

Nutrition Program Operations

Aging Policy Manual

I. Introduction

This chapter addresses policy and procedures that are specific to the nutrition program funded by the Older Americans Act. Policies and procedures in other chapters of this manual such as fiscal, planning and personnel also apply to nutrition program administration.

A. Purpose of the Nutrition Program

The purpose of the elderly nutrition program is as follows:

- to reduce hunger and food insecurity
- to promote socialization of older individuals
- to promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior

B. Objectives of the Program

The objectives of the elderly nutrition programs are as follows:

- to prevent malnutrition and promote good health behaviors through nutrition education, nutrition screening and intervention of participants
- to serve wholesome, delicious meals that are safe and of good quality, through the promotion and maintenance of high food safety and sanitation standards
- to promote or maintain coordination with nutrition-related and other supportive services for older individuals
- to target older adults who have the greatest economic or social need with particular attention to low-income minority and rural individuals

C. History of the Program

The Older Americans Act (OAA), Public Law 89-73, was enacted in 1965 to provide assistance in the development of new or improved programs which help older persons. One of the first programs established through the OAA was the elderly nutrition program. A few milestones of the program are as follows:

- In 1968, Congress appropriated two million dollars for the establishment of a three-year demonstration and research program of nutrition for older people, to be conducted by the Administration on Aging (AoA) under Title IV of the Older Americans Act (OAA).
- Congress enacted the National Nutrition Program for the Elderly in 1972 as a new title of the OAA, signed by President Nixon on March 22nd, 1972.
- Pilot elderly nutrition programs began serving congregate meals in Wisconsin in 1972, with the majority of areas being served by 1974. The first home-delivered meals were served in 1978.

II. Nutrition Program

Each aging unit shall employ for the nutrition program an adequate number of qualified staff, supplemented as necessary by qualified consultants, to ensure the provision of program leadership, planning, food-service management, nutrition services and other services.

Nutrition programs shall comply with applicable personnel policies and with the requirements stated in this chapter.

A. Nutrition Program Director

A nutrition program director is responsible for the day-to-day management and administrative functions of the program. The nutrition program director will be hired on a full-time basis unless the county or tribal aging unit can clearly demonstrate that the size of the program or other conditions indicate that a part-time position is adequate.

The duties and responsibilities may include the following:

- (1) Recruit, screen, interview, hire, train, and supervise all part-time and full-time subordinate personnel affiliated with this program.
- (2) Inform, assist, and seek advice from the nutrition advisory council.
- (3) Contract for provision of food stuffs, supplies, and facilities according to the procurement procedures of

the designated authority and as described in this manual.

- (4) Develop fiscal procedures for the local dining centers.
- (5) Prepare contract applications, job descriptions, bid specifications and proposals, and budget proposals in a timely and proper manner as directed.
- (6) Plan, develop, implement, and coordinate all programs and services included within the nutrition program.
- (7) Coordinate the development and provision of supportive services for this program.
- (8) Maintain all accounts and records required by this program and submit reports as directed.
- (9) Develop and maintain good working communication with the awarding agency for all aspects of this program.
- (10) Compile, organize, and prepare written reports and materials for the aging unit and other key agencies as directed (this includes the county or tribal aging unit, the AAA, and BADR).
- (11) Set up auditing controls to measure program effectiveness, feasibility, and costs on a continuing basis.
- (12) Identify program problems and recommend remedial measures.
- (13) Attend public hearings and meetings relating to legislative proposals for the elderly as directed by the aging unit.
- (14) Carry out all other duties and activities assigned to the holder of this position.
- (15) Develop and maintain a good public relations program including the use of local newspapers, radio, and public appearances.
- (16) Develop training programs for nutrition program staff as needed.
- (17) Recruit, train, and recognize volunteers for the nutrition program as needed.

B. Nutrition Program Dining Center Managers

All congregate dining centers shall be supervised by a designated dining-center manager who, under the nutrition program director, is responsible for organizing and supervising the safe and sanitary service of meals and all other related nutrition program activities carried on at the dining center.

Depending on the structure of the nutrition program, job duties for dining-center managers may include some of the following:

- greeting and registration of participants
- record-keeping of program data

- counting and depositing participant donations
- food safety activities such as testing and recording food temperatures; and washing utensils and surfaces
- outreach to new participants
- quality assurance for food or for food-vendor contracts
- assessments for home-delivered-meal participants
- scheduling and/or supervising volunteers in some of the above activities

Important skills and qualities to consider when hiring dining-center managers include food-handling experience, first-aid certification, group leadership experience, problem-solving abilities, and a warm, non-judgmental personality.

C. Nutrition Program Nutritionist

OAA Sec. 339: "A State that establishes and operates a nutrition project under this chapter shall (1) solicit the expertise of a dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services, and (2)(G)(i) a dietitian or other individual described in paragraph (1)."

Each nutrition program shall employ or retain the services of a qualified dietician or nutritionist who is responsible to the nutrition program director and available to the program for no less than eight hours per month. This may include the time of a nutritionist provided by a caterer's contract.

Program nutritionist responsibilities include all of the following:

- (1) Approve all menus served.
- (2) Assist the program director in the development and provision of staff training in proper sanitation.
- (3) Assist the program director in the development of sanitation policies and procedures.
- (4) Assist the program director in the selection of food service equipment.
- (5) Assist the program director in the development of food contracts.
- (6) Assist the program director in the provision nutrition screening.
- (7) Oversee nutrition education programming and approve materials.
- (8) Annually monitor each nutrition-services provider and dining center to evaluate the provision of nutrition

services. At a minimum, this annual monitoring shall include verification of all of the following:

- (A) Meals comply with the nutrition requirements of menus.
- (B) Food safety standards are in accordance with the Wisconsin Food Code.
- (C) All nutrition education services comply with state policy.
- (D) Nutrition screening scores are accurately collected from all participants in compliance with state policy.

Other duties and responsibilities may include the following:

- (1) Assist the program director in the development and implementation of a nutrition education plan.
- (2) Review all nutrition screening forms of participants.
- (3) Coordinate and provide nutrition counseling to participants who are nutritionally at risk.
- (4) Coordinate and provide supportive nutrition services.

For the purpose of the Wisconsin elderly nutrition program, a "qualified nutritionist" shall have one or more of the following qualifications:

1. Certified Dietitian

Certified dietitians are individuals who hold a current certification with the State of Wisconsin Department of Regulation and Licensing and are certified as a dietitian under the Wisconsin State Statutes, Chapter 448, "Medical Practices," Subchapter IV, and Dietitians Affiliated Credentialing Board. This person uses the C.D. credential. Verification of certification can be done online at the website for the Wisconsin Department of Regulation and Licensing.

2. Registered Dietitian

Registered dietitians are individuals who hold a current registration with the Commission on Dietetic Registration. They use the R.D. credential. To verify whether or not someone is a registered dietitian or if they are registration-eligible, contact the Commission on Dietetic Registration of the American Dietetic Association at 800-877-1600, ext. 5500. Provide the person's name or social security number.

3. Registered Dietetic Technician

Registered dietetic technicians are individuals who hold a current dietetic technician registration with the

Commission on Dietetic Registration. This person uses the D.T.R. credential. To verify whether or not someone is a registered dietetic technician or if they are registration-eligible, contact the Commission on Dietetic Registration of the American Dietetic Association at 1-800-877-1600, ext. 5500. Provide the person's name or social security number.

4. Comparable Education/Experience and Authorization

Comparable education and/or experience require authorization in writing from the area agency on aging dietitian or the BADR nutrition coordinator. Those not likely to receive approval include nurses, dietary managers, dietary supervisors, and cooks; unless they can prove an extensive, well- rounded education and experience in the major areas of dietetic practice.

D. Student Working the Program

When dietetic or nutrition students perform activities of the program nutritionist, they shall be supervised by a qualified nutritionist, either on site or after extensive training and orientation, through regular evaluation of the work performed by the student.

E. Other Required Staff Capacity

In addition to staff requirements listed above, each aging unit shall have accounting and clerical capacity sufficient to fulfill the nutrition program's budgetary, fiscal, reporting, and record-keeping responsibilities.

F. Volunteers

To the maximum extent feasible, the nutrition program shall provide training and opportunities for voluntary participation of individuals in all aspects of program operations. Appropriate orientation and training shall be provided by the nutrition program.

G. Nutrition Advisory Council

The nutrition program of each aging unit shall establish a nutrition advisory council that is separate from any other advisory group of the aging unit. If feasible, the nutrition program may also set up a separate advisory council for home-delivered-meal representation. The nutrition advisory council shall advise the nutrition director on all matters relating to the delivery of nutrition and nutrition-supportive services within the program area. All recommendations and suggestions of the council shall be in accord with federal and state policies and shall take into consideration the nutrition budget.

1. Council Roles and Responsibilities

- Make recommendations to the nutrition director regarding the food preference of participants.
- Make recommendations to the nutrition director and the aging unit regarding days and hours of dining center operations and locations.
- Make recommendations to the nutrition director regarding dining center furnishings with regard to disabled or handicapped participants.
- Conduct a yearly on-site review of each dining center in the program.
- Advise and make recommendations to the nutrition director and aging unit regarding supportive social services to be conducted at dining centers.
- As an organized group, give support and assistance to the ongoing development of the nutrition program.
- Represent and speak on behalf of the nutrition participants and program.
- As a liaison group, act as a communications clearinghouse between the nutrition program and the general public.

2. Membership and Structure

More than one-half of the council membership shall consist of nutrition program participants elected as dining-center representatives and shall include representation from home-delivered-meal recipients. Representation of home-delivered-meal participants can be met by family members, caregivers, or neighbors. The remaining council membership should provide for broad representation from public and private agencies that are knowledgeable and interested in the senior-dining and home-delivered-meal program.

3. Meetings

The council shall meet as often as is useful and practical, but no less than quarterly. By-laws and parliamentary procedures should be adopted to govern the conduct of council business. Meetings must be open, with notices posted in accordance with the Open Meetings Law; minutes shall be kept for all nutrition advisory council meetings. Records shall be kept for three years.

4. By-Laws

Nutrition advisory council by-laws should include, but not be limited to, all of the following:

- (1) an article describing responsibilities of the council

- (2) provision for specifying number, election, tenure and qualifications of members
- (3) dates for regular and annual meetings and the manner of giving notice for regular, annual and special meetings
- (4) provision for hearing participant grievances
- (5) provisions for amending and updating the by-laws
- (6) provision for the establishment of dining-center councils (optional)

III. Funding Sources

The elderly nutrition program is funded by a combination of federal and state funds, local public and private funds, and participant contributions. These funding sources and the conditions of their use are described below. Aging units must provide both congregate and nutrition programs as a condition of receiving these funds.

A. Funding Source: Federal Title III C-1 and State Funds

Elderly nutrition programs receive federal Title III-C-1 and state funds for the congregate meal program, and federal and state Title III-C-2 funds for the home-delivered-meal program. Counties and tribes may choose to use additional state funds for the home-delivered-meal program through the state-funded Senior Community Services Program. The program is also responsible for the planning and use of participant donations for the county.

B. Use of Title III-B and III C-2 Funds

Title III-B and Title III-C-2 funds may not be used to provide congregate meals. Title III-C-1/state funds may not be used to provide III-B services.

C. Funding Source: Nutrition Services Incentive Program (NSIP)

OAA Sec. 311:

- (a) The purpose of this section is to provide incentives to encourage and reward effective performance by States and tribal organizations in the efficient delivery of nutritious meals to older individuals.

- (1) The Secretary of Agriculture shall allot and provide in the form of cash or commodities or a combination thereof (at the discretion of the State) to each State agency with a plan approved under this title for a fiscal year, and to each grantee with an application approved under the Title VI for

such fiscal year, an amount bearing the same ratio to the total amount appropriated for such fiscal year under subsection (e) as the number of meals served in the State under such plan approved for the preceding fiscal year (or the number of meals served by the Title VI grantee, under such application approved for the preceding fiscal year), bears to the total number of such meals served in all States by all Title VI grantees under all such plans and applications approved for such preceding fiscal year.

- (d) (4) each state agency and Title VI grantee shall promptly and equitably disburse amounts received under this subsection to recipients of grants and contracts. Such disbursements shall only be used by such recipients of grants or contracts to purchase domestically produced foods for their nutrition projects.
- (5) Nothing in this subsection shall be construed to authorize the Secretary or the Assistant Secretary to require any State agency or Title IV grantee to elect to receive cash payments under this subsection."

NSIP funds are a resource to the program that allow the program to increase the number and/or quality of meals served. Wisconsin has opted for cash payments in lieu of donated foods; this decision was based on the preferences of the nutrition program directors.

1. OAA Law and Federal Regulations Requirements for NSIP funds:

- Only Title III county/tribal nutrition-program grantees receive NSIP funds.
- County/tribal nutrition programs shall use the funds to purchase foods for use in the program meals.
- Nutrition programs shall report counts of eligible meals to the AAA as required for the purposes of NSIP.
- Each program shall develop and utilize a system for documenting eligible meals. Acceptable methods for documenting meals served include: obtaining signatures daily from participants receiving meals; or maintaining a daily or weekly route sheet signed by the driver that identifies the client's name, address, and number of meals served to them.
- Records documenting eligible meals shall be maintained for a period of three years.

2. NSIP Meal Count: Eligible Meals

An annual meal count shall be submitted by BADR to AoA in November of each year, and will include all

eligible meals served during the previous federal fiscal year (FFY), October 1 through September 30. This meal count will be used to AoA to calculate NSIP grants for the next FFY.

For a meal to be included in the NSIP meal count, all of the following conditions must be met:

- (1) Meal shall provide one-third the daily recommended dietary allowance (RDA).
- (2) Meal shall be served to eligible individuals age 60 or over, or other persons made eligible by the OAA Law.
- (3) Meal shall be served by an agency that has received a grant under the provisions described in OAA Law.
- (4) The nutrition dining center shall comply with all requirements for the Title III-C program, including offering the meal on a donation basis, and must be under the jurisdiction, control, management and audit authority of the Title-III network.

Meals served to an elderly individual under a publicly funded long-term care program, such as Family Care or IRIS, or another means-tested program may not be included in the NSIP count.

D. Funding Source: USDA Food Stamps/FoodShare Wisconsin

The nutrition program shall assist participants in taking advantage of benefits available to them under the food stamp program.

Programs may apply to be authorized food-stamp vendors in order to accept food stamps as a voluntary contribution from participants. A food-stamp field representative will provide instruction on the procedure for acceptance. Contact the Wisconsin office of the United States Department of Agriculture, Food and Nutrition Service at:

Food and Nutrition Service, USDA
Suite 300
8030 Excelsior Drive
Madison, WI 53717-1950
Phone: 608-662-3361
Fax: 608-662-3364



Wisconsin's food stamp program, now known as FoodShare Wisconsin, implemented the federally required electronic benefit-transfer system (EBT) in 2000. The EBT replaced all paper food stamps with a benefit card, similar to a credit card. There is a concern that elderly persons who qualify for the food stamp program may be uncomfortable using the benefit card. With help from the benefit specialist, nutrition programs should assist participants in the application and use of FoodShare Wisconsin benefits.

E. Funding Source: Community Based Long-Term Care Programs

Community-based long-term care programs include all of the following:

- Community Options Program (COP)
- Community Options Program Waiver (COP-W)
- Community Integration Program (CIP)
- Community Supported Living Arrangement (CSLA)
- Brain Injury Waiver (BIW)
- Include, Respect, I Self-Direct (IRIS)
- Program of All-Inclusive Care for the Elderly (PACE)
- Managed Care
- Family Care and Partnership

These may be used to reimburse nutrition programs for the cost of providing meals to long-term care program clients. The reimbursement rate shall be based on the full cost of the meal including overhead and administration. Programs find it helpful to have a memorandum of understanding between the agencies providing each program, in order to specify the reimbursement rate for long-term care program meals. Programs shall not reduce the total meal cost by the NSIP per-meal amount. Meals served to an elderly or otherwise eligible person through a long-term care program (as listed above) shall not be included in the NSIP meal count.

F. Funding Source: Local Funds

Local funds may be contributed to the program from local public or private governments, agencies, or organizations and may be used for the required match. Local fund expenditures must follow rules of the program for which they were contributed.

G. Funding Source: Voluntary Contributions

In most cases, voluntary contributions by participants make up approximately one-third of the program's income. The collection and use of these contributions is described in this section.

Since its enactment in 1965, the Older Americans Act has emphasized regard for the dignity of older persons by requiring that opportunities are provided to older persons to participate not only in the planning and administering of aging programs, but also in the cost of services. Therefore, each provider of Title-III services shall provide each older person an opportunity to voluntarily contribute to the cost of service. These contributions shall be used to expand meal services, to maintain the service level, to facilitate access to such services (including transportation), to provide outreach, and to provide nutrition education and dietary counseling.

Contributions collected at individual dining centers and home-delivered-meal participant homes must be returned to the county or tribal aging unit to be used in the planning and budgeting for the countywide or reservation-wide nutrition program. Appropriate procedures must be established to safeguard and account for all contributions.

Programs, with the advice and consent of nutrition advisory groups and the commission on aging, may opt for one or more of the following choices (self-identified means tests may not be used):

- Set a suggested donation.
- Set a range of donation levels based on participant income.
- Provide participants with total meal costs.

To maintain integrity of the intention of the Older Americans Act regarding voluntary contributions, programs must do all of the following:

- (1) provide each older person with an opportunity to voluntarily contribute to the cost of the service
- (2) protect the privacy of each older person with respect to his or her contributions
- (3) establish appropriate procedures to safeguard and account for all contributions
- (4) not deny an older person a service because the older person cannot or will not contribute to the cost of the service
- (5) not require a contribution or in any way imply one is required in order to participate

1. Contribution Signs and Brochures

At each dining center, there shall be a sign which includes meal cost, source of funds used for programs, and the stipulation that no participant may be denied a meal. The signs, brochures, or letters should be in large print.

2. Non-Differentiation

Regard for dignity entails not only an opportunity to contribute by persons who are able, but also freedom from embarrassment for those who cannot. Accordingly, the methods for receiving contributions shall be handled in a manner that does not publicly display the differing contributions of participants. Confidentiality as to contribution level is required.

3. Gift Certificates

Gift certificates may be offered by the nutrition program to relatives or friends of a participant for meals. As long as the participant using the gift certificate is eligible for service, the certificate may be offered on a donation basis. Gift certificates may be sold for use by non-eligible individuals for the total meal cost.

4. Contributions as Program Income

Contributions made by older people are considered program income. Contributions from local civic groups, businesses, etc., are also considered program income. Program income shall be planned for and spent by the county/tribal aging unit on behalf of the nutrition program.

5. Management of Contributions by Staff

Procedures shall be established for the return of cash contributions from the dining center area and home-delivered-meal participant homes to the aging unit, such as establishing a bank account from which the aging unit can draw a check. Consider the following when developing a procedure:

- (1) Two persons shall be responsible for counting receipts.
- (2) All participant contributions shall be recorded immediately and a log of daily receipts shall be maintained. This record shall agree with the bank deposit record.
- (3) All cash receipts and participant contributions shall be deposited regularly. In areas without banks,

- money orders purchased from post offices may be used.
- (4) Records of deposit shall be obtained from the bank. Bank statements shall be reconciled to receipts and deposit records.
 - (5) Records regarding accountability of contributions shall be kept on file along with other agency records for a period of three years.
 - (6) Other safeguards include keeping receipts in a locked box or a safe until deposited, comparing deposit slips with receipts, and bonding of employees handling cash.

6. Meal Ticket Systems

Programs may institute a system of issuing meal tickets for senior dining and/or home-delivered meals. The following points should be considered:

- Programs offer the tickets to participants for a voluntary contribution on a daily, weekly, or monthly basis.
- Participants *must* be allowed confidentiality of their donation.
- Instructions and the nature of the transactions *must* make clear that participants are free to voluntarily contribute as little or as much as they can afford.

Advantages of this system include the following:

- decreases possible banking costs by decreasing the number of days on which cash is handled
- ensures confidentiality of a participant's donation amount
- lightens workload of dining center staff and volunteers

IV. Nutrition Program Administration

A. Senior Dining (Congregate) Meals Level of Service

OAA Sec. 331. PART C. NUTRITION SERVICE. SUBPART 1: CONGREGATE NUTRITION SERVICES PROGRAM AUTHORIZED:

"The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 307 for the establishment and operation of nutrition projects that"

- (1) 5 or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by regulation) and a lesser frequency is approved by the State agency), provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide;
 - (2) shall be provided in congregate settings, including adult day care facilities and multigenerational meal sites; and
 - (3) Provide nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal participants."
- Each nutrition program shall serve meals five (5) or more days per week for congregate-meal and home-delivered-meal service in at least one site. In areas where such frequency is not feasible, a lesser frequency must be approved by the area agency on aging.
 - Each nutrition program shall provide hot or other appropriate meals, such as meals that are served when equipment breaks down or weather conditions make the serving of a hot meal inappropriate. Frozen meals may be served when determined appropriate for the individual.
 - Meal frequency shall be reviewed annually to determine any need for change.

B. Home-Delivered Meals Level of Service

OAA Sec. 336. PART C: NUTRITION SERVICE. SUBPART 2:

HOME-DELIVERED NUTRITION SERVICES PROGRAM AUTHORIZED:

"The Assistant Secretary shall carry out a program for making grants to states under State plans approved under section 307 for the establishment and operation of nutrition projects for older individuals that provide"

- (1) on 5 or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by rule) and a lesser frequency is approved by the State agency) at least one home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental foods and any additional meals that the recipient of a grant or contract under this subpart elects to provide; and
- (2) Nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal recipients.

- Meals shall be served five (5) or more days per week for congregate-meal and home-delivered-meal service except in areas where such frequency is not feasible and a lesser frequency is approved by the area agency on aging.
- The nutrition program shall promptly meet an eligible individual's request for home-delivered meals and shall continue to provide those meals as long as the person needs them. If the home-delivered-meal program is serving at capacity, then eligible individuals shall be put on a waiting list.
- Programs shall make every effort to provide two (2) or three (3) meals per day, seven (7) days per week, to those who need them and/or have no other assistance with their nutritional needs.

C. Nutrition Screening

Nutrition screening utilizes a nutrition screening checklist to help identify participants who are at nutritional risk.

All participants receiving services with Title III-C funds shall receive a nutrition screen at least once per year. The nutrition screening checklist is a federal public information collection requirement in the National Aging Program Information System (NAPIS).

The required screening tool in Wisconsin is the "DETERMINE Your Nutritional Health" checklist. The content of this form was developed through the Nutrition Screening Initiative (NSI); however, the form has been modified for use in Wisconsin's nutrition program. Nutrition programs may adapt the form to meet their program needs; however, programs are required to keep the wording of the questions, the order of the questions and all scoring/point values the same.

D. Nutrition Education

Nutrition education enables a program to promote better health by providing accurate and culturally sensitive information and instruction regarding nutrition, physical fitness, or health (as it relates to nutrition); both to participants and caregivers, in a group or individual setting overseen by the nutrition program nutritionist.

Nutrition education shall be provided a minimum of four (4) times per year (one per quarter) to participants in congregate-meal and home-delivered-meal programs. Where appropriate and feasible, each program shall provide monthly nutrition education suitable to participant needs and interests.

- (1) At least four (4) times per year (once each quarter), nutrition education for congregate dining centers shall include a cooking demonstration, educational taste-testing, presentations, walk-by displays, and lecture or small-group discussions, all of which may be augmented with printed materials.
- (2) Nutrition education for home-delivered-meal participants may consist solely of printed material.
- (3) A qualified nutritionist shall provide input and shall review and approve the content of nutrition education prior to presentation.
- (4) Nutrition education topics shall include food/nutrients including vitamin B₁₂ and vitamin D, nutrition, physical activity, food safety, consumerism and health.
- (5) Participant need and interest can be assessed in any of the following manners:
 - (A) Tabulate scores of nutrition screening tools.
 - (B) Survey participants to determine interest areas.
 - (C) Ask dining-center managers, volunteers and route drivers about current topics or concerns of participants.
- (6) The education is more effective when the information presented is relevant to a participant's personal, cultural, and socioeconomic circumstances.
- (7) Serving food samples at a nutrition education event is a nice way to draw interest in the topic.
 - (A) When food is offered, it shall be served in a safe and sanitary manner consistent with food-code regulations.
 - (B) Foods offered should be nutritious and appropriate for the topic discussed.
 - (C) Keeping portion sizes small will ensure good appetites for the meal.

Nutrition programs may compile a yearly written nutrition education plan, possibly developed, implemented, and monitored by the qualified nutritionist. In addition, an annual needs assessment can be performed by the nutritionist to determine the topics included in the plan.

Contact the AAA or BADR for resources on nutrition education.

E. Nutrition Counseling and Other Nutrition Interventions

Nutrition counseling means the provision of individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medication usage or chronic illnesses. Counseling

includes advice about options and methods for improving the participant's nutritional status; it should take into consideration the participant's desires, the participant's cultural, and health, socioeconomic, functional, and psychological factors; and should include home and caregiver resources. Nutrition counseling shall be performed by a qualified nutritionist.

Participants must be given the opportunity to voluntarily contribute toward the cost of the nutrition counseling service. Programs should base a suggested donation amount on the full cost of providing the service. When costing the service, include administration, in-kind donations, supplies, travel and documentation time.

For nutrition counseling resources, contact the AAA or BADR.

F. Nutrition-Related Supportive Services

Nutrition-related supportive services include outreach for food security and other nutrition programs, food and shopping assistance. These services may be provided using program funds, and voluntary contributions may be requested. Such services should be targeted to those at greatest nutritional risk.

1. Other Nutrition Services

At least one (1) time per year nutrition programs shall provide to home-delivered-meal participants, in the participants' communities, available medical information on obtaining vaccines, including vaccines for influenza, pneumonia, and shingles. The medical information provided shall be approved by a qualified health-care professional such as a physician and may consist solely of printed material such as informational brochures.

G. Eligibility for Services

1. Eligibility for Senior Dining (Congregate) Meals

Individuals eligible to receive a meal on a contribution basis at a senior dining center are:

- Aged 60 or older.
- Any spouse who attends the dining center with their spouse who is aged 60 or older.
- A person with a disability, under the age of sixty (60), who resides in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided.

- A disabled individual who resides at home with an eligible older individual participating in the program.

Any nutrition-services staff, guests, and volunteers who meet the criteria above are considered to be eligible persons for purposes of receiving meals. These individuals shall be given the same opportunity as any other participant to contribute to the cost of the meal in accordance with usual contribution procedures.

Eligibility criteria for participants of the senior dining program shall be available in writing to all potential participants, referral agencies, physicians, public and private health organizations and institutions, and the general public.

Meals served to the above eligible participants shall be included in the NSIP meal count.

i. Residents of Group Living Homes

There are no federal regulations, state laws, or policies that require the elderly nutrition program to subsidize meals provided to residents of a group living home.

If a group living home wants its residents to attend a dining center, the group home director and the nutrition director should attempt to work out an arrangement, which may include the following: supervision of clients while at dining centers, reservations, contributions by residents toward the cost of a meal, number of residents attending the dining center, etc.

The nutrition program may charge the group living home facility for the total cost of providing meals or other nutrition services to its residents, and may set the circumstances under which residents of a group living home may attend the dining center.

2. Eligibility for Home-Delivered Meals (HDMs)

Any of the following individuals are eligible to receive home-delivered meals:

- a person aged 60 or older who is frail and essentially homebound by reason of illness, disability, or isolation, for which an assessment concludes that participation is in the individual's best interest
- the spouse of a person eligible for an HDM as described above, regardless of age or condition, if an

- assessment concludes that it is in the best interest of the homebound older individual
- A disabled individual who resides at home with an eligible older individual participating in the program.

Meals served to the above eligible participants shall be included in the NSIP meal count.

Eligibility criteria for participants of the home-delivered-meal program shall be available in writing to participants, potential referral agencies, physicians, public and private health organizations and institutions and the general public.

Nutrition program staff shall make every effort to provide meals to an older person who is eligible and has been determined to need the service.

i. Home-Delivered Meals: Eligibility Assessment and Reassessment

Each person applying for home-delivered meals shall be assessed in their home to determine the individual's need for nutrition and other services.

- (1) An initial determination of eligibility may be accomplished via a detailed telephone interview or through the agency's application, completed by trained outreach workers or hospital discharge staff.
- (2) A written personal assessment shall be completed no later than four weeks from beginning meal service, and shall include a home visit, eligibility assessment, and an assessment of the type of meal appropriate for the participant in her or his living environment.
- (3) An individual eligible for receiving home-delivered meals shall be assessed for need for nutrition-related and other supportive services, and referred as necessary.
- (4) Reassessment of continued need for service shall be done in the home of the participant every six to twelve months. A full reassessment visit is required at least once per year. Between-year assessments may be brief and/or completed by phone.
- (5) Reassessments are necessary to establish need for additional services as well as to determine continued program eligibility. The time period between reassessments, and the type of reassessment (phone, visit, outreach worker, etc.) shall depend on the type of disability, the degree of isolation, and the extent of other resources available to the individual. For example,

an individual just released from a hospital with a broken arm would probably be reassessed in two to three months, while a relatively healthy individual with a physical disability who has close extended family might not need reassessment for twelve months.

ii. **Criteria for Home-Delivered Meal Eligibility Assessment**

Each aging unit shall develop criteria and shall implement procedures to assess each eligible participant's level of need for home-delivered- meal nutrition services. The assessment procedures and document shall be consistent with the requirements of this section and shall be submitted to the area agency for review.

The assessment document shall be designed such that potential participants can be verified as meeting general participant eligibility, as well as all of the following criteria:

- (1) The individual is unable to leave his or her home under normal circumstances. Flexibility is allowed for medical appointments and occasional personal reasons such as hair care or church services that are important to the individual's quality of life.
- (2) The person is unable to participate in the congregate meals program because of physical or emotional problems.
- (3) There is no spouse or other adult living in the same house or building who is both willing and able to prepare all meals.
- (4) Available meals will meet the special dietary needs of the individual.
- (5) Individuals are able to feed themselves or have someone available to assist with dining.
- (6) The individual is unable, either physically or emotionally, to obtain food and prepare adequate meals.
- (7) The individual agrees to be home when meals are delivered or to contact the program when absence is unavoidable.

3. **Community-Based Long-Term Care Programs**

Participants of community-based, long-term care programs including the Community Options Program (COP), Community Options Program Waiver (COP-W), Community Integration Program (CIP), Community Supported living Arrangement (CSLA), Brain Injury Waiver (BIW), Include, Respect, I Self-Direct (IRIS), Program of

All-Inclusive Care for the Elderly (PACE), managed care, Family Care, and Partnership may receive program meals when the full cost of the meal is reimbursed to the nutrition program. Programs find it helpful to have a contract or a memorandum of understanding between the agencies providing each program, which specifies the reimbursement rate for long-term care program meals.

- The reimbursement rate shall be based on the total cost of the meal including overhead, administration and transport costs.
- Programs shall not reduce the total meal cost by the NSIP per-meal amount.
- Meals served to an elderly or otherwise eligible person through a long-term care program shall not be used for the NSIP meal count.

4. Under Age 60 Volunteer

Nutrition programs have the option of offering a meal on a voluntary contribution basis to non-elderly individuals who provide volunteer services to the nutrition program during meal hours.

- The decision to offer meals on a contribution basis to non-elderly volunteers must be approved by the local commission on aging.
- Volunteers under age 60 who perform nutrition program-related duties as part of their job description may be offered a meal if doing so will not deprive an older individual of a meal.
- Meals served to the under-age-60 volunteer shall be included in the NSIP meal count.
- A written policy and procedure shall be developed and implemented which describes how and when (such as hours and duties) non-elderly volunteers are eligible to receive meals on a contribution basis, including details on record-keeping methods.

5. Under Age 60 Staff Meals

Nutrition programs have the option of offering a meal on a voluntary contribution basis to non-elderly staff who provide direct service to the nutrition program during the meal hours. Federal Title III and NSIP funds may not be used to serve meals to non-elderly staff. It is understood that only the state portion of the Title III grants are used to support these meals.

- The decision to offer meals on a contribution basis to non-elderly staff must be approved by the local commission on aging.
- Staff under age 60 who perform nutrition program-related duties as part of their job description may

be offered a meal if doing so will not deprive an older individual of a meal.

- Meals served to under-age-60 staff members shall not be included in the NSIP meal count.
- A written policy and procedure shall be developed and implemented which describes how and when (such as hours and duties) non-elderly staff is eligible to receive meals on a contribution basis, including details on record-keeping methods.
- An employing agency may offer meals to staff as a "benefit" of the job; however, non-Title-III and non-NSIP funds must be used.

6. Eligibility for Non-Elderly Disabled Persons Living Alone

Nutrition programs may provide nutrition services on a contribution basis to non-elderly disabled persons living in the community who do not live with or accompany an older person as long as there are sufficient funds available to serve the elderly.

Services provided to these persons shall be approved on a case-by-case basis. Written requests to provide the service must verify demonstrated need, must document that other programs or resources are unavailable to provide the service or to pay the full cost of the meal, and must verify that there are sufficient program funds available to provide meals to the elderly. Completed waiver forms are to be submitted by the aging unit to the area agency for approval. It is understood that only state funds are used to support these meals; therefore the meals shall not be included in the NSIP meal count.

7. Eligibility for Informal Caregivers

Nutrition programs have the option of offering a meal on a voluntary contribution basis to informal caregivers.

- An informal caregiver (other than a spouse) who resides at home with and accompanies an eligible older individual to the dining center shall be eligible for senior dining (congregate) meals.
- An informal caregiver (other than a spouse), regardless of age or condition, who resides at home with an eligible older individual participating in the program, shall be eligible for home-delivered meals (HDM) if an assessment concludes that it is in the best interest of the homebound older individual.
- It is understood that only state funds are used to support these meals; therefore, the meals shall not be included in the NSIP count.

8. Eligibility for All Others

All other non-elderly persons may be served congregate or home-delivered meals only if the total cost of providing the service is paid by the individual, their family, or by another program on the person's behalf. Documentation that full payment has been made shall be maintained. All revenues from such meals are considered to be program income. These meals shall not be included in the NSIP meal count.

H. Waiting Lists

When nutrition program resources are fully committed and the program is unable to provide meals to all eligible individuals, it may become necessary to determine priorities of service or to create waiting lists for services.

- The decision to place eligible recipients of a home-delivered meal on a waiting list, and their position on such a list, shall be based on greatest need in accordance with the policy established by the nutrition program in consultation with the area agency on aging (AAA).
- Each waiting list policy established by the nutrition program must be submitted to the AAA for review and approval prior to implementation.
- The most common method of forming a waiting list is on a "first-on, first-off" basis. This means that all new participants are placed on a waiting list; then, as resources become available they are removed from the list and placed into the program in the order they were placed on the list.
- Another method to determine inclusion in the program and removal from the waiting list is to prioritize higher-nutritional-risk persons and move them off the waiting list before those with a lower nutritional risk. This method would involve an eligibility assessment and/or nutrition screening before someone is placed on the list.
- Occasionally a geographical area is short of driver/delivery resources and may require a waiting list until drivers are available. When this situation occurs, the program shall put a priority on finding drivers.

I. High Risk Individuals Needing Additional Meals

When feasible, programs may have a system in place to offer additional morning, evening, and/or weekend meals to participants who are at high nutritional risk. Below are some guidelines for programs to determine who is eligible for additional meals:

- (1) The individual is at high nutritional risk.

- (2) The individual does not have other resources to provide additional meals.
- (3) The individual must have facilities to store meals that may be delivered.
- (4) The individual must be able to, or have a friend or family member available to, operate kitchen equipment that is required to reheat prepared, delivered meals for consumption.

J. Grievance/Complaint Procedure

The program shall have a written procedure for individuals to follow in the event there is a concern of unfair treatment by staff or volunteers of the program. Include all of the following information in the procedure:

- (1) the name of contact persons in the agency who will handle the grievance
- (2) procedures the agency will follow in the event a grievance is lodged, including expected time frames
- (1) It is helpful to have a form for individuals to use, which includes all of the following:
 - (A) a place for the name and contact information for the complainant and any advocates for them
 - (B) a place to describe the complaint
 - (C) a place to describe the relief sought
 - (D) a place to sign

K. Staff/Volunteer Training

All staff, paid and volunteer, shall be oriented and trained to perform their assigned responsibilities and tasks.

- (1) A minimum of six (6) hours of training shall be provided annually for all paid staff and regular food-service volunteer staff. Three and one-half (3.5) hours can come from the regional nutrition program staff training. This is coordinated by BADR, the AAA and the local aging unit planning committees, and is usually held each year in the fall.
- (2) Annual training shall include, at a minimum (mandatory topics to be covered annually), all of the following:
 - (A) food safety and sanitation / prevention of foodborne illness
 - (B) accident prevention / safety in the workplace
 - (C) instruction on fire safety
 - (D) first aid, first response practices, choking, universal/standard precautions – blood borne

- pathogens
- (E) emergency preparedness, disaster procedures, severe weather and other emergency procedures
- (3) At the discretion of the nutrition program director, other topics that are deemed valuable and appropriate may be presented to staff and volunteers and may count towards the required six (6) hours of annual staff training. Additional topics are approved only if the topics are deemed relevant and useful by the nutrition program to enrich and further the training and professionalism of their staff in order to better serve the elderly in their communities. Additional topics will only be allowed if the annual mandatory training topics (see above paragraph) are all completed on an annual basis.

L. Records, Reports, Distribution of Information, and Confidentiality

Program records shall be retained for a minimum of three years.

The nutrition program shall develop and maintain records on congregate and home-delivered-meal participants. These records shall be in accordance with state policy on NAPIS reporting requirements.

The nutrition program shall establish procedures which ensure the accuracy and authenticity of the number of eligible participant meals served each day. Such procedures shall be kept on file at each dining center.

Nutrition program records and reports shall be made available for audit, assessment, or inspection by authorized representatives of the AAA or BADR.

1. Participant Confidentiality

The nutrition program shall ensure that information about a participant, or information obtained from a participant's records, shall be maintained in a confidential manner according to state policy. No personal information obtained from a participant will be disclosed in a form that identifies the individual without written consent from the participant or their legal spokesperson. All program records shall be maintained in such a manner that confidentiality will not be violated.

M. Participant Satisfaction

A system shall be developed to formally assess, at least once per year, the satisfaction of senior-dining and home-

delivered-meal participants for both food quality and delivery of services.

N. Liability Insurance

Each nutrition program shall carry product liability insurance sufficient to cover its operation. Programs should seek guidance from their agency's legal staff or corporation council.

O. Cost

This section addresses several areas for programs to examine when trying to manage costs and improve program quality. When a food contractor is used, these methods can be applied to the evaluation of contract proposals and used for the purpose of monitoring contracts.

1. Food Purchase and Storage

- Develop a routine system of purchase that is time-effective and cost-effective.
- Develop specifications for menu and operational needs.
- Take regular inventories.
- Obtain price quotes from vendors.
- Monitor deliveries and prices charged at delivery.
- Require credits when warranted.
- Minimize disposal of leftovers by using them promptly and effectively
- In order to decrease waste, maintain proper storage temperatures in all areas.
- Monitor freezer and refrigerator thermometers; calibrate these on a regular basis.
- Keep opened packages properly sealed in order to prevent infestation and spoilage.
- Keep inventories as low as possible.

2. Food Service and Preparation

- Utilize production sheets.
- Provide standardized recipes and teach cooks to follow them.
- Monitor energy usage as it pertains to equipment and preparation areas.

- Establish an effective equipment maintenance program.
- Carefully monitor all waste. Use leftovers wisely.
- Train staff on policies and procedures, including food safety and sanitation practices.
- Check and recheck portion control. Use the proper size of scoops, ladles, and pans.
- On the production menu, post the serving size and the proper utensil to use.

3. Equipment and Supplies

- Purchase equipment of the proper size and capacity.
- Maintain schedules for equipment cleaning and service.
- Monitor usage of office supplies.
- Monitor usage of china, glassware and all disposables on a regular basis.

4. Sanitation and Security

- Monitor cleanliness of food production area and service area.
- Use chemical dispensers to control use of cleaning products. (Too little is a sanitation risk; too much is wasteful and a safety hazard).
- Provide adequate racks and storage for transportation and storage of food and utensils.
- Ensure that adequate security measures are implemented in all areas of the operation to prevent loss, theft, tampering of food, etc.
- Limit the number of keys available to all areas and monitor use of extra keys.
- Set up an inventory control system that allows you to quickly spot shortages.

5. Labor and Administration

- Determine the number of labor-minutes per meal required for all operations; monitor compliance.
- Calculate the rate of employee turnover and monitor regularly.
- Review job descriptions and duty schedules regularly.
- Monitor staff compliance with work routines. Review work distribution loads and change these as needed in order to maintain efficiency.
- Schedule periodic conferences with the administrator for reviewing the operation's service and cost factors.

- Regularly verify meal cost with a thorough meal-cost analysis, yearly or more often as needed.
- Verify meal income from guests, employees and special events.

P. Meal Cost Analysis

Calculating total meal cost is essential to good food service management. This information is important for determining a suggested per-meal donation and for informing participants of the total cost of a meal.

If the nutrition program provides meals to non-eligible participants such as COP recipients, visitors, day-care programs, Head Start or jails, it is essential to maintain a total-meal-cost analysis of the grant resources used for preparing the meals; this way the grant may be reimbursed for meals purchased.

1. Total Meal Cost Calculation

Each program shall calculate the component costs of meals provided according to the following categories:

- (1) Raw Food: all costs of acquiring food stuffs to be used in the program
- (2) Labor:
 - (A) Food Service Operations: all expenditures for salaries and wages, including valuation of volunteer hours for personnel involved in food preparation, cooking, delivery, serving, and cleaning of dining centers, equipment and kitchens
 - (B) Project Management: all expenditures for salaries and wages, including valuation of volunteer hours for non-food service operations of the program
- (3) Equipment: all expenditures for purchase and maintenance of items with a useful life of more than one year or with an acquisition cost greater than \$1,000
- (4) Supplies: all expenditures for items with a useful life of less than one year and an acquisition cost less than \$1,000
- (5) Utilities: all expenditures for gas, electricity, water, sewer, waste disposal, etc.
- (6) Other: expenditures for all other items that do not belong in any of the above categories (e.g., rent, insurance, transport costs) to be identified and itemized

Q. Contract for Meal Service

When nutrition programs purchase meals, services, space, or equipment, there shall be a written contract between the provider and the vendor that is signed by authorized representatives of the contractor and vendor prior to the date the service is to start.

All contracts shall be in compliance with federal, state, and local procurement standards, including policies described in other chapters of this manual.

Food-provider contracts may be obtained only with vendors who supply meals from premises that have a valid permit, license, or certificate issued by the appropriate regulatory authority. The service provider shall comply with all state and local laws, ordinances, and codes regarding establishments which prepare, handle, and serve food to consumers, either on the premises or elsewhere, including in the home.

Catering contracts should include, but not be limited to, all of the following specifications:

- (1) required meal pattern
- (2) number of days per week and specific days of required services
- (3) number of meals to be served, with a time schedule for addition or cancellation of daily meal counts
- (4) addresses and locations of dining centers to be served
- (5) food holding temperatures for transporting and serving
- (6) delivery schedules, with a description of the time span between food packaging and delivery
- (7) food packaging style for transport
- (8) responsibility for purchase and maintenance of the food transport equipment
- (9) serving size and identification of serving utensils to be used for each food item
- (10) Specifications of the disposable supplies to be provided. (Each bidder should be requested to provide samples of proposed packaging with the bid)
- (11) provisions for evaluation of menu acceptability and menu revisions
- (12) right of the nutrition program staff to inspect the food preparation and storage areas
- (13) description of the bidder's training programs for employees, supervisors and managers
- (14) fixed prices for meals and other food served
- (15) breakdown of bid price for the raw food cost, labor, transportation, equipment, paper and plastic supplies, profit and other costs
- (16) provisions for the adjustments of raw food cost by the food preparation company based on the availability

- of USDA commodities
- (17) provisions for the proper use and inventory control of USDA commodities as they become available to the program
- (18) method of payment to the food preparation company
- (19) Responsibilities for product liability insurance and property damage.
- (20) binding time period of the contract, as well as the cancellation process agreed upon by both parties

R. Individual Meal Providers

In situations where the typical home-delivered-meal provider may not be available or have the capability to provide the home-delivered meal, the nutrition program may seek and certify an "individual meal provider" to prepare and transport home-delivered meals. An individual meal provider can be a neighbor, relative, or any individual willing and able to prepare a safe, nutritious meal in their own home and transport that meal to a recipient who has been assessed by the elderly nutrition program as needing a home-delivered meal.

In order to be certified as an individual meal provider, an individual shall fulfill all of the following requirements:

- (1) shall have a home which has been determined by the elderly nutrition program director (or designee) to be suitably clean, orderly and sanitary for meal preparation
- (2) The DHS 196 WI Food Code shall be reviewed by the elderly nutrition program director or designee and by the individual provider. (A copy will be left with the individual provider.)
- (3) Shall have knowledge of all state policy including contribution procedures, food service standards, and food code requirements of this chapter.
- (4) shall have knowledge of local nutrition program requirements that relate to procedures and practices of meal provision
- (5) shall have knowledge of and the capacity to transport both hot and cold foods in a safe and sanitary manner

Individual provider liability may be dealt with the same as other service providers. That is, if the county has an umbrella policy, the individual meal provider would be an agent of the county and thus be covered. The person who can most often answer your questions about liability is the county administrator or corporation counsel. Your insurance agent can also help you determine if specific individuals are covered in your policy.

S. Emergency Preparedness

Each program shall ensure that appropriate preparation has taken place at each dining center for procedures to be followed in case of an emergency. In addition, staff and volunteers delivering meals shall be trained in appropriate methods of handling emergencies. Examples of measures include the following:

- an annual fire drill at dining centers
- posting and training of staff and regular volunteers on procedures to be followed in the event of severe weather or natural disasters
- posting and training of staff and regular volunteers on procedures to be followed in the event of a medical emergency

Laminate a one-page emergency procedure sheet for each dining center and for all drivers to keep in their vehicles.

T. Disaster Plans

Each program shall develop and have available written plans for the continuation of services during emergency situations such as short-term natural disasters (e.g., snow or ice storms), loss of power, physical plant malfunctions, etc.

U. Special Food Containers and Utensils

All nutrition programs shall make available for use upon request, appropriate food containers and utensils for people with visual impairments and people with disabilities.

V. Holding Food

Food quality and safety is best ensured when the time period between the end of preparation of either hot or cold food and service/delivery to the participant is kept to a minimum.

- (1) Regardless of the type of food preparation, the time between the completion of cooking the food and either the beginning of serving at the senior dining center or the delivery to the home-delivered-meal recipient shall not exceed four (4) hours.
- (2) All nutrition programs shall have equipment that maintains the safe temperature of all menu items from

the end of the cooking process through the end of the serving or delivery period.

- (3) Vehicles used in the transportation of bulk food or home-delivered meals should be equipped with clean containers or cabinets to store the food while in transit. The container or cabinet shall be constructed in a way which prevents food contamination by dust, insects, animals, vermin or infection. The containers or cabinets shall be capable of maintaining a temperature at or above 140° F or a temperature at or below 41° F until the food is delivered to the dining center or to the home-delivered-meal recipient. An extra meal may be transported in order to test the temperature of the food on arrival.

1. Food Temperatures

- Food temperatures at the time of service and at the time of delivery shall be no less than 140° F for hot foods and no more than 41° F for cold foods.
- For senior dining meals, the temperature of the food should be checked at the time of service and in the case of catered food, at the time of food arrival. For home-delivered meals, the temperature of the food should be checked at the time of packaging.
- Food temperature records are to be kept on file for a period of one year.
- Nutrition programs shall utilize thermometers for checking food temperatures. In addition, refrigerators and freezers located at food preparation and dining centers shall have thermometers.
- Hot food which arrives at a dining center at a temperature below 140° F should not be served. Cold food which arrives at a dining center at a temperature higher than 41° F should not be served. Such rejected food, if originating from a caterer, should be returned to the caterer, and the monetary value of the rejected food should be subtracted from the reimbursement to the caterer for that day. If the rejected food originates from a program-operated kitchen, it should be handled in a manner consistent with principles of safe food handling as described in the Food Code.
- Cooling temperatures will have a maximum of six (6) hours using a two-step process. For the most part, potentially hazardous foods must be cooled from 140° F to 70° F within two (2) hours, and from 70° F to 41° F or below within an additional four (4) hours. Exceptions are as follows. Potentially hazardous foods made from ingredients at ambient temperature, or foods received at temperatures above 41° F during shipment (e.g., milk) must be cooled to 41° F or below within four (4) hours. Shell eggs need not comply with this requirement if, upon delivery, the eggs are placed immediately into a refrigeration unit that is capable of maintaining food at 41° F.
- Cooking temperature for eggs, fish, meat and pork is 145° F for at least 15 seconds unless injected or

comminuted (comminuted is a food item that is chopped, flaked, ground or minced, such as ground beef, sausage and gyros), for which a cooking temperature of 155° F is required. A cooking temperature of 165° F is required for stuffed meat, fish, or poultry. Whole beef, pork, and cured pork roasts shall be cooked as specified in the food-code cooking chart.

- Microwave cooking temperatures for raw animal foods must be to a temperature of 165° F in all parts of the food, allowed to stand for two (2) minutes after cooking, covered to retain heat and stirred or rotated during cooking for even distribution of heat.

W. Reducing Food Waste: Second Helpings and Leftovers

Each program shall implement procedures designed to minimize wasted food, including leftovers and uneaten meals. At a minimum, programs shall do all of the following:

- (1) Evaluate and minimize the difference between the number of meals prepared and the number of meals served at each dining center. This is done most effectively by maintaining a reservation system.
- (2) Portion control methods shall be reviewed with the staff and, when applicable, the food provider, in order to ensure that all participants are receiving equivalent amounts of food and to reduce the amount of leftover food.
- (3) When feasible and appropriate, offer second helpings to participants at dining centers. Care should be taken to serve second helpings in a fair manner and should not be done when it is obvious that the extra food will be taken home.
- (4) After second helpings have been served, food remaining at an outlying dining center shall be thrown away.
- (5) The safety of food, after it has been served to a participant and when it has been removed from the dining center, is the responsibility of the participant. However, program staff and volunteers should educate participants on safe food-handling practices.
- (6) Prohibit program staff from taking home leftover food from any dining center or preparation facility.
- (7) If the nutrition program chooses to provide participants with containers for taking home uneaten food, only new, never-used containers may be provided.

When feasible and appropriate, leftover food from on-site preparation facilities may be incorporated into subsequent senior dining or home-delivered meals if cooled according to the Wisconsin Food Code guidelines. This includes re-

serving leftovers as individual frozen meals. Programs which utilize this option shall have a written policy and procedure approved by a qualified nutritionist.

X. Taking Home Food

Senior dining participants have the option to take home any part of a meal served to them at a dining center. The safety of food after it has been served to a participant and when it has been removed from the dining center is the responsibility of the participant. Program staff and volunteers should educate participants on safe food-handling practices. Leftovers should not be served for the purpose of taking food home.

Y. Carryout Meals

This policy addresses the issue of whole meals being taken from the senior dining center. Please see the policy above which refers to participants taking home uneaten parts of their meals.

Carryout meals, as a regular practice, are not allowed in the senior dining nutrition program.

Nutrition programs may allow a small number of meals as "carryout." These meals will be reported as congregate meals unless the individual has had a full in-home assessment for home-delivered meals.

Carryout meals are allowed if all of the following conditions have been met:

- (1) A written procedural policy must exist regarding the handling of carryout meals, and must have been approved by a qualified nutritionist.
- (2) The meal must be served to a registered program participant.
- (3) Instances when a carryout meal may be appropriate include:
 - (A) A spouse, family member, roommate, or close neighbor can safely deliver a meal to a regular congregate participant who has an acute illness or condition. When the duration exceeds two weeks, the participant must be evaluated for a home-delivered meal.
 - (B) A spouse, family member, roommate, or close neighbor can safely deliver a meal to a participant who qualifies for a home-delivered meal. When done appropriately, this could be a means of reserving program resources.
- (4) The person taking the meal must be instructed in food safety guidelines for the meal and written food

- safety instructions must accompany the meal.
- (5) The dining center manager or other individual in charge of releasing the meal has the responsibility to not send the meal if they feel it cannot be delivered safely.

Z. Special Meals

Using the knowledge and expertise of the program nutritionist, programs shall determine the need, feasibility and cost-effectiveness of establishing a service for special meals using all of the following criteria:

- Based on sufficient numbers of persons who need special meals, this service will be a practical and cost-effective use of funds.
- The food and skill necessary to prepare the special meals are available in the service area.
- The type of special diet being considered for service can be produced and delivered safely and cost-effectively.

Eight types of special menus which apply to the above policy are described below.

1. Modified Meals

Modified meals meet the regular menu pattern but contain modifications to one or more menu items. The types and amounts of all meal components shall conform to the menu pattern.

i. Texture-Modified Meals

Texture-modified meals are appropriate for participants who have chewing and/or swallowing problems. A texture-modified meal might include, e.g., ground meal, thickened liquids, or pureed foods. NOTE: Clear-liquid meals and full-liquid meals are not allowed.

The nutrition program that offers texture-modified meals shall follow all of the following procedures:

- A written diet order from the participant's physician shall be on file with the nutrition program.
- At least once per year each written diet order shall be reviewed with the physician and updated according to physician instructions.
- The types and amounts of all meal components shall conform to the menu pattern and nutrient standards of the program.

ii. Other Modified Meals

Certain modifications in the approved menu may be offered where feasible and appropriate to meet the medical requirements of a participant. These changes can be made without a physician's authorization or diet order. Examples of these changes include the following:

- *Change in Entrée:* A lower sodium entrée may be served if the regular entrée is of significantly higher sodium content than usually served.
- *Change in Dessert:* A fresh fruit may be served in place of a concentrated sweet dessert.

2. Therapeutic Meals

Therapeutic meals are appropriate for participants to optimize their nutritional needs in order to treat a variety of diseases and disorders. A therapeutic meal may change the meal pattern significantly by either limiting or eliminating one or more of the menu items or by limiting the types of foods allowed. This may result in a meal that deviates from the menu pattern and nutrient standards of the program.

A therapeutic meal might be, e.g., low fat, low cholesterol, diabetic, renal, low calorie, or low sodium. The nutrition program that offers therapeutic diets shall follow all of the following procedures:

- A written diet order from the participant's physician shall be on file with the nutrition program.
- At least once per year, each written diet order shall be reviewed with the physician and updated according to the physician's instructions.
- Special meal types and component amounts shall adhere as closely as possible to the menu pattern and the nutrient standards of the program.

3. Liquid Nutritional Supplements

Liquid nutritional supplements are high-calorie dietary supplement products designed to improve or maintain the nutrient intakes of those who, because of physical, mental, or medical problems, are unable to consume adequate nutrients through traditional foods. Examples include regular, high-fiber, high-protein, glucose-controlled, renal and cardiac-liquid products. Health professionals shall be involved in the initiation and ongoing monitoring and adjustments of this service to verify the continued need and to ensure the appropriate use of these nutrient-dense supplements.

The nutrition program that offers liquid nutritional supplements shall follow all of the following procedures:

- (1) A written referral from the participant's physician, the program nutritionist, or another health professional shall be on file with the nutrition program.
- (2) At least once per year each written referral shall be reviewed with the physician, nutritionist, or health professional, and then updated accordingly.
- (3) Programs may provide supplements in one of the following ways:
 - (A) Supplements may replace a meal for an individual with profound dietary needs who is unable to obtain nourishment through normal food intake if it is the only food provided and consumed at a meal. Programs should not provide supplements to individuals who are eligible for Medicare or any other insurance benefit which will cover the cost of the supplement. Programs can provide supplements to individuals who (1) are age 60 and above, and (2) use it as their sole source of nutrition, and (3) do not have Medicare or any other insurance which will cover the cost of the supplement. In these instances, whether the supplement is taken by mouth or by tube, the supplement shall be counted for NSIP reimbursement. The professional making the referral shall determine how much product would constitute one meal. For distribution and NSIP count, the number of cans for an individual meal shall be rounded up to whole cans. Supplements may be needed as an addition to a complete meal or to replace one item in the meal pattern. Supplements used in this manner shall not be counted for NSIP. Even if the nutrition program is supplying the meal which includes a supplement, (i.e. participant receives a high calorie, high protein supplement in addition to a home-delivered meal) the supplement is considered part of that meal and the meal, as a whole, is NSIP eligible.
- (4) Information in the referral should include the name of participant, reason for supplement need, type and amount of supplement needed and name and contact information of referring health professional.
- (5) All of the following product guidelines are to be followed:
 - (A) Only complete, high-calorie, liquid supplement products are allowed.
 - (B) Only single-serve drink cans or UHT (ultra-high-temperature) boxed drinks may be provided.
 - (C) Products shall be manufactured, processed and distributed by reputable businesses.
 - (D) Only intact, dent-free, clearly-labeled products may be used. Programs should not provide outdated products.
 - (E) Programs can consider bulk purchasing and/or group buying with other agencies in order to achieve the most economical cost possible.
- (6) None of the following products are allowed for use in the program:

- (A) liquid supplement products which are used for weight loss, or are labeled "light" or "lite", or have reduced calories or fat
- (B) single or multiple vitamin or mineral supplement tablets in capsules, liquids or other form, whether prescription or over- the-counter
- (C) Herbal remedies, teas, laxatives, fiber supplements, etc.
- (D) supplemental nutrition products which require preparation, such as powdered mixes or concentrated liquids

4. Frozen Meals

Nutrition programs may offer meals to participants in a frozen state when all of the following procedures are followed:

- (1) Frozen meals shall meet all the requirements of a complete meal as defined in the elderly nutrition program (ENP) policy and meet 1/3 the Recommended Daily Allowance (RDA). If the meal is intended as a second meal, the two meals served that day must meet 2/3 the RDA.
- (2) Participants shall have appropriate appliances for maintaining frozen food in a frozen state and for heating it to a proper serving temperature. The program shall verify and maintain records which indicate that each client has and maintains the ability to handle frozen meals.
- (3) Frozen meals shall be maintained and delivered at 32° F or below.
Frozen meals may only be provided in situations where it is not logistically feasible to provide the client with hot meals, with the following exceptions: holidays, weekends, second meals or emergency situations.
- (4) Participants should be given written instructions on handling and reheating of the meals.
- (5) Programs should limit their use of commercially available frozen entrées or TV dinners. Such foods should only be provided under the close monitoring of the qualified nutritionist. Concerns about these products include high-fat and high-sodium content, small serving sizes (especially for vegetables), and frequent changes to entrée size and/or content. There are several companies which package meals that meet most OAA nutrition program guidelines for entrées.

5. Breakfast and Brunch Meals

Many nutrition programs find that offering an occasional breakfast or brunch-style meal is popular with

participants. Like all menus, brunch menus must follow nutrient requirements for meals. However, when approved by a qualified nutritionist, the menu can deviate from the usual menu-item pattern and serving-size requirements.

6. Sack Lunch or Breakfast Meals

Some nutrition programs offer a sack lunch or breakfast for higher-risk participants. These meals shall follow nutrient requirements for two or more meals served per day. Often the menu-item patterns and serving sizes can be minimized, but it is essential that these menus be approved by the program's qualified nutritionist.

7. Ethnic or Religious Meals

- Nutrition programs are strongly encouraged to explore the feasibility, appropriateness, and cost-effectiveness of ethnic and religious meals.
- Where feasible, appropriate and cost-effective, each nutrition program shall establish policies which will allow for the provision of menus to meet the particular dietary need arising from religious requirements or ethnic backgrounds of eligible individuals.
- Ethnic or religious menus shall approximate as closely as possible (given religious requirements or ethnic background) the regular meal pattern and nutrient content of meals as previously stated.

8. Emergency Meals

Nutrition programs are required to develop and have available written plans regarding continued service of senior dining and home-delivered meals during weather-related or other emergencies.

- (1) At a minimum, plans shall include the distribution of information to participants on how to stock an emergency food shelf.
- (2) Programs may offer shelf-stable meals to participants for later use. (See guidelines below.)
- (3) Nutrition programs will participate in the county response to disasters.
- (4) Eligibility for the program may be expanded to meet the circumstances of a disaster.
- (5) In response to a disaster, central/on-site kitchens may be made available for food preparation.
- (6) Costs of these emergency efforts may be reimbursed if the county is declared a federal disaster area.
- (7) Below are guidelines for meal content:

- (A) Nutrient content of the meal must meet all requirements of the program and be approved by the nutritionist.
- (B) Only top-grade, non-perishable foods in intact packages shall be included.
- (C) Cans are to be "easy-open," with pull tabs whenever possible.
- (D) All foods are to be labeled with the expiration date whenever possible.
- (E) Fruit and vegetable juices are to be 100 percent pure juice.
- (F) Dried fruit must be vacuum-packed.
- (G) Meals shall be labeled as "Emergency Meal, Senior Nutrition Program" or another appropriate label.
- (H) When applicable, easy-to-read preparation instructions should be included.

AA. Administration of the Senior Dining (Congregate) Nutrition Program

This section includes policy as it related to the administration of senior dining centers.

1. Location of Dining Centers

Dining centers shall be located in a facility where eligible individuals will feel free to attend. The dining center shall be free of architectural barriers which limit the participation of older persons.

2. New or Relocated Dining Centers

In order to open a new dining center or to relocate one, the nutrition program shall obtain approval from the area agency on aging. To obtain approval, the program shall complete and submit a "New or Relocated Dining Center" form to the area agency for review, 60 days prior to the effective date of opening or relocation, or when feasible and demonstrate both of the following:

- That the program has sufficient resources necessary to support the dining center
- The need for the new dining center

This information shall be included with the county or tribal plan or as an amendment to the current county or tribal plan submitted to the AAA.

3. Temporary Closure of Dining Centers

Nutrition programs shall identify for area agencies those days when they expect that a dining center will be

closed for cleaning, repair, redecoration, problems with caterer, etc. When reporting to the AAA, programs should identify the affected days and explain how they will meet participants' nutritional needs during the closure. If a nutrition program identifies that the dining center will be closed for more than one (1) week, the nutrition program shall obtain approval from the AAA. To obtain approval, the program shall complete a "Dining Center Closure or Days of Service Change" form and submit this to the AAA for review, 60 days prior to the effective date of closure, or when feasible.

4. Dining Center Closure or Days of Service Change

Prior to permanently closing a dining center or changing its days of service, the AAA shall be provided with (1) written rationale for the closure or days of service change, and (2) written approval by the local commission on aging and the local advisory council.

When a dining center is to be permanently closed or its days of service changed, all of the following procedures shall be followed:

- (1) The nutrition program shall notify the AAA, in writing, of the intent to close a dining center or change the days of service, and shall obtain approval from the AAA. To obtain approval, the nutrition program shall complete and submit a "Dining Center Closure or Days of Service Change" form to the AAA for review, 60 days prior to the effective date of closure or days of service change, or when feasible.
- (2) The program shall present rationale for the dining center closure, which rationale is based on lack of attendance, inability to meet minimum standards and/or other requirements, loss of resources or other justifiable reasons.
- (3) The respective AAA is to review the rationale and determine that all options have been exhausted for keeping the dining center open or for relocating it. If there remains a need for service in the area served by the dining center, efforts should be made to develop a new dining center and/or assist participants in attending another existing dining center.
- (4) The AAA shall approve, in writing, the closure or change in days of service of all dining centers operating with Title-III funds, and shall notify BADR of all dining center closures and changes to days of service.
- (5) The program shall notify participants at the dining center to be closed, at least 30 days prior to the

last day of meal service, of the intent to close.

5. Prayer at Dining Centers

The Administration on Aging (AoA) has no regulations which address the subject of prayer at nutrition or dining centers. AoA has sought guidance from the Office of the General Council of DHS. In accordance with this guidance, AoA has recommended that each participant clearly has a free choice whether or not to pray, either silently or audibly; and that the prayer or other religious activity is not to be officially sponsored, led or organized by persons administering the nutrition program or dining centers.

6. Dining Center Facility and Equipment

The facility shall comply with all applicable state and local health, fire, safety and sanitation regulations. Tableware, utensils, equipment, walls, floors, and ceilings shall comply with applicable regulations as stated in the Wisconsin Food Code.

7. Meal Reservation and Participant Registration Systems

Programs should maintain an accurate and well-organized system so staff will know how many meals to order. Many programs find a registration system to be helpful in estimating meal orders for dining centers. This system should include follow-up of absent participants. The program may not "charge" an individual for a meal that is reserved and not eaten.

A participant registration or intake system will ensure the collection of required program data.

8. Dining Centers in Senior Centers

The nutrition program should work with the senior center to establish a systematic procedure which ensures coordination between the nutrition program and the senior center.

- A written agreement should be developed which identifies the responsibilities and relationship between the center and the nutrition program.
- Written grievance procedures shall be established to deal with disagreements between the nutrition program and the senior center.
- Other written material, necessary for identifying program relationships, should be developed.

Examples include job descriptions and organizational charts.

9. Dining Centers in Restaurants

There are several reasons a program may choose to locate a dining center within a restaurant, including lack of a community building in the area, popularity of a location and increased meal freshness. It is essential that all nutrition program policies be followed at restaurant-based dining centers. The dining center must be overseen by a staff person or trained volunteer.

When considering a restaurant-based dining center, the following issues are of particular concern:

- (1) Is there enough variety in the menu of the restaurant? Does the kitchen have the capacity, equipment, and utensils necessary to serve the program menu?
- (2) How will contract-management and quality-assurance activities be conducted?
- (3) Who will determine menus? How will changes to menu items be handled?
- (4) How will participant transportation services be affected by the restaurant's location?
- (5) How will the provision of nutrition education be ensured?
- (6) How will tipping be handled?

Programs contemplating a restaurant site should contact the AAA or BADR nutritionist.

10. Voucher Programs

A nutrition program may not issue vouchers or coupons which are redeemable for meals at a restaurant or other provider. See above policy concerning dining centers in restaurants.

This policy does not apply to meal ticket systems where tickets are distributed on a donation basis for use at program dining centers.

11. Dining Center Facility Agreement

Each program should have written agreements with the owners of all facilities used as dining centers, including those donated for use at no cost. The agreements could address issues such as the following:

- (1) responsibility for care and maintenance of facility, specifically including restrooms, kitchen and areas of common use
- (2) responsibility for snow removal
- (3) agreement on utility costs
- (4) responsibility for safety inspections
- (5) responsibility for appropriate licensing by the Public Health Department, if applicable
- (6) responsibility for insurance coverage
- (7) security procedures
- (8) responsibility for equipment maintenance
- (9) other issues as desired or required

BB. Administration of the Home-Delivered Meal Program

This section includes policy as it relates to the administration of the home-delivered meal program.

1. Home Delivered Meal Instructions

Written and/or (when necessary) verbal instructions shall be given to participants for handling and possible reheating of the meals. All home-delivered meals shall be marked with the date the meal was served.

2. Home Delivered Meal Temperatures

- Food shall be delivered at safe temperatures to prevent food-borne illness.
- Hot food shall be maintained and delivered at 140° F or above or it shall not be served.
- Cold food shall be maintained and delivered at 41° F or below or it shall not be served.
- Frozen food shall be maintained and delivered at 32° F or below or it shall not be left with the participant.

Monitoring food temperatures at delivery every one to three months will ensure the quality and safety of the meal. Different food types should be tested each time, e.g., fish, chicken, casseroles, and soup.

V. Food Service

A. Nutrition Standards

OAA: Sec. 339. NUTRITION:



"A State that establishes and operates a nutrition project under this chapter shall-- (2) ensure that the project -- (A) provides meals that - (i) comply with the Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture, (ii) provide to each participating older individual-- (I) a minimum of 33-1/3 percent of the dietary reference intakes as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one meal per day,(II) a minimum of 66-2/3 percent of the allowances if the project provides two meals per day, and (III) 100 percent of the allowances if the project provides three meals per day, and (iii) to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants."

As required by the Older Americans Act, the nutrition services provided by nutrition programs in Wisconsin, including meals, will follow the most current Dietary Guidelines for Americans and recommended dietary reference intakes as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.

B. Dietary Guidelines for Americans

Nutrition programs shall follow the most current dietary guidelines located at www.dietaryguidelines.gov.

Dietary Guidelines for Americans is to be used as a guide for nutrition programs when planning, implementing and evaluating meals, nutrition services, and nutrition and health education. The guidelines are the cornerstone of federal nutrition policy and nutrition education activities and are jointly issued and updated every 5 years by the U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS). The guidelines provide science-based advice regarding diet and physical activity for people two years of age and older, thus promoting health and helping to reduce the risk of major chronic diseases. The dietary guidelines translate the nutrition-based recommendations from the DRI's into food and dietary recommendations.

C. MyPyramid Food Guidance System

The MyPyramid Food Guidance System can be found at www.mypyramid.gov.

The MyPyramid food guidance system released by the U.S. Department of Agriculture (USDA) translates nutritional recommendations into the kinds and amounts of food to eat each day. MyPyramid was released in April

2005 and replaces the food guide pyramid (1992). It provides food-based guidelines to help implement the recommendations of Dietary Guidelines for Americans.

D. Dietary Reference Intakes (DRIs)

Dietary reference intakes (DRI's), established by the Food and Nutrition Board of the National Academy of Sciences' Institute of Medicine, are a set of nutrient- based reference values which expand upon and replace the former RDA's in the United States. These DRI's provide nutrition guidance to the general public and health professionals.

Through DRI's a nutrient has either an estimated average requirement (EAR) and an RDA, or an adequate intake (AI). When an EAR for the nutrient cannot be determined (and therefore neither can the RDA), an AI is established. In addition, many nutrients have a tolerable upper intake level (UL).

The DRI's are actually a set of four reference values. A brief description of each follows:

- **Recommended Dietary Allowance (RDA):** the average daily dietary intake of a nutrient that is sufficient to meet the requirement of nearly all (97-98 %) healthy persons
- **Adequate Intake (AI):** only established when an RDA cannot be determined. Therefore, a nutrient either has an RDA or an AI. The AI is based on observed intakes of the nutrient by a group of healthy persons.
- **Tolerable Upper Intake Level (UL):** the highest daily intake of a nutrient that is likely to pose no risks of toxicity for almost all individuals. As intake above the UL increases; risks increase.
- **Estimated Average Requirement (EAR):** the amount of a nutrient that is estimated to meet the requirement of half of all healthy individuals in the population

Each of these reference values distinguishes between gender and different life stages. RDA's, AI's and UL's are dietary guidelines for individuals, whereas EAR's provide guidelines for groups and populations. In addition, factors which might modify the nutrient guidelines, such as bioavailability of nutrients from different sources, nutrient-nutrient and nutrient-drug interactions, and intakes from food fortification and supplements, are incorporated into the guidelines in much greater detail than before.

Nutrient standards for program meals will be one of two values: either RDA or AI, since any given nutrient will have either an RDA or an AI, but not both.

If one meal is served, each meal shall provide a minimum of 33 1/3 % of the current DRI's (RDA's/AI's), as established by the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences. If two meals per day are served, the two meals combined shall provide a minimum of 66 2/3 % of the DRI's (RDA's/AI's). If three meals per day are served, the three meals combined shall provide 100 % of the DRI's (RDA's/AI's). Each meal itself does not need to provide 33 1/3 % if more than one meal per day is served.

E. Nutrient Standards

A nutrient analysis of the meal shall be prepared and signed by the program nutritionist. Analysis shall be done to ensure compliance with the most current dietary reference intakes and Dietary Guidelines for Americans. A weekly average of nutrient content may be used for evaluation purposes.

It is recommended that nutrition programs analyze for nutrients by performing a full nutrient analysis of menus. When a full nutrient analysis ensures 1/3 the DRI's are met and is on record, serving sizes of meal components may be altered slightly.

Minimum Nutrition Standards for Average of Weekly Menu			
	1 meal per day	2 meals per day	3 meals per day
Energy	685 calories or more	1369 calories or more	2054 calories or more
Protein	19 g or more	37 g or more	56 g or more
Calcium	400 mg or more	800 mg or more	1200 mg or more
Fiber	8 g or more	16 g or more	24 g or more
Sodium	1200 mg or less	2400 mg or less	3600 mg or less
Vitamin A	1000 IU (300 mcg RAE)	2000 IU (600 mcg RAE)	3000 IU (900 mcg RAE)
Vitamin C	30 mg	60 mg	90 mg

F. Nutrient Analysis of Menus

A program may analyze its menu's nutrient content in one of two ways: either manually or with the use of nutrient-analysis software.

The manual method involves looking up the nutrient content of foods using a book, web site or basic computer program. The values can be entered into a chart or into a spreadsheet computer program. While the manual method may involve the use of computers to help with calculation, it is still more time-consuming than the software method. The manual method is suggested for programs wishing only to calculate for the seven required nutrients: energy (calories), protein, calcium, fiber, sodium, vitamin A and vitamin C.

The following resources may be useful to nutrition programs choosing to use the manual method of nutrient analysis of menus:

Web site - USDA, Agricultural Resource Center, Nutrient Data Laboratory - USDA National Nutrient Database for Standard Reference: www.nal.usda.gov/fnic/foodcomp/search/

Web site - Food Science and Human Nutrition Department, University of Illinois - Nutrient Analysis Tool 2.0: www.nat.illinois.edu/mainnat.html

Web site - Condé Nast Publications - Nutrition Data: www.nutritiondata.self.com

Book and/or CD-ROM - Author: Jean A Pennington
Bowes and Church's Food Values of Portions Commonly Used

The software method involved using a software program designed to analyze menus for nutrients. Several programs exist, including Food Processor and Nutritionist Pro, which have extensive food databases, allow for input of new foods and recipes, and make averaging menus relatively easy. Menus can be saved and later retrieved for future redesign. When using the software method, the full nutrient analysis is no more difficult than analyzing for the five required nutrients.

It is strongly recommended that the program nutritionist perform the nutrient analysis of the menus. At the very least, the nutritionist should evaluate and approve the menus, especially if the analysis is performed by the food vendor. Part of the contract monitoring quality assurance should include comparing the details of the nutrient analysis (what foods and amounts were entered into the computer) with what foods and serving sizes are actually served.

The nutrient analysis software is only a tool. Precise information must be entered in the program in order to ensure that the nutritional needs of participants are being met and also to obtain quality data for your records. This may require on-site contact with your food vendor or kitchen, obtaining recipes and determining which types and brands of food products are used.

1. Menu Analysis Documentation

Menus shall be analyzed and proven to meet the minimum nutrient and meal pattern standards. Documentation of these analyses shall be filed with the nutrition program and retained for a minimum of three years. The program nutritionist shall complete the analysis and the form before the menu is served.

G. Meal Pattern, Meal Components, Minimum Services Per Meal and Serving Size

Nutrition programs have traditionally followed a meal pattern system of menu planning. The meal pattern may be used as a planning tool to ensure food plate coverage and that the appropriate types and amounts of foods are served. The following meal pattern provides specific meal components and serving sizes based on the MyPyramid food guidance system; however, it does not assure that when meal components are combined, the meal pattern will meet 1/3 the DRI's (RDA's/AI's) and the current dietary guidelines. In order to assure that these requirements are met, the meal pattern would likely have to include additional servings of (1) fruits or vegetables and (2) whole grains, and be evaluated using computer analysis.

Nutrition programs shall have flexibility in planning meals which may not meet the meal pattern but which do meet the nutrient value requirements. The policy allows the meal pattern and/or serving sizes to be altered slightly when a complete nutrient analysis assures that DRI (RDA/AI) requirements for a single meal are met.

It is understood that minimum requirements for vitamin D and vitamin B₁₂ are difficult to reach without using fortified foods or supplements; therefore a range was set. Nutrition education shall be provided to participants regarding the selection of foods that are good sources of required nutrients.

See below for a meal pattern when one meal per day is served.

Meal Component	Minimum # of Servings per Meal	Serving Sizes *
	1 - 2	
Bread, grain or cereal	2	1 slice bread, ½ cup cooked, 1 cup dry cereal or equivalent for each serving
Vegetable and/or fruit		4 fluid ounces (½ cup) for each serving <ul style="list-style-type: none"> ◆ A vitamin A-rich (>75% RDA) vegetable/fruit must be served at least two times per week. ◆ A vitamin C-rich (>33% RDA) vegetable/fruit must be served at least once per meal.
Milk or acceptable substitute	1	8 fluid ounces or equivalent
Meat, poultry, fish or meat alternate	1	3-4 ounces meat, poultry, fish or cheese, 3 eggs, ¾-1 cup dry beans and peas, 3-4 T peanut butter, 1½ -2 oz. nuts and seeds, ¾-1 c cottage cheese
Margarine, oil or butter	1	1 teaspoon served on side or <u>used in cooking</u>
Dessert (fruit encouraged)	1	Generally 4 fluid ounces (1/2 cup)

H. Meal Components

Information on each meal component is provided below. When questions arise for a food which is not mentioned in the policy, such as whether a food fits into a certain category, or what a serving size should be, the program nutritionist should use professional judgment to determine the appropriate food and serving size.

1. Bread, Grain or Cereal

Examples of serving sizes for some foods in this group are as follows:

- 1 slice bread
- 1 muffin, 2½ in. across; or ½ English muffin
- ½ bagel or bun
- 1 cup dry cereal
- 1 biscuit, 2 in. across
- 1 piece of cornbread, 2½-in. cake
- 7 crackers, square or round type
- ½ cup rice
- ½ cup noodles, pasta
- ½ cup dressing/stuffing

The following are best practices for this component:

- (1) Serve a whole grain bread or cereal component 50 percent of the time.
- (2) Increase servings of whole grain bread and cereal products to provide adequate complex carbohydrates and fiber and to lower fat and cholesterol.
- (3) Serve a variety of low-fat, whole-grain, wheat, bran, or rye bread, as well as cereal products.
- (4) Limit high-fat bread and bread-alternate selections such as biscuits, quick bread, muffins, cornbread, dressings, croissants, fried hard tortillas and other high-fat crackers.

Potatoes do not count as a bread, grain, or cereal meal component. Acceptable substitutes must be approved by the program nutritionist.

2. Vegetable and/or Fruit

Serving sizes are generally as follows:

- ½ cup of vegetables, cooked or raw
- ½ cup of chopped, cooked, or canned fruit
- 1 cup of raw leafy vegetables
- ¾ cup of fruit or vegetable juice
- 1 medium-sized apple, banana, orange, or pear

A serving of vitamin A-rich fruit or vegetable must be included on the menu at least twice per week when one meal per day is served, three times per week, when two meals per day are served, and four times per week when three meals per day are served.

Vitamin A-rich fruits and vegetables supply at least 75 percent of the daily requirement for vitamin A. The following are all rich sources of vitamin A: apricots, avocado, broccoli, cantaloupe, carrots, greens (beet greens, collards, dandelion greens, kale, mustard greens, Swiss chard, turnip greens, watercress), mango, nectarines, papaya, pumpkin, red bell peppers, romaine lettuce, spinach, sweet potato, tomato and winter squash (acorn, butternut, Hubbard).

A serving of vitamin C-rich fruit or vegetable must be included on the menu at least once per meal when one meal per day is served; once or twice per day when two and three meals per day are served; or until 100 percent of the RDA for vitamin C is reached.

Vitamin C-rich fruits and vegetables supply at least 33 percent of the daily requirement for vitamin C. The following are all rich sources of vitamin C: apricots, asparagus, avocado, banana, berries (blackberries, blueberries, cranberries, raspberries, strawberries), broccoli, Brussels sprouts, cabbage, cantaloupe, cauliflower, currants, grapefruit, greens (beet greens, collards, dandelion greens, kale, mustard greens, Swiss chard, turnip greens, watercress), guava, honeydew melon, kiwi fruit, kohlrabi, lemons, limes, mango, okra, oranges, papaya, parsley, peas (green and snow), peppers (chili, green bell, red bell, yellow bell), pineapple, plantain, plum, potato, rutabaga, spinach, sweet potato, tangerine, tangelo, tomato, watermelon, winter squash (butternut).

The following are best practices for this component:

- (1) Reduce fat by preparing vegetables with little or no fat.
- (2) Offer fiber-rich fruits and vegetables (including raw and cooked).
- (3) Whenever possible, use fresh, frozen, or canned fruits; packed either in their own juice, or in light syrup, or without sugar.
- (4) For people with diabetes, the most commonly recommended dessert is fruit, which should be fresh, frozen or canned; without added sugar or packed in natural juice.
- (5) Serve fresh or frozen vegetables whenever possible. Because canned vegetables are usually high in sodium, they should be used less often.

Other considerations are as follows:

- (1) Molded salads can count as a fruit/vegetable serving if the recipe is modified so that each serving contains a serving of fruit/vegetable.
- (2) Potatoes count as a vegetable serving. Instant or dehydrated potatoes must be enriched with vitamin C.
- (3) Noodles, pasta, spaghetti, rice, or dressing are not considered a vegetable serving.
- (4) Fruits and vegetables make meals attractive and offer variety in color, flavor, texture, and shape.
- (5) Some fresh fruit or vegetables may need to be cut, sliced, or peeled for easier chewing.
- (6) Steam, bake, or boil vegetables rather than frying them; this will avoid too much fat in preparation.

3. Milk or Acceptable Substitute

Serving size is generally 8 fluid ounces.

The following are all allowable foods for the milk component as long as they are fortified with vitamin D:

- (1) skim milk
- (2) low-fat milk (one percent or two percent)
- (3) whole milk
- (4) chocolate or other flavored milk
- (5) buttermilk
- (6) cocoa or hot chocolate that is made from fluid milk only

- (7) goat's milk (must be pasteurized)
- (8) lactose-reduced milk

Any milk substitutes must be approved by the program nutritionist. Possible substitutes may include fortified juice, soy milk or other beverage. The vitamin D content of substitutes should be considered; if this is not possible, the participant should receive nutrition education regarding vitamin-D and calcium needs. If the participant has increased nutritional needs and intolerance to dairy products, a liquid nutritional supplement may be served.

Cheese, ice cream and other dairy products made from milk are generally not acceptable substitutes because (as of the writing of this policy) they are almost all made without added vitamin D. Some brands of orange juice and yogurt may be acceptable substitutes because they often contain added vitamin D and calcium.

To meet the high calcium and vitamin-D needs of the older adults served in the program, elderly nutrition programs (ENP's) will need to incorporate dairy products into other menu items. When a week's menu is too low for calcium, programs may choose to offer two servings of milk on one or more days of that week. One program currently offers one white milk and one chocolate milk.

4. Meat or Meat Alternate

Serving sizes are generally as follows:

- 3-4 ounces meat, poultry, fish, cheese
- 3 eggs
- $\frac{3}{4}$ -1 cup cooked dry beans or peas
- 3-4 Tablespoons peanut butter
- 1 $\frac{1}{2}$ -2 ounces nuts and seeds
- $\frac{3}{4}$ -1 cup cottage cheese

Acceptable substitutes must be approved by the program nutritionist. Consider the following during menu planning:

- (1) Fillers or breading used in preparation are not to be counted as part of the portion weight.
- (2) Meat portions weigh less after cooking. Plan to allow for shrinkage.

- (3) Take into account the inedible parts, such as bone and sometimes fat, which will not count as part of the three-ounce portion.
- (4) Reduce fat by preparing meat/entrées with little or no fat and choosing low-fat prepared foods.
- (5) Reduce sodium by lessening salt in recipes and by choosing meat/entrées which are relatively low in sodium.
- (6) Serve more fish and poultry items, including casseroles, to further reduce saturated fats in the meal. Select fish rich in omega-3 fatty acids, such as salmon, trout, and herring.
- (7) Casserole entrées (combination of meat and starch, vegetable, cooked dried beans or creamed sauce) are cost-effective. However, because it can be difficult to meet the three-ounce meat/meat alternative requirement, recipes can be adjusted accordingly by supplementing the meal with additional protein-rich products.
- (8) Gravies and sauces are a key component for temperature control in home-delivered meals; they are often a necessity. Numerous recipes and mixes for low-fat and low-sodium gravies and sauces are available for use in entrées.
- (9) When planning and serving vegetarian meals, note the following:
 - Think about offering a "vegetarian special of the day" along with the regular meal option. This may depend on the size of your meal program and resources available.
 - A vegetarian meal must meet the minimum nutrient standards required for nutrition program meals. Ensure meal components include a good source of protein, bread, grain, or cereal product, two sources of fruits and/or vegetables, and milk or acceptable substitute.
 - Ensure that the meal provides vegetarians with adequate and necessary amounts of protein.
 - Combine foods which are considered "incomplete proteins" in order to create "complete protein" foods.

5. Margarine, Oil or Butter

Serving size: one teaspoon.

Acceptable substitutes must be approved by the program nutritionist.

- (1) When appropriate, offer margarine or butter as a spread or topping for a menu item.
- (2) When bread is not a part of the menu, oil, butter or margarine used in cooking can be counted for the one teaspoon in the meal pattern.

- (3) Wisconsin law requires that customers (i.e. participants) be told which spread is margarine and which one is butter.
- (4) Reduce consumption of fat, especially saturated fat and cholesterol. Substitute polyunsaturated margarine for butter, lard and saturated fats whenever possible.
- (5) Use food-preparation methods which add as little fat as possible.
- (6) Increase food-preparation use of monounsaturated and polyunsaturated vegetable oils, such as olive, peanut, corn, safflower, canola, cottonseed and soybean oils.
- (7) Eliminate the use of palm oil and coconut oil in food preparation.
- (8) To successfully implement these suggestions with caterers, review ingredients of ready-prepared products and make changes when possible.

6. Dessert (Fruit Encouraged)

Serving size is generally ½ cup or other appropriate serving size. Fruit contained in a dessert may count toward the fruit component.

- (1) Increase consumption of fruits and complex carbohydrates to provide adequate fiber and to lower fat and cholesterol.
- (2) Low-sugar or sugar-free desserts shall be available to individuals who request them for health reasons.
- (3) Reduce fat by preparing desserts with little or no fat.
- (4) Limit frequency of desserts high in sugar and fat.
- (5) Increase the consumption of desserts high in calcium, including low- fat dairy products.
- (6) Use fresh, frozen or canned fruits packed in their own juice, light syrup, or without sugar as a dessert whenever possible; this should be at least twice per week.
- (7) Serve plain cookies, angel food cake, gingerbread, cakes without frostings, or pies made with recipes altered to provide less sugar and less fat.
- (8) Because ice cream is high in saturated fat, serve it only occasionally, or as a small amount of topping on a fruit dessert.
- (9) Offer low-fat milk and calcium-containing desserts such as frozen yogurt, low-fat custards and low-fat puddings.
- (10) To successfully implement these suggestions with caterers, review ingredients of ready-prepared

products and make changes when possible.

I. Meal Service and Portion Sizes

Each program shall use standardized portion control procedures to ensure that each served meal is uniform and satisfies meal pattern requirements.

Standard portions may be altered to be less than the standard serving of an item only at the request of a participant or if a participant declines an item. (NSIP meal eligibility is not affected when a participant declines menu items.)

Do not serve less-than-standard portions as a means of "stretching" available food, i.e. in order to serve additional persons.

J. Menu Development

A menu is key to successful food service because it helps define nutritional content of the meals served to the older adult, as well as acceptance and enjoyment of the food, personnel staffing needs, equipment needs and utilization, and food-purchasing and cost-control procedures.

1. Who Plans Your Menus?

It is vital that nutrition programs carefully consider who will plan the menus for the program. In some instances food service contracts give the responsibility of menu planning to the food vendor. Nutrition programs are ultimately responsible to ensure that meals meet the requirements.

The program nutritionist should plan or oversee the planning of menus. Dietetic professionals are trained and skilled at considering multiple factors when planning menus, such as those listed below. They will utilize the expertise of the nutrition director, caterer, cooks, and dining center staff when planning menus. In addition, participants' preferences should be taken into consideration.

2. Menu Planning for Acceptance and Enjoyment of the Food

Graham Kerr, the famous gourmet chef, has an acronym that he uses for menu planning. When he plans menus he uses "TACT": taste, aroma, color and texture. Although these concepts are important when planning any

menu, they are vital when planning meals which will be served to older adults in a food service setting. As each menu is planned, look at the meal with each of the following in mind:

- **Taste:** Is there a variety of sweet, savory, salty, sour, and bitter flavors? What herbs, spices and flavorings are used?
- **Aroma:** What will diners first smell when they sit down to eat their meal? Will one food be more pleasantly dominant? How will the aromas combine?
- **Color:** How does the food look on the plate? Are there different colors? Dark and light hues?
- **Texture:** Is there a variety to the consistency of foods: solid, liquid, soft, crunchy, smooth, tender and crispy?

There are a few other classic menu-planning items to check for, as follows:

- Make sure the menu items have a variety of shapes and sizes on the plate.
- Diners usually enjoy a combination of warm and cool foods.

In addition to planning for taste and acceptance factors, it is important to consider the following factors when developing menus for the nutrition program:

- (1) nutrient standards: recommended dietary allowances (RDI's) and dietary reference intakes (DRI's)
- (2) menu standards (minimum components and serving sizes)
- (3) social/emotional connotations with food
- (4) preparation techniques
- (5) regional and cultural preferences
- (6) special menus to meet ethnic preferences, religious needs and health needs
- (7) service of multiple meals per day
- (8) food safety and sanitation considerations
- (9) production techniques
- (10) food availability, seasonal foods, commodities and vendor delivery schedules
- (11) staffing of kitchen, delivery routes and dining centers
- (12) delivery procedures on all levels
- (13) equipment, both cooking and delivery
- (14) The following, if applicable: vendor/catering contract and scope of work, ability to amend, penalties, etc.

- (15) variations from traditional meals, including frozen meals, emergency meals, restaurant meals, weekend meals, choice of items, holiday meals
- (16) cost

3. Menu Planning Guidelines

Each program should have a menu development process which includes all of the following:

- (1) Use of written, standardized recipes.
- (2) provision for review and approval of menus by a qualified nutritionist
- (3) the development of special menus, where feasible and appropriate, which take into consideration religious and/or ethnic diet preferences, usually when at least 25 percent of participants request a certain special menu
- (4) The development of texture-modified and/or therapeutic menus, where feasible and appropriate, when at least 25 percent of participants at a dining center request a texture-modified and/or therapeutic diet. A modified-texture diet is defined as ground meat, thickened liquids or pureed foods. A therapeutic diet is defined as low-fat, low- cholesterol, diabetic, renal, low calorie or low sodium. The provider shall ensure that a current physician's written diet order is on file for participants consuming a texture-modified and/or therapeutic meal.
- (5) written procedures for revising menus after they have been approved

Menus shall be as follows:

- (1) planned for a minimum of four (4) weeks, and
- (2) posted in a location easily seen by participants at each congregate dining center, and
- (3) legible and easy to read in the language of the majority of the participants, if not in several languages, and
- (4) kept on record for three years, to include the menu actually served each day for each location.

4. What Does Your Menu Say?

What does your menu say to a new participant or someone unfamiliar with the nutrition program? The following

are some tips which can ensure an appealing and attractive menu:

- (1) Plan the spacing and arrangement of the items on the menu to be attractive and always consistent (e.g., main dish, vegetable, bread, dessert, beverage).
- (1) Use descriptive titles for menu items so that the reader can tell from the title what is being served. "Betty's Orange-Glazed Beef" sounds better than "Betty's Beef Surprise."
- (2) Be aware of uncommon abbreviations. The use of "chix" for chicken, "DB" for diabetic, or "gel" for gelatin may not be understood by everyone.
- (3) As a general rule, do not use brand names.
- (4) Give credit if someone contributes a recipe (e.g., "Rosa's Fry Bread"), as this gives the program a more personal touch.
- (5) As with all materials we distribute, use large fonts (14 point or larger). If this is not possible, have a large-print version available for those who are visually impaired.

5. Functional Foods

"Functional foods" are foods which may provide a health benefit beyond basic nutrition; these should be considered when planning menus. Examples include everything from fruits, vegetables, grains and legumes, to fortified or enhanced foods. Biologically active components in functional foods pass on health benefits or desirable physiological effects. See the following web address for more information regarding functional foods: www.foodinishgt.org/Content/6/functionalfoodsbackgrounder.pdf

Programs are encouraged to use natural, functional foods in menus whenever possible.

K. Food Procurement

All nutrition programs shall procure food from sources which comply with all laws relating to food and food labeling. Food shall be sound, safe for human consumption, and free of spoilage, filth, or contamination.

- (1) Food in hermetically-sealed containers shall be processed in an establishment operating under appropriate regulatory authority.
- (2) All milk products used and served must be pasteurized. Fluid milk shall meet Grade A quality standards

as established by law.

- (3) All purchased meats and poultry shall be from sources under federal or state inspection. All animals used for meat must be slaughtered in a licensed slaughterhouse or under the ante mortem and postmortem inspection of a licensed veterinarian.

L. Use of Donated or Discounted Food

Using donated or discounted food from a food bank can significantly reduce food costs. Nutrition programs may use contributed and discounted foods only if they meet the same standards of quality, sanitation, and safety as apply to foods purchased from commercial sources.

Acceptable items include the following:

- fresh fruits and vegetables received clean and in good condition
- game from a licensed farm processed within two hours of killing by a licensed processor
- food collected from a food bank which can be prepared and served before the expiration of the freshness date

In accordance with the Wisconsin Food Code, unacceptable items include the following:

- food which has passed its expiration date
- home-canned or preserved foods
- foods cooked or prepared in an individual's home
- road-killed deer or game
- wild game donated by hunters
- fresh or frozen fish donated by sportsmen

A local nutrition program may determine and specify with a local policy that they do not wish to incorporate "acceptable" donated or discounted foods into their menus.

M. Central or On-Site Kitchens

The nutrition program and commission on aging should jointly plan for the possibility of establishing, remodeling or closing central or on-site kitchens. A request for approval shall be submitted to the area agency on aging in a

timely manner.

Consider the following:

- (1) Evaluate the cost of providing meals from local caterers versus a central kitchen.
- (2) Consider how this will affect service to participants.
- (3) Analyze the costs involved in establishing a central kitchen.
- (4) Document the program's efforts to utilize the local school as a meal provider.
- (5) Consider optional facilities to be used as a possible central or on-site kitchen such as unused kitchens in schools or county institutions.

VI. Food Safety and Sanitation: The Wisconsin Food Code

OAA Sect 339 (2) F:

"Comply with applicable provisions of State 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 an older individual."

Safe food practices by nutrition programs cannot be compromised. In all phases of the food service operation, nutrition programs shall adhere to state and local fire, health, sanitation and safety regulations applicable to the particular types of food-preparation and meal-delivery systems used by the program. State regulations relating to the hygienic preparation and serving of food are stated in the Wisconsin Administration Code - DHS 196 Wisconsin Food Code.

A. Wisconsin Food Code and the Elderly Nutrition Program

In July 2005, the State of Wisconsin DHS, Division of Public Health, in cooperation with the Department of Agriculture, Trade and Consumer Protection, adopted a new set of laws for restaurants and other licensed facilities serving food. It is based on the U.S. Food and Drug Administration's recommended model food code.

By federal law, as noted above, Wisconsin elderly nutrition programs (ENP's) shall follow the Wisconsin Food Code. This section of the policy manual features several excerpts from the Wisconsin Food Code meant to highlight important areas relevant to the ENP. It is not all-inclusive; care should be taken not to apply concepts out of context.

B. Obtain Copies of the Wisconsin Food Code

Nutrition programs are responsible for maintaining an updated copy of the Wisconsin Food Code. To obtain and view the current Wisconsin Food Code use the following web address:

<http://legis.wisconsin.gov/rsb/code/atcp/atcp075%5Fapp/pdf>

C. Required Director and Staff Training for Food Safety and Sanitation Training

This section describes food safety and sanitation requirements for nutrition program directors and staff.

1. Nutrition Director

Nutrition Directors must obtain State of Wisconsin Food Manager Certification through the following steps:

- Complete and pass a BADR-approved Food Safety and Sanitation (FSS) course and exam once every five years.
Complete a "State Application for Certified Food Manager" and send application to the Department of Health Services, Division of Public Health; Food Safety and Recreational Licensing, along with the fee and proof of completing and passing a BADR-approved food safety and sanitation (FSS) certification course.
- After five years and certification has expired, complete and pass a BADR-approved food safety and sanitation (FSS) recertification course *or* complete and pass a BADR-approved food safety and sanitation (FSS) certification course and exam. (Nutrition directors who work in the city of Milwaukee must recertify by testing or by examination, through a BADR-approved food safety and sanitation (FSS) certification course and exam.)
- Complete a "State of Application for Recertification of Food Manager" and send application to the Department of Health Services, Division of Public Health, Food Safety, and Recreational Licensing; along with the fee and proof of completing and passing a BADR-approved food safety and sanitation (FSS) recertification course.

The above policy does not apply to a nutrition director or any other food- handling staff member who maintains one of the following credentials, in which case the training is not necessary. Examples are as follows:

- registered dietitian, by the American Dietetic Association Commission on Dietetic Registration
- dietetic technician, registered by the American Dietetic Association Commission on Dietetic Registration

- certified dietitian, by the State of Wisconsin, Department of Regulation and Licensing
- certified dietary manager, by the certifying board of Dietary Managers Association
- certified professional food manager, by the National Assessment Institute

The nutrition director should obtain appropriate training and pass the applicable exam within 90 days of beginning the food-handling position. The AAA may grant an extension. The nutrition director is responsible for obtaining approval to extend the 90-day period to up to 180 days when the following apply: location/travel issues, timing of available courses, or significant personal scheduling issues.

2. Staff Who Purchase, Prepare and Cook Food

Each central kitchen and on-site-cooking senior dining center shall have a staff person on duty who has obtained the State of Wisconsin's food manager certification.

- (1) In almost all cases this person will be the cook or the kitchen supervisor.
- (2) It is best practice for other staff working in a food-handling capacity at a central kitchen or on-site cooking site to complete either an approved FSS course or to complete the "Senior Dining: Serving Safe Food" course.

State of Wisconsin food manager certification can be obtained through the following steps:

- Complete and pass a BADR-approved food safety and sanitation (FSS) course and exam.
- Complete a "State Application for Certified Food Manager" and send application to the Department of Health Services, Division of Public Health; Food Safety and Recreational Licensing, along with the fee and proof of completing and passing a BADR-approved food safety and sanitation (FSS) certification course.
- After five years and certification has expired, complete and pass a BADR-approved food safety and sanitation (FSS) recertification course *or* complete and pass a BADR-approved food safety and sanitation (FSS) certification course and exam. (Staff who work in the city of Milwaukee must recertify by testing or examination through a BADR- approved food safety and sanitation (FSS) certification course and exam.)
- Complete a "State of Application for Recertification of Food Manager" and send application to the

Department of Health Services, Division of Public Health, Food Safety and Recreational Licensing; along with the fee and proof of completing and passing a BADR-approved food safety and sanitation (FSS) recertification course.

Staff should obtain appropriate training and pass the applicable exam within 90 days of beginning the food-handling position. The AAA may grant an extension. It is the nutrition director's responsibility to obtain approval to extend the 90-day period to up to 180 days when the following apply: location/travel issues, timing of available courses, or significant personal schedule issues.

3. Staff Who Only Hold Food, Serve Food and Clean

- A senior dining center where food is not prepared or cooked shall have a staff person or volunteer on duty, who completed an approved FSS course or the Serving Safe Food course once every five years and passed the applicable exam related to the course.
- In almost all cases this person will be the center or site manager.
- It is best practice for other staff and volunteers working in a food handling capacity at a senior dining center to complete a food safety and sanitation course.
- Staff should obtain appropriate training and pass the applicable exam within 90 days of beginning the food-handling position. The AAA may grant an extension. It is the nutrition director's responsibility to obtain approval to extend the 90-day period to up to 180 days when the following apply: location/travel issue, timing of available courses or significant personal schedule issues.

4. New Staff Orientation

All new staff and volunteers having contact with food service must have a general orientation to safe food handling and sanitation practices before beginning the job.

The following resources can be used:

- manual from a food safety and sanitation course, such as ServSafe®
- Cooking for Large Groups booklet
- Seniors and Food Safety (bright yellow booklet from USDA)
- highlighted areas of the Wisconsin Food Code

D. Approved Food Safety and Sanitation Training and Exams

- ServSafe®, by the educational foundation of the National Restaurant Association solutions: www.restaurant.org
- the National Registry of Food Safety Professionals, food protection manager certification examination: www.nrfsp.com
- Courses approved by the State of Wisconsin, Division of Public Health to meet the criteria for food manager certification. Examples include technical colleges and individual consultants, among others. A comprehensive list of Wisconsin providers is available online at: www.publichealthmdc.com/environmental/food/manager.cfm
- Reciprocity is granted to persons certified out of state through a certification exam approved by the Conference for Food Protection. Persons certified out of state must provide evidence that they have successfully completed a certification exam recognized by the Conference for Food Protection.

E. State of Wisconsin Food Manager Certification

State of Wisconsin food manager certification is required for all nutrition directors and a staff person on duty at each central kitchen and on-site cooking senior dining center in Wisconsin's senior dining programs.

For information on obtaining the certification contact:

**DHS Bureau of Environmental Health
Food Safety and Recreational Licensing
1 W. Wilson Street, Room 133
P.O. Box 2659
Madison, WI 53701-2659
608-266-2835**

F. Senior Dining: Serving Safe Food Certification

The Serving Safe Food course was developed by BADR and the Wisconsin Association of Nutrition Directors in order to meet the food safety and sanitation training requirements for staff, including senior dining center managers, whose work duties include hot and cold food holding, serving and clean up, but no purchasing, preparation or cooking.

The SS Food certification course includes a minimum of two hours of training including lecture, hands-on activities, short quizzes and a take-home exam. Upon successful completion, a five-year certificate is issued by BADR.

The course may be taught by anyone who has passed an Approved SS Food Course and has been certified by BADR. Individuals who are eligible to teach the SS Food Course must use only the required materials developed and/or reviewed by BADR. No alterations to the materials may be made. If changes are made to any materials, the individual(s) will not be eligible for certification.

Nutrition programs may use SS Food to teach general food safety and sanitation classes or lectures, but certification will be denied if any changes have been made to the existing materials.

The required materials used to teach the SS Food course are available by CD or via e-mail and can be obtained by contacting BADR.

G. Animals

Animals are not allowed where food is prepared, served, stored, or where utensils are washed or stored, with the exception of animals required to assist a disabled worker or diner.

H. Hazard Analysis Critical Control Point

This new system is known as Hazard Analysis and Critical Control Point or HACCP (pronounced hassip). HACCP principles were developed by the National Advisory Committee on Microbiological Criteria for Foods during the mid-1990. HACCP plans are not required by the Wisconsin Food Code; however, nutrition programs are encouraged to incorporate them into their operations to improve food safety at all levels of food service. Since this system is rather new to nutrition programs, more information will be shared as it is developed.

A HACCP Plan involves the following seven principles:

- (1) **Analyze hazards.** Identify potential hazards associated with a specific food and measures to control those hazards. A hazard could be biological (e.g., a microbe), chemical (e.g., a toxin), or physical (e.g., ground glass or metal fragments).

- (2) **Identify critical control points.** These are points in a food's production at which a potential hazard can be controlled or eliminated, starting with the food's raw state, continuing through processing and shipping, and ending in consumption by the consumer. Examples include cooking, cooling, packaging and metal detection.
- (3) **Establish preventive measures with critical limits for each control point.** For, e.g., a cooked food, this might include setting the minimum cooking temperature and time required to ensure the elimination of any harmful microbes.
- (4) **Establish procedures to monitor the critical control points.** Such procedures might include determining how and by whom cooking time and temperature should be monitored.
- (5) **Establish corrective actions to be taken when monitoring shows that a critical limit has not been met.** Examples include reprocessing or disposing of food if the minimum cooking temperature is not met.
- (6) **Establish procedures to verify that the system is working properly.** For example, use time-testing and temperature-recording devices to verify that a cooking unit is working properly.
- (7) **Establish effective record-keeping to document the HACCP system.** This includes a record of hazards and their control methods, the monitoring of safety requirements, and action taken to correct potential problems. Each of these principles must be backed by sound scientific knowledge; for example, published microbiological studies on time/temperature factors in controlling food-borne pathogens.

I. Wisconsin Food Code Highlights

The following are Wisconsin Food Code highlights which are very important to food safety in the nutrition program. These include several recent changes to the law.

1. Temperatures

All hot holding temperatures for potentially hazardous foods have changed from 140°F to 135°F according to the Wisconsin Food Codes. However, all holding temperatures at the time of service and at the time of delivery for potentially hazardous foods for Wisconsin's senior dining program will remain at no less than 140°F for hot foods.

2. Demonstration of Knowledge

Requires permit holder or person in charge to demonstrate to the regulatory authority, upon request, knowledge of food-borne disease prevention as it relates to their specific food processes and general food code

requirements. One method of compliance is to have no risk factor violation notes on the most recent inspection form from the food safety regulatory authority. A risk factor means one of the improper practices or procedures which have been identified by the Centers for Disease Control and Prevention as the most prevalent contributing factors to food-borne illness or injury.

3. Employee Health

- Workers must be excluded or restricted from food preparation and service based on their signs and symptoms of having a food-borne illness.
- A sudden onset of vomiting and diarrhea requires removal and prohibited reentry of the employee to the establishment.
- The person in charge may remove an exclusion for an employee if the person excluded is asymptomatic for 24 hours after having a non-infectious condition. Documentation from an appropriate medical professional is no longer required for removal of exclusion or restriction if approval is granted by the local health department or regulatory authority.

4. Date Marking

- Ready-to-eat (RTE) potentially hazardous food held for more than 24 hours in an establishment must be clearly marked at the time of preparation to indicate that the food shall be consumed on the premise, sold or discarded with seven calendar days or less from the day that the food is prepared, including the day of preparation.
- Refrigerated RTE potentially hazardous food items prepared in advance must be discarded at seven days if held at 41°F or less.
- RTE potentially hazardous food items which are prepared, frozen and thawed must be controlled by date marking to ensure that the items are consumed within a total of seven days held at refrigeration temperatures.

5. Time as a Public Health Control

Cold holding of potentially hazardous foods has been modified. Holding of a potentially hazardous food for up to six (6) hours at an internal temperature of 41-70° F may now occur under monitored conditions.

Food establishments in Wisconsin which serve a highly susceptible population, including the elderly nutrition

program, may not use time as a public health control.

6. Bare-Hand Prohibition

Bare-hand contact with ready to eat foods is prohibited. Deli paper, tongs, or other suitable utensils may be used to handle ready to eat foods.

7. Handing Washing Before Gloving

If gloves are used, employees must affectively wash their hands prior to putting on gloves when working with food.

8. Ready-to-Eat Foods

Consult this expanded definition as it may reinforce handling practices where direct hand contact needs to be avoided.

9. Enhancing Security and Reducing Contamination

Public entrances/exits shall be located so that it is not necessary for patrons to pass through food preparation, processing or washing areas.

10. Hands-Free Faucets

Non-hand operated faucets at all hand sinks are required for new construction or when a hand sink or sink faucet requires replacement.

VII. Coordination with Wisconsin State Department of Public Instruction Elderly Nutrition Improvement Program

Since 1973, two nutrition programs for the elderly have existed in Wisconsin. Both programs are open to older persons and provide opportunities for older people to maintain and improve their diets.

A. Department of Public Instruction Joint Agreement

1. Chapter 115 Laws of Wisconsin (1973): Elderly Nutrition Improvement Program

Section 115.345 of the Wisconsin State Statute authorizes the establishment of the elderly nutrition improvement program in the public schools. It places the administrative responsibility for the program with the

Department of Public Instruction (DPI). The law provides the participating school districts with sum-sufficient funding for supplemental payments, not to exceed 15 percent of the cost of the meal or 50 cents per meal, whichever is less. School participation in the program is voluntary.

2. Title III Older Americans Act/State: Elderly Nutrition Program

Title III-C/State under the reauthorized Older Americans Act, P.L. 95-478, is a federal/state program authorized to provide meals and supportive services to older persons. The Bureau of Aging and Disability Resources (in the Department of Health Services) is the state agency responsible for the administration of Older Americans Act/State funds. Title III-C/State funds may be used only for the provision of meals in addition to specified supportive services. While federal/state funds can be used to pay the full cost of the meals provided under Title III-C/State, participants shall be given the opportunity to contribute toward the cost of the meal.

3. Joint Agreement

While each of the elderly nutrition programs may operate separately and independently, it is the intent of the legislature that the programs cooperate to take advantage of the cash benefits and intergenerational opportunities available under both programs.

The 1975 Assembly Bill 222, Section 718(7), directed that: "The Departments of Health and Social Services (now known as the Department of Health Services) and Public Instruction shall develop procedures for facilitating participation by public school districts as food service providers in nutrition programs financed under Title III-C of the Older Americans Act."

BADR and the Food and Nutrition Service of the Department of Public Instruction have developed policies and procedures for Title III-C nutrition programs which school districts follow in their efforts to develop joint agreements. As the guidelines are updated, copies of the joint agreement guidelines are sent to the school districts and to Title III-C nutrition programs. The joint agreement can be found at the following web address:
www.dpi.state.wi.us/fns/elderly1.html