA Provider System. This will include the meal specifications, requirements for menu development and menu submission instructions, revised excel spreadsheet templates, and other supportive appendices that apply to the meal program. For those centers that provide the OPTIONS program with weekend meals, a 7 day meal excel template will also be available.

We believe the new APDs provide an opportunity to continue to support the mission of promoting better health and well-being for older individuals within our network. We would like to take this opportunity to thank you for your patience regarding these changes and your continued support and service to those we serve.

The semi-annual menu submission request will be sent later this month. It will include specific details and any updates as needed.



PHILADELPHIA CORPORATION FOR AGING™

Congregate Meal Program Standards

for

**Adult Day Care Providers
For Options Consumers**

August 2015

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

Table of Contents

	Page
Introduction.....	1
Initial Approval Process for Meal Service.....	2
Sanitation Requirements & Procedures.....	3-4
A. Required Licenses & Documentation	
B. Person in Charge (PIC) requirements	
C. Reporting Suspected Foodborne Illness	
Compliance Monitoring and Forms.....	5-20
A. Introduction.....	5
B. Nutrition Meal Monitoring.....	5
C. Food Safety and Menu Compliance Monitoring.....	5
D. Menu Substitution.....	5
E. Nutrition Education.....	6
F. Nutrition Screening for Nutritional Risk.....	6
G. Forms.....	7-20
Monitoring Tools and Forms.....	21-25
Meal Specifications.....	26-31
A. General Information.....	26
B. Menu Pattern.....	27
C. Nutrient Requirements.....	27
D. Meal Component Specifications.....	28-30
E. Emergency Food Plan.....	31
Requirements for Menu Development & Menu Submission.....	32-35
A. General Information.....	32
B. Menu Preparation.....	33
C. Menu Submission.....	34
D. Sample Congregate Menu.....	35
E. Meal Pattern Chart.....	35

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

Appendices

	Page
I. Standards for Department of Aging.....	37-54
Food Safety and Compliance APD 15-03-01	
II. Enriched Bread/ Whole Grain Requirements.....	55-56
III. City of Philadelphia Trans-Fat Ordinance.....	57
IV. PDA 5 day Meal Template (when available).....	58
PDA 7 day Meal Template (when available).....	59

**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 of the Aging Program Directives (APD) effective January 1, 2015. APD 15-03-02 Policies and Standards for Dept. of Aging Nutrition Services 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. APD 15-03-01 Policies and Standards for Dept. of Aging Food Safety and Menu Compliance Monitoring (Appendix I) replaces Chapter 4 of Nutrition Services APD that was included in the previous ADC Standards for the Congregate Meal Program.

A copy of these standards is issued 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 for
Options Consumers**

Initial Approval Process for Meal Service

In order to become a PCA-approved provider for Options adult day care services, the applicants' 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 Management 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 & Menu Compliance 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 inspector 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 nutritional requirements and standards.
- * **Food Safety & Menu Compliance 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 Preparing & Serving License:** adult day care site and meal provider (if applicable) have appropriate, current licensing to prepare and/or serve food.
- * **City of Philadelphia Dept. of Public Health Food Establishment Personnel Food Safety Certificate (or equivalent item for other counties):** 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 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, licensor requirements and other provisions relating to 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. Required Licenses and Documentation

The adult day care facility and their meal provider/caterer must procure and keep in effect the following items:

- 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).
- Up-to-date City of Philadelphia Department of Public Health *Food Establishment Personnel Food Safety Certificate* (or equivalent item for other counties) held by currently-employed staff person.
- Copy of most recent City of Philadelphia Department of Public Health inspection report (or equivalent item(s) from State or other counties).
- Proof of routine extermination service.

This documentation shall be available for review at each facility.

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 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:

- Assuring safe food handling practices and demonstrating knowledge of foodborne disease prevention as it relates to the food service site.
- Identifying menu components which may include food allergen through information provided by meal provider.
- Restricting anyone with a communicable disease from working or volunteering where there is a likelihood that contamination of food or food contacts may occur.
- Sanitation Certification such as ServeSafe.

- If ADC cooks meals on site, knowledgeable regarding food product recall procedures.

C. Reporting Suspected Foodborne 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, extension 5107. PCA will notify Pennsylvania Dept. of Aging (PDA), as per requirement.*

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

Compliance Monitoring

A. Introduction:

As per PDA directives, PCA is responsible for monitoring food safety and menu compliance for adult day service meals during preparation and service and assuring that the food served meets the requirements of both the Older Americans Act as amended and the PDA Nutrition services APD. There are now two separate monitoring functions that could result in 3 separate visits.

B. Nutrition Meal Monitoring

Nutrition Meal Monitoring occurs twice annually during the service of each of the 6 month menus for each type of meal service. If meals are provided by a Meal Provider that services multiple Adult Day Care centers, only one Adult Day Care will be monitored each 6 month menu cycle. If however meals are received from a restaurant that provides meals to the ADC, or if meals are prepared on-site, there will be a monitoring visit for each 6 month cycle at each ADC served. The Nutrition Meal Monitoring will only take place at the ADC where the meal is served. These monitoring functions will be conducted by a Registered Dietitian during meal service. Items that will be reviewed include:

- Menu observed compared to approved menu
- Nutritional analysis of menu served
- Food Temperature documentation
- Evaluation of the meal

A report will be prepared by the dietitian and submitted electronically to PDA. Results of the visit will be shared with the ADC Director at the time of the visit. This information will also be shared with the Contract Manager.

C. Food Safety and Menu Compliance Monitoring

Annual Food Safety & Menu Compliance Monitoring for the ADC and meal provider will take place once each year. Form and details of this function are included in the attached APD15-03-01(Appendix I). Monitoring forms are now provided by PDA as in the APD. Instructions on use of the form are described on page 10 of the APD under “During the ENP Food Safety and Menu Compliance Visit the AAA Representative Shall:”

The APD also establishes consistent monitoring standards as well as procedures to be followed by those that prepare and serve PDA funded meals. *Note that Time in Lieu of Temperature Control for Food Transport is NOT being used.*

D. Menu Substitution

Menu substitutions must be documented on Substitution form and be submitted to PCA as per the form attached (page 7) 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. A list has been provided that is included page 9 to assist in this process. The requirements include:

- 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 a 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 Form attached. All components of the meal as listed must be met. No nutritional analysis is necessary.

E. Nutrition Education Handouts

Nutrition Education handouts are 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, page 10) is to be completed and submitted to PCA to document the date(s) the handout was distributed and the number of consumers that received the information. These Nutrition Education handouts will be created by PCA 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. (Pages 11-20).

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

F. Nutrition Screening for Nutritional Risk

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

**Philadelphia Corporation For Aging
ADC Congregate Meal Program
Substitution List**

Meal Provider _____ ADC _____ Year _____

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

**This form is to be submitted quarterly (March, June, September, December to Susan Gibson.
Fax 215-282-6620 or email to sgibson@pcaphl.org**

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:

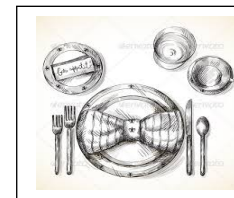
Broccoli	Brussels sprouts
Cantaloupe	Mandarin oranges
Cauliflower	Fruit juices, fortified
Mango	Orange or orange juice
Raw pineapple	Sweet red pepper
Green pepper	Tangerine
Honeydew melon	Blackberries, raspberries, strawberries
Kale	Instant potatoes with added Vitamin C
Asparagus	Spinach
Cabbage	Tomatoes, 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



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



Please complete entire form and fax to PCA at **215-282-6620**.

To: Susan Gibson, M.S., R.D., L.D.N., Nutrition Manager **Date Completed:** _____

From: Name: _____ ADC: _____

Signature: _____ Telephone: _____ Fax: _____

Procedure:

1. Center to complete this form and fax to PCA (215-282-6620), Attention: Sue Gibson, Nutrition Manager at least 30 days before scheduled event.
3. PCA Nutrition Manager will review menu and call site if changes need to be made to meet meal specifications.
4. PCA Nutrition Manager will fax back to center the approved, **initialed** form.

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

Date of Meal Service	
Occasion	
Entrée	
Fruit/Vegetable	
Fruit/Vegetable	
Fruit/Vegetable	
Bread/Grain Item	
Bread/Grain Item*	
1% Milk	
Miscellaneous	

*Second Bread/Grain item is 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"/> Other*	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please describe:*

Comments: (Please comment for unfavorable or other)

 Signature of center staff

 Signature of program presenter

Please return this form to: Sue Gibson, MS,RD, LDN, Nutrition Manager
 Philadelphia Corporation for Aging
 642 North Broad Street
 Philadelphia, PA 19130-3409

Phone: 215-765-9000, Ext. 5107
 Fax: 215-282-6620

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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

- a. Refrigerator & freezer temperatures
- b. Thermometer calibration
- c. 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 should be kept on file and available for review at each facility.

Daily Meal Monitoring Form

Purpose: Used to track temperatures 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 time of delivery: not less than 135 °F for hot foods and not more than 41 °F for cold foods.

Refrigerator/Freezer Temperature Log

Purpose: Used to record temperatures of refrigerators and freezers. Temperatures of all refrigerators and freezers must be checked daily to make sure appliance is working correctly and staying in appropriate temperature range. This ensures that food stored in these appliances is being held at proper temperatures to avoid spoilage and prevent foodborne illness.

Thermometer Calibration Log

Purpose: Used to track compliance with requirement that food thermometers be checked for accuracy on a daily basis. This ensures that food temperatures are properly evaluated.

Procedure: Thermometers should be checked each morning, before any food temperatures are taken, and calibrated if necessary.

Sanitizer Concentration Log

Purpose: Used to track compliance with requirement that concentration of sanitizer solutions must be measured to check that they have been properly mixed/prepared. This ensures that solution will effectively sanitize food service equipment, utensils, etc.

Procedure: Concentration of 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.

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*TM =

200 ppm (parts per million)

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

Meal Specifications

A. General Information:

- a) Definition: The meal shall consist of an entrée and side dishes, delivered hot, in bulk, with fresh complementary items or approved alternative
- b) 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.
- c) Menu Changes: Special event meals, changes to menus or menu substitutions occurring between the menu submission dates must be reviewed and approved by PCA's Nutrition Manger 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 monthly basis (when they occur.) If the ADC has a PCA meal provider, it is the meal provider's responsibility to monitor compliance regarding appropriate substitutions.
- d) 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. ADC centers that provide the OPTIONS program with weekend meals shall use a 7 day meal template. All others will use the 5 day meal template.
- e) Variety: Daily menus shall differ in regards to meat, vegetable, fruit, and dessert without repetition of any particular daily menu within the 20 (or 28) day cycle period unless approved by PCA.
- f) 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 reduce sugar, sodium and fat intake and increased consumption high fiber foods.
- g) Ethnic Menus: An ADC that consistently serves a population group that because of cultural bias may fall outside of the PDA menu component requirements may serve those populations alternate menus. Ethnic menus not meeting menu component requirements shall meet 1/3 of the DRIs as in the nutrient requirements as per the meal template provided.
- h) Kosher Meals shall comply with standards established by the Union of Orthodox Jewish Congregations of America or equivalent Jewish dietary law requirements.

The following requirements shall be used in menu development and service delivery for all meals:

B. Menu Pattern for each meal (Traditional Menu Pattern) :

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
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	Desserts may be served when incorporated into nutrient requirements.
Miscellaneous Foods	As desired or needed to complement the meal.
Soup	As desired or needed to complement the meal.
*Condiments	As desired or needed to complement the meal.

*Does not need to be noted on menu submission forms

C. Menu Nutrient Requirements (Traditional Menu Pattern):

Nutrient	Required Amount Each Meal
Protein	Minimum of 25 grams per meal
Carbohydrate	No more than 75 grams at any meal.
Fat	Weekly average is not to exceed 35% of total calories
Calories	At least 600 per meal with weekly average not to exceed 750 calories in each meal served.
Fiber	Minimum weekly average of 7 grams
Sodium	Weekly average of 1300 milligrams or less
Calcium	Minimum weekly average of 350 milligrams
Vitamin C	Minimum of 20 mg per meal.
Vitamin A	Minimum weekly average of 250 micrograms

D. Meal Component Specifications (Traditional Menu Pattern)

Food	Minimum Meal Amounts	Specifications
<p>Entrée Protein Source; meal, poultry, eggs, cheese, fish or the protein equivalent in nuts and legumes</p>	<p>a) 3 oz or equivalent edible (cooked) portion unless menu is excepted (lacto-ovo vegetarian, DASH plan, ethnic menu plan)</p> <p>b) A minimum of 25 grams of total protein in each meal.</p>	<p>a) Equivalents for one ounce of edible protein include:</p> <ul style="list-style-type: none"> • 1 ounce (solid-type) cheese • ¼ cup cottage or ricotta cheese • 1 egg • 2 Tablespoons peanut butter • ½ c dried beans, peas or lentils <p>b) A whole meat item must be served at least one time 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.</p> <p>c) Entrees containing pork products may be served one time per cycle for nonkosher. Kosher must not contain pork.</p> <p>d) 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.</p> <p>e) Kosher menus must include two dairy meals per week.</p> <p>f) If textured vegetable protein is used, high food quality shall be maintained.</p> <p>g) Fish/seafood is encouraged to be served once a week.</p>

Food	Minimum Meal Amounts	Specifications
Fruits and Vegetables	Two servings; ½ cup servings of drained fruit and vegetables or 1 piece of fresh fruit or 1 cup raw leafy greens, or 4 ounces of juice	<ul style="list-style-type: none"> a) Potatoes are to be counted as a vegetable. Rice and noodles <i>cannot</i> be counted as a vegetable. b) Fresh or raw fruits and vegetables must be provided at least 2 times per week in different meals. c) A fruit dessert may count as one of the two servings of fruits and vegetables required. A dessert that contains fruit must contain at least ½ cup of fruit to be counted as one of the two servings. d) Fresh or frozen vegetables shall be used. Canned vegetables shall not be used except where necessary (e.g. beets, stewed tomatoes.) e) Instant mashed potatoes utilized for the vegetable requirements shall be enriched with Vitamin C. f) Canned fruits shall be packed in natural juice or water. g) A minimum daily meal average of 7 grams of fiber in each meal served through the use of whole grains, fruits and vegetables h) It is recommended to serve a high potassium source or multiple fair sources of fruit and/or vegetables with a high sodium entrée. i) Legumes are encouraged to be served weekly and can be counted as a vegetable or a protein j) No fruit or vegetable (such as baked beans counted as a vegetable and a protein source) 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.(10 servings if 7 day meal template is used)	<ul style="list-style-type: none"> a) For examples of enriched bread/whole grain foods see, <i>Appendix II</i>. b) The bread/alternate must be served as an accompaniment to, or a recognizable part of the main dish, not merely as an ingredient. c) No more than 75 grams of carbohydrate shall be served at any meal. d) A minimum daily meal average of 7 grams of fiber in each meal served, through the use of whole grains, fruits and vegetables. e) Whole grain products may be served 50% of the time as part of the goal to meet fiber requirements) ⌘ Kosher meals shall be served Matzo each meal during Passover

Food	Minimum Meal Amounts	Specifications
Fortified Butter or Margarine or substitute.	Fat servings are optional. 1 teaspoon or equivalent should be included when appropriate to accompany meal complements.	a) 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. b) All items shall be prepackaged by manufacturer for individual use c) All items shall comply with City of Philadelphia Title 6 Health Code, Section 6-307 <i>Foods Containing Artificial Trans Fats</i> . See Appendix III, page 57, for more information.
Fortified Milk or Calcium Equivalent	Each meal shall offer at least one calcium rich or calcium enriched food or beverage.	a) 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 b) Non daily calcium equivalents can be used to meet the calcium requirement c) The minimum daily calcium served, averaged weekly, shall be 350 milligrams per meal.
Miscellaneous foods and Beverages	Miscellaneous Foods: As desired or needed to complement the meal Beverage and condiments: one serving per person	a) 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. b) Foods such as soups and sauces can be included to enhance the food acceptability and meet the caloric or nutritional requirement of the meal. c) Nutrient dense miscellaneous foods are recommended to provide additional vitamin, minerals. d) Meal programs are encouraged to limit food high in sugars and saturated fats (cookies, cakes, gravies, jams). Desserts may be served but they are an optional item. e) All items shall comply with City of Philadelphia Title 6 Health Code. Section 6-307. <i>Foods Containing Artificial Trans Fats</i> . See Appendix III, page 57, for more information.

E. Emergency Food

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

Emergency situation could include:

- a) Food not delivered from meal provider.
- b) The arrival of food at unsatisfactory temperatures.
- c) Food is spoiled or otherwise does not meet specifications.
- d) Items are damaged.
- e) Loss of electrical power

Plan suggestions could include the storage of back-up foods on site 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 meals shall comply with the meal components outlined in Meal Specification, Meal Components, but are not required to 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-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. Vanilla pudding – sufficient amount to provide ½ cup serving.

**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:

July 1 – December 31
January 1 – June 30
3. Menus shall accurately reflect the food that will be received at the meal sites. Menu changes or substitutions, including seasonal changes that will impact the current menu on a regular basis may be made only when approved by the dietitian analyzing the menu. 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:
 - Menu substitutions shall be a menu component equivalent to the food being changed and will provide a comparable nutrient profile.
 - A Meal Provider staff person shall be designated by the meal provider, with approval by PCA Nutrition Manager, to determine the appropriateness of the substitutions.
 - The Menu Substitution Log shall be submitted to PCA on a quarterly basis unless there are no substitutions.
4. A hard copy of the results of the Nutritional Analysis must be retained in event that the material is requested by PCA or PDA at a later date.
5. Each menu submitted must have a Dietitians Signature Sheet Addendum certifying that any modified diets served at the adult day care site conform to PCA meal specifications. This form will be kept on file at PCA.
6. Final approval of the content of all menus rests with PCA's Nutrition Manager.
7. Modified meals that meet the regular menu pattern but contain modifications to one of more items on a regular basis do not require special approval. Examples include texture modifications, such as mechanical soft or ground meats or use of yogurt instead of milk. These menus do not need special approval as long as the approved menu contains the same meal items being used on the modified diet. Therapeutic Diet Menus are not provided by PCA however if a therapeutic diet is prepared and served by the ADC that prepares meals on site or receives meals from an approved meal provider, the menu must be submitted and approved by the PCA dietitian. Some examples of therapeutic

diets may be renal or fat restricted diets less than 35%. In this case therapeutic diets shall be provided only to individuals with a current written diet prescription for medical diet modifications that can be provided by the ADC approved meal provider. The diet prescription shall be signed by a physician, indicate the specific requirements of the diet, be kept on file, and at a minimum be reviewed and updated annually. The menu shall be reviewed and approved by the PCA dietitian. The diet prescription form for the physician is located in the APD # 15-03-02 Attachment X, Sample Form for Therapeutic Diet Orders. .

B. Menu Preparation

1. A Registered Dietitian (RD) must analyze and approve the menu cycle for each submission date. If the Adult Day Care purchases meals from a meal Provider, they may have a Registered Dietitian that can perform this duty. If not, the ADC must procure the services of one on its own. The source of the Nutritional Analysis must be listed with the electronic form. A Registered Dietitian is 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 49PA Code Chapter 21, Professional and Vocational Standards for Licensing Dietitian Nutritionists.
2. All dietitians analyzing the nutrient content of menus must use a software program or database. The source of the nutritional analysis must be listed on the electronic form. (See appendix V, Sample Lunch/Dinner Menu Submission Form at the bottom labeled "resource used for this nutrition analysis.")
3. Menu cycles shall meet all PCA Meal Specifications. See D, page 35, for a Sample Menu and for Menu Pattern Chart and additional information. 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. Ex. 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. Ex. 3 oz. EP Baked Chicken or 6 o.z 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. Ex. 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
Traditional Menu Pattern Model

1. All menus shall be submitted to PCA electronically, using the PA Dept. of Aging submission process. Template can be found on PA Dept. of Aging Website under Professional Tab.
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) E-mail file to PCA's Nutrition Manager at sgibson@pcaphl.org
 - b) Maintain a hard copy of the nutrient analyses from the software data base for each menu day in the event it is requested by PCA.
 - c) Mail hard copy of Menu Submission form(s) with original signature of reviewing/approving dietitian(s) to Susan Gibson at 642 N. Broad Street, Philadelphia, PA 19130. A separate form must be sent for each menu cycle submitted. Scanned signed forms can be sent electronically to sgibson@pcaphl.org.

Menu submission will not be considered complete until all required items are received by PCA

Meal Services for Congregate Meal Program

D. Sample Congregate Menu (Traditional Menu Pattern)

Minimum Daily Meal	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Entree-Protein Source 3 oz Edible Portion or equivalent	Turkey on Rye w/ 3 oz EP Turkey Breast & 1 oz American Cheese	Spaghetti & Meatballs w/ 3 oz EP Ground Beef	Chicken Cacciatore w/ 3 oz EP Chicken	3 oz EP Pot Roast	4 oz EP Baked Fish
Fruits and Vegetables 2 servings ½ cup	½ c Coleslaw ½ cup drained peaches (Lettuce leaf and 2 slices Tomato for sandwich)	½ c Garlic Spinach 1c Tossed Salad 1 Medium Apple	¼ c Onions, ¼ c Red Peppers, 2 Olives (in entrée) 1/2 c diced Cantaloupe 1 c. Spinach Salad	½ c Mashed Potatoes ½ c Carrots	½ sweet potato, ½ c peas 1 orange
Grains 1-2	2 slices Rye Bread	¾ c Spaghetti	1/2c Brown Rice	Whole grain granola bar	1 oz. whole grain dinner roll
Milk: ½ pint or calcium equivalent	8 oz 1% Milk	8 oz 1% Milk	8 oz 1% Milk	8 oz 1% Milk	8 oz 1% Milk
Miscellaneous foods that may include dessert, soup, margarine and juice	1 tsp mayonnaise	½ c Tomato Sauce 1 T. Italian Dressing	1 T Italian Dressing for salad ½ cup Apple Juice	1 oz Gravy	1 tsp Margarine


E. Congregate Meal Pattern Chart (Traditional Menu Pattern)

Category	Subcategory	Servings per 20 day cycle
Entrée		20
	Whole Meat Item	4 (minimum)
	Pork Item	1 (maximum)
Vegetable/Fruit	2 or more daily	40(minimum)
Grains	1-2 daily or 7 servings in one week	28(minimum)
Margarine/Butter/Alternate		As needed to accompany meal
Milk	1% daily or Calcium equivalent	20

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 administrating 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 Any serving sites will be monitored 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 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:

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

Enriched Bread/Whole Grain Requirements

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.

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
- Ice cream cones
- Pretzels
- Popcorn
- Tapioca
- Wheat germ (may be used in bread products)
- Cookies
- Breads containing fruits and vegetables

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, 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
Philadelphia Corporation for Aging
Congregate Meal Program
Adult Day Care Provider Standards
City of Philadelphia Trans-Fats Ordinance

TITLE 6. HEALTH CODE.

§6-307. Foods Containing Artificial Trans Fats.

(1) 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.

(2) 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.

(3) Food service establishments shall maintain on site either the original labels identifying the trans fat content or approved alternative documentation for all food products:

- (a) that are, or that contain, fats, oils or shortenings;
- (b) that are, when purchased by such food service establishments, required by applicable law to have labels; and
- (c) 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.

(4) 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.

Appendix IV

Philadelphia Corporation for Aging Congregate Meal Program Adult Day Care Provider Standards Electronic Menu Submission Forms

To be placed in this section

