The standards for the operation of elderly nutrition programs are based on the following State and Federal regulations and guidelines.

Older Americans Act (OAA) as amended; California Retail Food Code (CRFC) as amended; California Welfare and Institutions (W&I) Code, California Code of Regulations (CCR) Title 22 Division 1.8 as amended; California Safety and Health Administration (OSHA) Code of Federal Regulations Title 29 CFR Part 1321 as amended; U.S. Food and Drug Administration Publication, Federal Food Code as amended, California Department of Aging Area Plan Contract and Program Memoranda; and Best Food and Nutrition Practices.

Goals and Purposes
The goals of the elderly nutrition program (ENP) services are to provide nutritionally balanced meals on a daily basis to eligible individuals at a congregate setting or in their own homes within the boundaries of Planning and Service Area (PSA 5) in Marin County, California, and to assist them in maintaining optimal health and stay independent so that they may continue to reside in the community for as long as possible. The ENP will help address a number of problems faced by many individuals, including poor diets, health problems, food insecurity, and loneliness.

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

Types of Services
Congregate Meals: The congregate meal site must be located in an area easily accessible to the target populations identified in the Area Plan and to the maximum extent possible at a facility where social and health promotional activities are offered directly by the nutrition service providers or through partnership and/or collaboration with other organizations. The site must meet all ADA requirements and operated in a cost effective and efficiency manner.

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

Service Components
Meal Program Management: Coordination of meal service delivery, including transporting meals to service sites or to the homes of program participants. Administration of the annual consumer satisfaction survey and monthly meal count and consumer data input, and ensure program’s compliance with standards.

Meal Production: From food procurements to completion of cooking and packaging at project-operated
facilities or meal catering facilities, including meeting all CRFC and Title 22 requirements and development of standardized recipes. Delivery of prepared meals to Meal Program Management providers’ designated locations. Cycle menus will be developed with consideration given to program participants’ needs.

**Hazard Analysis Critical Control Point (HACCP) Nutrition Compliance Management** Provision of food service in service training for all food service personnel (paid or volunteer) from kitchen to meal site to HDM meal route. Provision of food service safety and sanitation monitoring and on site in service training or technical assistance at the kitchen, meal site, and HDM meal route. Development and implementation of a food service HACCP policies and procedures manual.

**Meal Service Site Management:** Meal service coordination includes input to the development of cycle menus, serving the meals, meal service and food temperature record, and facility maintenance. Additional administrative service elements include consumer intake and enrollment, nutrition risk screening, web-based consumer and service reporting, etc.

**Nutrition Education** [Marin County Area Agency on Aging]: Provision of nutrition education information at congregate meal sites and to HDM consumers on a quarterly basis.

**HDM Eligibility Assessment** [Marin County Area Agency on Aging ] Initial intake (within two weeks of enrollment) and annual comprehensive assessment to be conducted in participant’s home. Quarterly reassessments to be conducted over the telephone.

**Target Population**
Congregate Meals services must target eligible individuals who live within the PSA boundaries and are members of one or more of the following target groups that have been identified as demonstrating the greatest economic and social need: Low-income, Minority, and Frail.

Home-Delivered Meals services must target eligible *homebound* (unable to drive) individuals who have no safe healthy alternative for meals, live in their own homes, or public or senior housing within the PSA boundaries, and are members of one or more of the following target groups that have been identified as demonstrating the greatest economic and social need: Low-income, Minority, and Frail.

**Eligibility**

**Congregate Meals**

Individuals eligible to receive Nutrition Services Initiative Program (NSIP) reimbursement:

- a. Any person aged 60 or over; or
- b. The spouse, regardless of age, of any person aged 60 or over; or
- c. A disabled individual as defined in OAA Sec.102 (8) (9), who is under the age of 60 and resides in housing facilities occupied primarily by older persons at which congregate nutrition services are provided; or
- d. A disabled individual, who is under the age of 60 and resides at home with and accompanies an older individual eligible under the OAA.

Individuals not eligible to receive Nutrition Services Initiative Program (NSIP) reimbursement:

- a. Volunteer Meal
  - (1) A volunteer under age sixty (60) may be offered a meal if doing so will not deprive an older
individual of a meal.
(2) A written policy for providing and accounting for volunteer meals shall be developed and implemented by the contracted provider and approved by the AAA.

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

(Total Budget)/Annual Contracted Number of Meals= Total Cost Per Meal
(AAA Award + NSIP + up to10% Cash Match)/Annual Contracted Meals = AAA Cost Per Meal

c. Staff Meal
Nutrition service staff may receive a meal if it will not deprive an eligible person, as outlined in this sub-part, of a meal, and if the meal cost is recovered either as a cash payment for the meal, or budgeted as employee fringe benefits. When recovered as a direct cash payment, the total meal cost shall be calculated as in C.3.b. above. When provided as employee benefits, staff meals shall be included as employee fringe benefit costs in the budget. It is the responsibility of the service provider to maintain current information concerning State and federal laws for the withholding of income taxes, State Disability Insurance and Social Security.

Home-Delivered Meals

Individuals eligible to receive Nutrition Services Initiative Program (NSIP) reimbursement: Individuals eligible to receive a home-delivered meal are:

a. Any person aged 60 or over who is frail, homebound by reason of illness or incapacitating disability as defined in OAA Sec.102 (8) (9), or otherwise isolated; or

b. A spouse of a person in 2-a. above, regardless of age or condition, may receive a home-delivered meal if it is in the best interest of the homebound older person; or

c. A disabled individual who resides at home with older individuals eligible under the OAA. To be considered disabled, the individual must:
   (1) Be unable to do any substantial work because of medical condition and
   (2) Have a medical condition that has lasted, or is expected to last, at least one year or be expected to result in death
   (3) Be able to provide verification, such as a SSDI or MediCare certificate

d. The eligibility, in accordance with Subsection a-c above, shall be determined by the following criteria:
   (1) Too frail to travel to a congregate nutrition site
   (2) Acute illness
   (3) Convalescing from acute illness
   (4) Incapacitating due to chronic illness
   (5) Incapable of shopping and preparing meals

e. The County of Marin provides the following additional eligibility requirements:
   (1) A homebound individual is defined as someone who is not able to drive (even on an occasional or limited basis) and is dependent on others for transportation.
   (2) Frail is defined as someone who gives a rating of 5 “Dependent” on the transportation question on the functional assessment and gives a rating of 4 “Lots of human help” or 5 “Dependent” on at least two additional functional areas.
Program Requirements
The individual oversees the program, production kitchen, home-delivered meals, and congregate meal sites shall possess a valid Food Safety Certificate. Services and program operations must conform to Older American Act Title III-C, California Department of Aging Title 22, Area Agency on Aging nutrition program regulations, and relevant federal, State and local regulations. Each congregate meal participant shall only receive one meal per day. The HDM consumer shall receive one meal per day, 5-7 days a week based on availability and need. Participant may be suspended or removed from the program for violation of HDM Rights and Responsibilities.

Meals Requirements
Program participant shall receive at least one meal per day. Each meal shall provide one-third (1/3) of the recommended dietary allowance (RDA) and comply with the current Dietary Guidelines for Americans, published by the USDA and the U.S. Department of Health and Human Services, and the California Daily Food Guide. A meal analysis shall be performed by a Registered Dietitian to ensure compliance with the one-third (1/3) of the Dietary Reference Intakes (DRI) as described in program requirements. Meals must be produced at a HACCP compliance kitchen with valid health permit and current health inspection status from the Environmental Health Division of the Marin Public Health Department, and conform to California Retail Food Code (CFRC). Health permits and regular inspections at the satellite meal sites have been waived by the Marin Public Health Department.

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

Menu and Meal Pattern Requirements
The proposed menus shall be appropriate, serve the needs of the targeted population, and comply with the Dietary Reference Intakes (DRIs) and the most recent Dietary Guidelines for Americans (DGA). Service providers shall assure the meals programs sustain and improve consumers’ health through the provision of safe and nutritious meals by implementing the DGA and providing each participant a minimum of 1/3 of the DRIs. By ensuring adequate nutrient intake, the DRIs prevent nutrient deficiencies and reduce the risk of chronic diseases such as osteoporosis, cancer, and cardiovascular disease.

The menu and meal pattern requirements set forth in this section shall be followed for all meals to assure compliance with the Older Americans Act (OAA), Section 339, and California Regulations, Title 22, Division 1.8, Chapter 4, Article 5, Section 7638.5. The key nutrient recommendations noted in the DGA that affect older individual’s health status should be integrated into the menu planning.

The following table represents the most current DRI values and daily compliance range for target nutrients. The nutrients selected for this Table are based on the target nutrients to promote health and prevent disease, prevent deficiencies, indicate diet quality, and manage disease. The values provided are based on the U.S. Department of Agriculture (USDA) Food Guide calculated for one meal for a woman over 70 years old whose activity level is sedentary. This example represents a majority of the older adult population served by the elderly nutrition program. If a majority of the senior population anticipated to be served by the project differs from the example, use your program’s predominate demographic characteristics to develop a menu pattern for your population. Each meal should provide a minimum 33-1/3 percent of the DRIs; a minimum of 66-2/3 percent of the DRIs if the project provides two meals per day; and 100 percent of the DRIs if the project provides three meals per day. The nutrients selected are based on the target nutrients to promote health and prevent disease, prevent deficiencies, indicate diet quality, and manage disease.

Target Nutrients
<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Target Value per meal on a weekly average - <em>represent 1/3 DRI for a 1600 calorie range</em></th>
<th>Daily Compliance Range</th>
</tr>
</thead>
</table>


<table>
<thead>
<tr>
<th>Calories (Kcal)</th>
<th>&gt;550 Kcal</th>
<th>&gt;550-700 Kcal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein</td>
<td>15 gm</td>
<td>15 gm (in the entrée or primary protein source)</td>
</tr>
<tr>
<td>Fat (% of total calories)</td>
<td>25-35%</td>
<td>&lt;35% (may average over a week)</td>
</tr>
<tr>
<td>Saturated Fat (% of total calories)</td>
<td>&lt;10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>Trans Fat</td>
<td>&lt;0.5g</td>
<td>CRFC Chapter 12.6 section 114377</td>
</tr>
<tr>
<td>Sodium (mg)</td>
<td>500-750 mg</td>
<td>&lt;1000 mg place an icon on the menu if &gt; 1000 mg</td>
</tr>
<tr>
<td>Fiber (gm)</td>
<td>&gt;7 gm</td>
<td>&gt;7 gm (may average over a week) based on AI value</td>
</tr>
<tr>
<td>Vitamin A (ug RAE)</td>
<td>233 ug</td>
<td>&gt;233 ug 3 out of 5 days/wk or 4 out of 7 days/wk</td>
</tr>
<tr>
<td>Vitamin C (mg)</td>
<td>25 mg</td>
<td>25 mg</td>
</tr>
<tr>
<td>Vitamin B12 (ug)</td>
<td>0.8 ug</td>
<td>0.8 ug (may average over a week)</td>
</tr>
<tr>
<td>Calcium (mg)</td>
<td>400 mg</td>
<td>&gt;400 mg (may average over a week)</td>
</tr>
<tr>
<td>Magnesium (mg)</td>
<td>105 mg</td>
<td>&gt;105 mg (may average over a week)</td>
</tr>
<tr>
<td>Potassium (gm)</td>
<td>1565 mg</td>
<td>1565 mg (may average over a week) based on AI value</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>200 IU / 3 ug</td>
<td>200 IU/ 3 ug (may average over a week)</td>
</tr>
</tbody>
</table>

**Computerized Nutrient Analysis**

When utilizing computerized menu analysis, meals shall be analyzed on a weekly basis for a minimum of 2 weeks of the 5-week cycle menu. Although not required, use of computerized nutrient analysis is strongly recommended and will help ensure and verify the nutritional adequacy of meals. The goal of assessing nutrient intakes of groups is to determine the prevalence of inadequate or excessive nutrient intakes within a particular group of individuals. While meal patterns serve as a basic framework for meal planning, it is encouraged that computerized nutrient analysis be used to provide specific information on nutrients the menu may not be providing. The target nutrients listed above should be included in the analysis when the computerized nutrient analysis method is used. The ENP should especially focus on the following nutrients:

- Protein
- Vitamins A
- Vitamin C
- Fiber
- Calories
- Calcium

**Component Meal Pattern Requirements**

It is possible that each meal will meet the required DGAs and DRIs by providing the recommended number of servings from each food group in a component meal pattern. However, menus must include specific types of fruits and vegetables, whole grains, and high fiber foods to ensure they meet the required nutrient intake level.

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

Any of the recommended component meal patterns may be used as a menu planning tool to ensure that the appropriate types and amounts of foods are served. Fortified food products and combination dishes in a menu may be used for the required nutrient values. When using a component meal pattern the following target nutrients should be identified on the menu:

- Vitamin C – 25 mg each meal
Vitamin A – at least three times per week, 233 ug Retinol Activity Equivalent (RAE) per meal
Sodium – meals that contain over 1,000 mg must be noted on the menu as a high sodium meal.
Noting meals that have more than 1,000 mg of sodium on the menu as such: “This meal contains more than
1,000 mg of sodium,” or using an icon denoting a high sodium meal.
Fiber – Provide 7 grams of fiber per meal.

Menus developed with the component meal patterns may be deficient in vitamins D, E, and B12,
magnesium and zinc. Meals that do not meet the nutrients requirements should be the focus of future menu
revisions. Nutrients that are not supplied in meals should be the focus on nutrition education.

The following table describes the elements in the California 1600 Calorie meal pattern. Serving sizes are
based on the USDA Food Guide Pyramid. This sample component meal pattern does not assure that meals
meet 1/3 of the DRIs and the DGA. Meals will require specific types of fruits and vegetables, whole grains,
and high fiber foods in order to assure the target nutrients are provided. The component meal pattern may
be deficient in vitamins E, B12, and Zinc, requiring additional nutrition deduction for participants on the
selection of foods that are good sources of these nutrients. The meal pattern below is based on the minimum
requirements for a sedentary female 70 years old.

| California 1600 Calorie per Day Component Meal Pattern Minimum Recommended Elements |
|-----------------------------|-------------------------------|-----------------------------|
| Food Group                  | Servings for 550 calories per meal | Serving Size for 1600 calorie level |
| Protein – meat, fish, poultry, legumes, eggs, cheese | 1 serving, 2 –3 ounces cooked edible | 2 – 3 ounces = 1 serving |
| Vegetables                  | 1-2 servings                   | 1/2 cup = 1 serving |
| Fruit                       | 1 serving                      | 1 cup raw leafy vegetables = 1 serving |
| Bread or Grain              | 1-2 servings (1/2 be whole grain) | 1 slice Bread – 1 serving |
| Low-fat milk or milk alternate | 1 serving                  | 1/2 cup of rice or pasta = 1 serving |
| Dessert                     | Optional – limit sweets, use fruit | 1 cup or equivalent measure |

**Protein.** At least 14 grams must be provided. Legumes should not be counted as both vegetable and
protein. Providers may use other protein sources such as those in the vegetarian meal to meet the protein
requirements.

**Vegetables.** Vegetables as a primary ingredient in soups, stews, casseroles, or the combination
dishes should total 1/2 cup per serving and raw leafy vegetables (salads) should equal 1 cup if they are
to be considered a serving.

**Fruit.** A serving of fruit is generally a medium sized whole fruit, 1/2 cup fresh, chopped, cooked, frozen
or canned, drained fruit, or 1/2 cup 100 percent fruit juice. Fresh, frozen, or canned fruit should be packed
in juice, light syrup, or without sugar.

**Breads/Grains.** One-half of the daily intakes of grains should be from whole grains. Grains that are
processed (not whole) must be fortified.

**Milk.** Each meal shall contain 8 ounces of fortified skim, low fat, or buttermilk. If religious preference
precludes the acceptance of milk with the meal, it may be omitted from the menu; however, an
equivalent substitute must be used.
**Fat.** Fat is optional. Fat may be used in food preparation or served as an accompaniment to the meal. Fats and oils are part of a healthy diet, but the type of fat makes a difference to heart health, and the total amount of fat consumed is also important. **No trans fat** shall be used in the meal preparation or have a more than 0.5 grams value in one serving of the foods. Food labels for all food or food additives containing oil or shortening shall be kept for as long as the food is stored, distributed, served, or used in the preparation of any food. The menus should reflect less than 10 percent of calories from saturated fatty acids and provide no trans fatty acid. Total fat should be between 20 to 35 percent of calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids. When selecting and preparing meat, poultry, dry beans, and milk or milk products, make choices that are lean, low-fat, or fat-free.

**Dessert.** Dessert may be provided as an option to satisfy the calorie requirements or for additional nutrients. Use fruit as a dessert as often as possible and limit sweets. The fruit, grains, and dairy products served as dessert can count towards the fruit, grain, or dairy requirements. Desserts that are low in fat and/or low in sugar are encouraged.

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

**Sodium.** Use low sodium versions of high sodium foods when available and feasible within budget allowances. Do not provide potassium chloride salt substitutes. Use foods that are a good source of potassium on the menus to provide maximum benefit to the participants.

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

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

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

- Focus on a stepwise reduction of sodium over time
- Set a goal to reduce sodium content of meals each year.(e.g., the local ENP will reduce the sodium level of the meals by 5 percent over this Fiscal Year; the ENP will provide not more than two high sodium meals per month)
- Maintain documentation of the reduction of sodium content of meals
- Place potassium rich foods on the menu consistently
- Provide nutrition education on the health impacts of high sodium intake on older adults
- Prepare foods without adding salt in the cooking process
- Use herbal seasoning to replace salt
Other Menu Requirements
1. A minimum of a 5-week cycle of menu shall be planned.
2. Menus shall be approved by a registered dietician (R.D.) and submitted to the AAA at least two weeks prior to use, to allow for review and certification by AAA Nutrition Consultant.
3. A minimum of a week’s menu shall be posted in a spot conspicuous to participants at each congregate meal site as well as in the preparation area. A minimum of a week’s menu shall be made available to HDM participants.
4. Menus posted shall be legible, easy to read and in the languages of the participant group.
5. Menu items high in sodium (more than 1,000 mg) shall be limited to once per week and highlighted so that participants are properly informed.
6. Meals shall be served as indicated on menus certified by AAA Nutrition Consultant. Substitutions shall be approved by the program nutritionist or program director and kept on file for audit purposes.

Nutrition Risk Screening Requirements
Program participant is required to be screened, on an annual basis, for his or her nutritional status using the nutrition risk-screening tool on the web-based consumer and service reporting application. Dietitians, nutritionists, physicians, and nurses could administer the screening on a one-on-one basis or in a group. Other staff or volunteer helping to administer the screening tool must be trained by dietitians or qualified nutritionists and have the training documented.

Program Income Requirements
Revenue generated from grant-supported activities must be identified as program income, which is to be used to increase the meal service level or facilitate access to meals service or other nutrition-related supportive services. Program income is:
1. Voluntary contributions received from a participant as a result of services. A suggested contribution rate must be approved by the AAA.
2. Income from usage or rental fees of real or personal property acquired with grant funds or funds provided under the Agreement with the AAA.
3. Royalties received on patents and copyrights from contract-supported activities.
4. Proceeds from sale of items fabricated under a contract or grant agreement.

Voluntary Participant Contribution Requirements
All participants shall be given the opportunity to contribute to the costs of the service. Providers may develop suggested contribution schedules. When developing such schedules, the income ranges of the older persons in the community, and the provider’s other sources of income shall be considered. A sign indicating suggested contribution and guest fee amounts are to be posted near the contribution container in congregate meal locations.

Each participant shall determine the amount of his/her contribution. Contribution schedules shall not be used as a means test to determine eligibility for nutrition services. No older person shall be denied participation because of failure or inability to contribute. Providers shall assure the privacy of each participant relative to his/her contribution. Providers shall establish procedures to protect contributions from loss, mishandling, and theft. All contributions, including those for guest and staff meals, shall be used to increase the number of meals served, to facilitate access to such meals, and to provide other supportive services.

Requirements for Congregate Meals
1. Service providers shall operate the meal site(s) on days that are approved by the Marin County Area Agency on Aging and provide at least one hot or other appropriate meal per day.
2. Providers shall be of sufficient size to ensure efficient and economical delivery of meals and
other nutrition services and to ensure coordination with related programs.

4. Congregate meal site shall:
   a. Have a valid Food Safety Certificate of an individual responsible for the food service operation (could be with the contracted provider)
   b. Have a responsible person, paid or volunteer, who is designated to serve as the site coordinator, who is directly supervised by an individual who has a valid food safety certification or meets the conditions as specified in the Memorandum of Understanding (MOU) between the host site and the food service operation provider.
   c. Permit all participants to eat a leisurely meal.
   d. Be located, if possible, within walking distance of concentrations of older persons.
   e. Be free of architectural barriers which limit the participation of disabled persons.
   f. Give preference to those individuals in greatest economic or social need, with particular attention to low-income minority individuals.
   g. Be located in a facility where older persons will feel welcome and comfortable. The cultural and ethnic preferences of the older persons in the service area shall be taken into consideration.
   h. Have adequate lighting and ventilation, which meets all applicable local or state laws and building and fire codes.
   i. Provide restrooms that are clean, adequate, and well equipped. Hand wash sign posted.
   j. Provide separation between the dining and food preparation areas.
   k. Have equipment, including tables and chairs that are sturdy and appropriate for older persons. Tables shall be arranged to assure ease of access, a pleasant atmosphere and to encourage socialization.
   l. Provide for appropriate table settings. Use environmentally friendly wares. If disposable ware is used, it shall be resistant to buckling and spillage, nonporous to prevent leakage, sanitary, and attractive. Utensils, such as forks, knives, and spoons must not melt, bend or splinter in normal use.
   m. Provide for celebration of special occasions by participants.
   n. Provide fire extinguishers that are inspected by the Fire Department within a year and instructions governing their use.
   o. Have an Emergency Plan developed and implemented; staff trained in emergency procedures.
   p. Provide a Material Safety Data Sheet (MSDS) binder accessible for all staff/volunteers, containing all approved cleaning products used at the site for cleaning the dishes, utensils, equipment, etc.
   q. Cleaning schedule and procedures posted and implemented at the sites.
   r. Refrigerator temperature record maintained daily and posted.

Requirements for Home-Delivered Meals

1. Home-delivered meal providers (HDM Provider) shall provide 5 or more meals a week to a participant (except in a rural area where such frequency is not feasible [as defined by the Marin County Area Agency on Aging or by regulation], in situations where a client requests less meals, and if a lesser frequency is approved by the State agency). The provider shall provide at least one home-delivered hot, cold, frozen, dried, canned, or supplemental foods (with a satisfactory storage life) meal per day. The provider may elect to provide additional meals.

2. Where feasible and appropriate, HDM providers shall make arrangements for the availability of meals to older persons in weather-related or other types of emergencies.

3. With the consent of the older person or their representative, HDM providers shall notify Marin County Area Agency on Aging regarding conditions or circumstances, which place the older person, or the household, in imminent danger.

4. Have a valid Food Safety Certificate of an individual responsible for the food service operation,
including meal delivery.

5. After a meal has been home-delivered, food safety is the responsibility of the participant, and the meal may be consumed as he/she thinks may be appropriate. HDM Provider shall encourage participants to store meals immediately in the refrigerator or freezer when delivered and educate them regarding the sources and prevention of food borne illness. HDM Provider shall provide heating instructions and expiration date of the meals. Program shall not leave meals outside a participant’s home.

6. Marin County Area Agency on Aging shall develop and implement procedures for screening and assessing the need for service of each eligible client.
   a. Criteria shall be established and used in a screening assessment to determine those individuals who are eligible to receive home-delivered meals. Priority screening criteria must be established if there is a waiting list.
   b. Initial screening and assessment to determine eligibility can be accomplished by telephone.
   c. Program participant must receive an in-home comprehensive assessment, within two (2) weeks of beginning meal service to determine his or her eligibility and the need for a home-delivered meal, and thereafter on an annual basis to re-assess the need. The comprehensive assessment covers physiological, socioeconomic, and psychological factors including the acute or chronic disease, syndromes or conditions, limited functional ability and family/support system. Staff will review the HDM Client Rights and Responsibilities at the initial in-home assessment and annually thereafter, which the client (or the client’s proxy) must sign in order to continue participation in the program.
   d. Reassessment of need shall be determined no less than quarterly. Such reassessment shall be done in the home of the participant at least once during the fiscal year.
   e. Qualified staff shall be appropriately trained in screening and assessment policies and procedures.
   f. A periodic check shall be made to ensure that meals have been consumed.
   g. To the extent possible, participants shall be screened for need for other services and referred as appropriate.

Food Procurement Requirements
1. All foods shall be of good quality and shall be obtained from sources that conform to Federal, State, and local regulatory standards for quality, sanitation, and safety.
2. Food in hermetically sealed containers shall be processed in a licensed establishment. No home-prepared or home-canned food shall be used.
3. Food from broken containers, unlabeled, rusty, or leaking cans or cans with side seam dents, rim dents, or swells shall not be used.
4. Milk shall be purchased from a reliable source whose standards of quality, sanitation, and safety comply with Division 15 of California Food and Agricultural Code. All milk products used and served shall be pasteurized.
5. All food contributions shall meet the standards of quality, sanitation, and safety set forth in this manual. Fresh fruits and vegetables of good quality may be contributed to the program. Prior to use, all fruits and vegetables shall be washed to remove dirt or insecticide residues. The program shall not accept contribution of wild game. Fresh ocean going and frozen fish may be accepted.
6. To the extent feasible all procurements shall be transacted in accordance with these standards. Providers are encouraged to participate in group food purchasing to the extent allowed by the above standard.
7. A comparative cost analysis shall be performed either by the provider or its group purchasing organization on an ongoing basis to obtain the highest quality food for the lowest price available.
Food Storage Requirements
1. Adequate and suitable space free from dirt, vermin and contamination or adulteration shall be provided for the storage of food, beverages, and cooking, serving, and eating utensils.
2. The dry storage area shall be cool, dark, well-ventilated, clean, orderly, and free from leakage, insects, rodents, and vermin, or other contamination. It shall have at least 10 foot-candles of light. It is recommended that the temperature of the dry storage area be maintained at 50-70°F.
3. Inventory systems shall be established and used. Stored goods shall be rotated to prevent deterioration. The first-in-first-out food rotation system shall be maintained.
4. All foods shall be stored at least 6 inches above the floor, 6 inches from the ceiling and away from the wall to permit free circulation of air and prevent contamination.
5. All food and non-food items shall be clearly labeled so that their contents are easily identifiable.
6. All chemicals and cleaning supplies shall be stored in an area separate from food.
7. Opened packages of foods, such as sugar, flour and noodles shall be stored in tightly closed containers and clearly labeled on the main part of the container.
8. Windows shall be screened to prevent insect invasion. Open doors shall be screened or equipped with self-closing devices or high velocity fans when left open for extended periods of time, e.g., during delivery times.
9. Street clothing and purses shall be stored in an area separated from toilets, food, paper, goods, utensils, kitchen equipment, and other supplies used in the preparation or service of food.
10. Refrigerators and freezers shall be kept clean and in good repair. All refrigerators shall maintain a maximum temperature of 40°F. All freezers shall maintain a maximum of 0°F. An accurate and readily visible thermometer shall be installed in all refrigerators and freezers.
11. Refrigerators/freezers temperature log shall be maintained daily at the kitchen and satellite meal sites when elderly nutrition program (ENP) meals are served.

Food Production Requirements
Food production and meal service shall be under the supervision of a person trained in food service management and certified according to CRFC to ensure HACCP procedures are followed. All frozen meat, fish, poultry, shellfish, and frozen products containing these foods shall be kept frozen until processing or cooking begins; defrosted in the refrigerator; or defrosted in cold running water of sufficient velocity to flush loose food particles into the sink drain.

1. Food Production Kitchens
   Have a valid health permit and a current health inspection certificate. Have a responsible person with valid food safety certificate overseeing the kitchen.

2. Production Control
   a. Production schedules or worksheets shall be available in the food preparation area.
   b. Food shall be prepared in sufficient quantities to serve all participants. Careful planning shall minimize leftover food and prevent waste.
   c. Standardized recipes shall be used to ensure consistency of quality and quantity and adherence to menu guidelines.
   d. Appropriate utensils for correct and consistent portion control shall be available and used at each site.
3. Sulfites shall not be added to fresh fruits, vegetables and potentially hazardous foods at the food production kitchen.
4. Ground beef products shall be cooked to heat all parts of the food to at least 155°F for 16 seconds or until the meat is no longer pink and the juices are clear.
5. Potentially hazardous food shall be cooled rapidly from 135°F to 41°F or below within a total of 6 hours.
hours and during this time the decrease in temperature form 135°F to 70°F shall occur within 2 hours.

6. No oil, shortening, or margarine containing artificial trans fat shall be used in meal preparation. Food label shall be maintained for all food or food additives that is or includes any fat, oil, or shortening for as long as the food is stored, distributed, served, or used in the preparation of food.

7. Home-Delivered meals not assembled for same day delivery shall be packaged within 2 hours from the completion of preparation; and immediately refrigerated or frozen after packaging.

8. Frozen Meals produce in the production kitchen which are not commercially prepared shall:
   a. Be prepared and packaged only in a central kitchen or on-site preparation kitchen;
   b. Be packaged within 2 hours of the end of food production. At the time of packaging, hot foods shall be at least 140°F and cold foods at 40°F or below;
   c. Be frozen as quickly as possible, and assured that they have been cooled to a temperature below 40°F within 4 hours;
   d. Have food temperatures taken and recorded at the end of food production, at the time of packaging and throughout the frozen process. Temperature shall be recorded and kept on file for audit;
   e. Be packaged in individual trays, properly sealed, and labeled with the date, contents and instructions for storage and reheating;
   f. Be frozen in a manner that allows air circulation around each individual tray;
   g. Be kept in a frozen state throughout storage, transport and delivery to the senior participant; and
   h. Be discarded after 30 days.

**Meal Service Requirements**

1. **Food Transport**
   All food for congregate and home-delivered meals shall be packaged and transported in a manner which protects it from potential contamination, including dust, insects, rodents, unclean equipment and utensils, and unnecessary handling. Assembling and transport equipment shall be capable of supporting or maintaining appropriate food temperatures.

2. **Temperature Maintenance**
   Hot food shall be maintained at or above 140°F and cold food shall be maintained at or below 40°F throughout the meal service period or until delivered to the homebound participant.

3. **Systematic Temperature Checks**
   a. Congregate food temperatures shall be taken daily at the end of production, upon delivery and at the time of service.
   b. Home-delivered meal food temperatures shall be taken:
      (1) Daily at the end of production and at the time of meal assembly/packaging;
      (2) On a regular basis not less than twice a month at the end of each delivered route; and
      (3) End-of-route temperatures not meeting temperature requirements shall have temperatures taken not less than weekly until the problem is corrected.
   c. A copy of the temperature records shall be returned to the provider for monitoring and review by management. Records of all temperature checks shall be kept on file for review by AAA Nutrition Consultant.

4. **Holding time**
   To maintain quality in prepared foods, holding times shall be kept to a minimum. Long periods of holding hot foods at required temperatures diminish the nutrient content and the palatability of foods.
   a. Temperatures of food during the holding time shall be maintained at 140°F or above for hot foods and 40°F and below for cold foods.
   b. Holding time between the end of production and the beginning of food service at the
congregate site or the delivery of the last home-delivered meal, shall not exceed 2 hours.
c. Home-delivered meal holding time may be extended to 3 hours for isolated and remote locations which cannot be accessed in 2 hours, if approved by the Marin County Area Agency on Aging. Required temperatures shall be maintained.
d. Frozen home-delivered meals may exceed the 2-hour holding time when the food is maintained in a frozen state until delivery.
e. Cold home-delivered meals may exceed the 2-hour holding time when food is maintained at or below 40°F until delivery.

5. Milk and products resembling milk shall be provided in individual, commercially-filled containers, or shall be poured directly from commercially-filled bulk containers into the glass or cup from which it is consumed.
6. Single service utensils and tableware shall be used one time only and then discarded.
7. Appropriate food containers and utensils for blind and disabled participants shall be available on request or other assistance provided.

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

1. The health permits shall be posted at the production kitchen.
2. Annual inspections by local health officials shall be secured for all kitchens.
3. Photocopies of all initial inspection certificates and health permits shall be forwarded to AAA prior to the commencement of program operations. The originals of all sanitation reports are to be retained in project files for 3 years.
4. Photocopies of all renewal inspection certificates shall be forwarded upon receipt to AAA.
5. Copies of all sanitation reports shall be submitted to AAA.
6. Dish washing facilities and techniques shall comply with local and State Health Department regulations. Domestic dish washing machines may be used if they comply with sanitation regulations. Written approval by the AAA should be obtained before purchasing any equipment. A dishwashing temperature and sanitizer log must be maintained on a daily basis and posted in the kitchen or at the meal sites.
7. All new and replacement equipment shall meet or be equivalent to applicable National Sanitation Foundation (NSF) standards, or in the absence of such standards, be approved by the local health department.
8. All programs shall provide facilities and equipment necessary to properly store or dispose of all waste material.
9. All food waste and rubbish containing food waste shall be kept in tight, non-absorbent, rodent-proof containers, covered with close-fitting lids. Trashcans in food production areas shall be kept covered, except during production time. Waste containers used for storing garbage shall be maintained in a clean and sanitary condition.
10. Cleaning schedule and procedures shall be posted and followed at all kitchens and meal sites. Cleaning schedules are to include what is to be cleaned, frequency of cleaning, how it is to be cleaned and who is to do the cleaning.
11. Material Safety Data Sheets (MSDS) for all chemical products used in the kitchen or meal sites shall be obtained and maintained in the kitchen or at the meal sites. Instructions on MSDS must be provided to food service workers, paid or volunteer, during the orientation and thereafter on an ongoing basis.

Employee Health Standards
1. **Communicable Diseases.** All food handlers and servers shall be free of communicable disease. If an employee or volunteer is believed ill or a carrier of a communicable disease, she/he shall be restricted from performing food preparation and service activities. Clearance from a physician may be requested by the provider prior to permitting the employee to return to work.

2. **Clothing, Head Coverings.** All food handlers and servers shall wear clean, washable clothing, close-toed protective footwear, and hairnets, caps, or other suitable hair coverings to prevent contamination of foods, beverages and/or utensils.

3. **Tongs, Disposable Hand Coverings.** All food handlers and servers shall use tongs or other implements while serving food. If hand contact with the food is unavoidable, disposable hand coverings shall be worn.

4. **Tobacco.** All food handlers and servers are prohibited from using tobacco in any form while preparing, handling, or serving food or beverages. Tobacco shall not be used in any form in any room or space used primarily for the preparation or storage of food. Projects shall post and maintain “No Smoking” signs in such rooms or places.

5. **Hand Washing.** All food handlers and servers shall thoroughly wash their hands prior to beginning work, after using the toilet, and every time hands are soiled. Hand washing facilities in good repair and equipped with hot and cold running water shall be provided for employees within or adjacent to the food preparation area. A permanently installed detergent or soap dispenser and single use paper towels or hot air blowers shall be provided at or adjacent to all hand washing facilities. Legible signs shall be posted in each toilet room directing employees that they shall wash hands with soap before returning to work.

**Leftover Meals Requirements**

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

1. **Site Prepared Leftovers [Not Applicable].** Leftovers from food which has been prepared at a site shall be handled and used in the following manner:
   a. All leftovers shall be covered, labeled, and dated;
   b. All leftover foods shall be brought to an internal temperature of 40°F within 4 hours. Hot food should be placed in shallow containers no more than 4 inches deep, and refrigerated to allow for air circulation around the container;
   c. Refrigerated leftover food shall be used within 2 days. Frozen leftovers held at 0°F shall be used within 30 days;
   d. Reheating of all leftover foods shall occur rapidly to an internal temperature of 165°F for 15 seconds;
   e. Priority shall be given to serving leftovers as seconds to congregate participants; and
   f. Leftover meals cannot be counted as additional participant meals nor are they eligible for AAA reimbursement.

2. **Satellite Site Leftovers.** Central kitchen or caterer prepared foods transported to a satellite site shall be handled and served in the following manner:
   a. Food shall be served and consumed at the site;
   b. Food which has been transported to the site and not eaten shall be discarded unless it is in the original unopened containers, and been maintained at proper temperatures. Such items...
are canned juice, fresh fruits, vegetables, milk, bread, etc.;
c. Priority shall be given to serving leftovers as seconds to congregate participants; and
d. Leftover meals cannot be counted as additional participant meals nor are they eligible for AAA reimbursement.
e. Satellite leftover meals shall not be used for home-delivered meals.

3. Central Kitchen Leftovers. Leftovers from a central kitchen or catered prepared foods are to be handled according to relevant sections above.

4. Foods Taken from Sites. Employees, volunteers, or participants shall not take unserved leftover foods from kitchens or sites. The meals that are packaged and sent to ill congregate participants shall follow procedures below:
   a. Providers shall establish procedures to identify and track meals sent to congregate participants who are ill.
   b. After 5 consecutive days of receiving a meal, the congregate meal is to be discontinued and the participant assessed for home-delivered meal service.
   c. If a provider has a waiting list for home-delivered meals, an individual may continue to receive a congregate meal upon assessment of the need by the provider and approval by AAA.
   d. Providers shall educate food service staff and volunteers on proper handling of these meals to ensure the food safety of meals sent to ill congregate participants.

5. Safety of the food after it has been served to a participant and when it has been removed from the congregate site is the responsibility of the recipient and may be consumed as that participant deems appropriate. Providers shall post signs stating that:
   “For health reasons, taking out potentially hazardous food is not recommended. Doing so is at your own risk.”

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

Contributed Food Requirements
All food contributions accepted by the production kitchen shall meet the standards of quality, sanitation and safety set forth in this manual. Food prepared or canned in private homes, donated by food establishments other than meal production providers contracted under the Marin County Area Agency on Aging shall not be used in meals provided by the HDM or congregate meal providers.

Food Service Contract Provisions
Food service contracts are hereby defined as contracts for the purchase of meals, portion of meals or for food preparation, by the HDM or congregate meal providers. All contracted meal production establishments shall adhere to all of the standards set forth in Title 45, Part 74, Subsection P and policies set forth by the Marin County Area Agency on Aging. The food service contract shall become part of the HDM or congregate meal providers service contract with the Marin County Area Agency on Aging.

Nutrition Risk Screening
The nutrition screening questionnaires shall be administered at the congregate nutrition sites, senior centers, homes of the homebound seniors and other community settings that house Marin County Area Agency on Aging Congregate Meal and Home-Delivered Meal programs, by social workers, dietitians, nutritionists, nurses, home-delivered meals’ coordinators, caretakers, congregate site managers/coordinators, other qualified individuals, or seniors themselves. Methods of the checklist administration will include an in-
person interview, telephone interview, self-administered with or without supervision and by mail. If the screening survey is done in a group setting at a congregate nutrition site by qualified individuals as approved by the Marin County Area Agency on Aging, the session could be counted as meeting one unit of nutrition education services. If the screening is done for home-delivered meal clients, it could be counted toward meeting the home-delivered meal assessment or reassessment requirement provided it be performed by qualified individuals as approved by the Marin County Area Agency on Aging.

Client Grievance and Complaint
The provider shall establish a Client Grievance and Complaint protocol according to the needs of the program and the Marin County Area Agency on Aging’s grievance and complaint policy. The policy shall indicate a time frame within which a complaint will be acknowledged. The time frame shall not exceed two (2) working days after receipt of the complaint. The acknowledgement letter will clearly state the grievance levels within the agency.

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

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

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

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

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

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