



M E A L S I T E C O O R D I N A T O R



Nutrition Programs
Meal Site Coordinator Foundations
Coordinator Reference Guide
May 2019

NUTRITION PROGRAM AUTHORITY & FUNDING

Nutrition services are authorized under Title III(c) of the Older Americans Act (OAA). The Administration for Community Living (ACL) Administration on Aging (AoA) provides grants to states to help support nutrition services for older people throughout the country. These services include the Congregate Nutrition and Home-Delivered Nutrition Programs.

Each state maintains an organization to oversee ACL programs in that state. In Idaho, this is the Idaho Commission on Aging (ICOA). The ICOA contracts with 6 Area Agencies on Aging (AAAs) to locally administer programs, including meal sites that provide congregate and home-delivered meals. State and local government funding is also an important funding source. Local meal sites may also receive support through private foundations, direct payment for services, fundraising, and program participant voluntary contributions (time and/or monetary donations).

OAA NUTRITION PROGRAM GOALS

Designed to promote the general health and well-being of older individuals, the services are intended to:

- Reduce hunger and food insecurity
- Promote socialization
- Delay the onset of adverse health conditions

PROGRAM PARTICIPANT ELIGIBILITY

Nutrition programs provide healthy meals in group settings, such as senior centers and faith-based locations, as well as in the homes of older adults. To be eligible for congregate meals, a person need only be aged 60+. Home-delivered meals require the person be 60+, but they must also be homebound, frail and unable to provide for their own meal preparation.

IDAHO'S PROGRAM REACH

Idaho's 94 congregate & home-delivered meal providers deliver more than 1 million meals to more than 16,700 individuals each year. Services include nutrition screening, assessment, education, and counseling, in addition to meals. Nutrition programs also provide an important link to other supportive in-home and community-based supports such as homemaker, transportation, physical activity, and chronic disease self-management.

NUTRITION PROGRAMS
MEAL SITE COORDINATOR FOUNDATIONS
FOCUS AREA CHECKLIST

Fifteen Focus Areas identify the critical elements of a Meal Site Coordinator's responsibilities related to participation in Older Americans Act nutrition programs. The focus areas (FA) are:

- FA01. Permit by the health district to operate a meal site
- FA02. Food establishment inspection
- FA03. 501 (c)3 status through IRS Determination letter
- FA04. Accredited Food Protection Manager training certification
- FA05. Congregate meal registration form and Nutritional Survey
- FA06. Rosters and/or sign in sheets for participants, visitors and volunteers
- FA07. Donations and donation box placement
- FA08. Donation tracking sheet
- FA09. Nutrition education at meal sites
- FA10. Invoicing for reimbursement
- FA11. Nutrition Services Incentive Program (NSIP) funds
- FA12. Knowledge of nutrition guidance, including:
 - a. Commodity Donated Food program
 - b. Eligible / Ineligible consumers
 - c. Home-Delivered Meal program compliance
 - d. Meal Frequency Waiver form
- FA13. Knowledge of the role of the Board and what they should know about nutrition programs
- FA14. Menu approval
- FA15. Training to volunteers and staff

NUTRITION PROGRAMS

MEAL SITE COORDINATOR FOUNDATIONS

FOCUS AREA 1: HEALTH DEPARTMENT PERMIT-LICENSE

Ensure a permit-license is obtained to open, operate & maintain a meal site at your location

WHY

- Food establishments must have a valid permit-license (see Idaho Food Code)
- Ensures food & facility safety

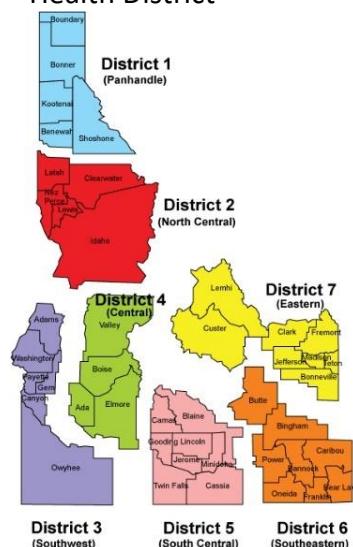
WHAT

- Issued by local Health District
- Physical Permit-License must be displayed per Health District instructions



WHEN

- Initial: Prior to first service
 - ♦ Renewal: Yearly
 - (1) Receive notification by mail
 - (2) Either in the fall or on your initial permit issue date (depends on Health District)



How

- Requires application & supporting documentation
- Current fee - \$125
- ♦ Possible Application Pitfalls
 - ♦ Check the proper permit type
 - ♦ Enclose required documentation
 - ♦ Include proper fee

YOUR PERMIT-LICENSE TOOLKIT

- Idaho Food Code
[FA01_IdahoFoodCode](#)
- Application for local Health District
[Health District website](#)
- **BONUS:** Who Needs a Food License
[FA01_WhoNeedsAFoodLicense_June 2016](#)

COORDINATOR CHECKLIST

- ✓ Health District permit-license to operate a meal site
- ✓ Renew yearly

NUTRITION PROGRAMS

MEAL SITE COORDINATOR FOUNDATIONS

FOCUS AREA 2: HEALTH DISTRICT INSPECTION

Ensure consistent adherence to safety & sanitation guidelines required to meet inspection standards

WHY

- Complies with State food safety regulations
- Prevents food-borne illness
- Ensures safe, sanitary setting for staff, volunteers & clients

WHAT

- Requirements based on current safety & sanitation standards
- Areas related to food storage, prep & service
- Performed by local Health District

WHEN

- Initial: As part of permit-license process
- May occur any time throughout the year
- NOT required to provide prior notice

↳ *Best practice: Always be prepared & in compliance - not about passing the inspection, about managing a safe, sanitary facility*

How

- Always adhere to safety & sanitation standards
- Provide access to site & documentation as requested
- Correct issues identified on Inspection Report and/or Corrective Action Plan
- Retain all Inspection Reports & Corrective Action Plans

YOUR HEALTH DISTRICT INSPECTION TOOLKIT

- Blank Inspection Report
FA02_FoodEstablishmentInspectionReport_Bank
- Inspection Report Filled Sample
FA02_FoodEstablishmentInspectionReport_Ffilled

COORDINATOR CHECKLIST

- ✓ Facilitate all Health District safety & sanitation inspections
- ✓ Consistently maintain all standards
- ✓ Modify site or procedures to comply with recommendations
- ✓ Retain Inspection Reports & Corrective Action Plans

NUTRITION PROGRAMS

MEAL SITE COORDINATOR FOUNDATIONS

FOCUS AREA 3: IRS 501 (c)3 STATUS

Ensure facility receives & maintains non-profit (IRS 501 (c)3) status to be eligible for tax benefits

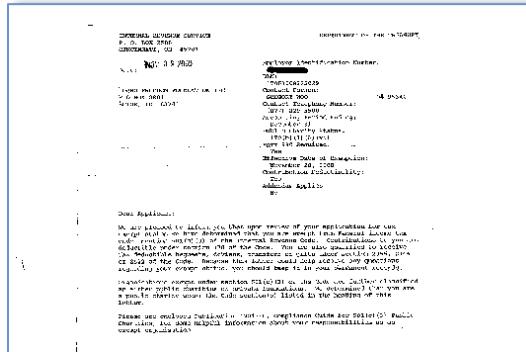
WHY

- Official recognition as non-profit organization
- Saves money & administrative time
- Provides exemption from federal, sales & property taxes
- Offers exemption from payroll taxes

WHAT

- Application, updates & changes to IRS
- Application
 - ♦ Significant information & documentation
 - ♦ Prep & approval time - up to 1 year
- Contact Internal Revenue Service:

<https://www.irs.gov/charities-non-profits/charitable-organizations>



WHEN

- Initial: As soon as possible (ASAP)
- Changes: Report to IRS ASAP

How

- May already have designation
- Instructions: IRS Publication 4220
- If necessary, assist by:
 - ♦ Gather & prepare required corporate documents
 - ♦ Work with Board & accountant
 - ☞ Note: Application can take up to 100 hours to complete

| | | | |
|--|--|---|--|
| 1023 Form 1023 Rev. December 2010 Department of the Treasury Internal Revenue Service | | Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code <small>For the use of organizations described in section 501(c)(3) of the Internal Revenue Code to receive tax-exempt status. For instructions, see the instructions on the back of this form. Go to www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you. Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I-X of Form 1023 and submit only those Schedules (A through H) that apply to you.</small> | |
| <small>Form No. 1023 (2010) M-F 1023 (2010) is a revised version of Form 1023. Application will be open until April 15, 2011.</small> | | | |
| <small>Use the instructions to complete this application and for a definition of all bold items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-2000. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.</small> | | | |
| <small>Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I-X of Form 1023 and submit only those Schedules (A through H) that apply to you.</small> | | | |
| Part I Identification of Applicant | | | |
| 1 Full name of organization (exactly as it appears in your organizing document) | | 2 Do Name (Fapable) | |
| 3 Mailing address (Number and street) (see instructions) | | 4 Employer Identification Number (EIN) | |
| City or town, state or country, and ZIP + 4 | | 5 Month the annual accounting period ends (if > 12) | |
| <small>6 Primary contact (officer, director, trustee, or authorized representative) a Name b Phone c Fax (optional)</small> | | | |
| <small>7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative. If you are represented by a corporation, include a copy of Form 2044, Return of Account and Corporation of Representative, with your application if you would like us to communicate with your representative.</small> | | | |
| <small>8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid or promised payment to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe their person's role.</small> | | | |
| <small>9a Organization's website b Organization's email address</small> | | | |
| <small>10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See instructions for a description of organizations not required to file Form 990 or Form 990-EZ.</small> | | | |
| <small>11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY) / / 12 Were you formed under the laws of a foreign country? If "Yes," state the country. (MM/DD/YYYY) / / Yes No</small> | | | |
| <small>For Paperwork Reduction Act Notices, see instructions. Cat. No. 17130K Form 1023 (Rev. 12-2010)</small> | | | |

YOUR 501 (c)3 TOOLKIT

- IRS 501 (c)3 Determination Letter (sample)
[FA03_IRS_501c3DeterminationLetter](https://www.irs.gov/charities-non-profits/501c3-determination-letters)
- IRS Form 1023 (501 (c)3 application form)
[FA03_IRS_Form1023_Form](https://www.irs.gov/charities-non-profits/irs-form-1023)
- IRS publication 4220 (Form 1023 Instructions)
<https://www.irs.gov/charities-non-profits/irs-publication-4220>
- FAQ from IRS on Form 1023
<https://www.irs.gov/charities-non-profits/frequently-asked-questions-about-form-1023>
- Contact your accountant for questions

COORDINATOR CHECKLIST

- ✓ Verify IRS 501 (c)3 status OR
- ✓ Work to receive determination
- ✓ Update relevant changes with IRS
- ✓ Retain determination letter with other Corporate documents

NUTRITION PROGRAMS
MEAL SITE COORDINATOR FOUNDATIONS
FOCUS AREA 4: FOOD PROTECTION MANAGER CERTIFICATION

Ensure a certified Food Protection Manager or qualified substitute is on-site during operating hours

WHY

- Required by Health & Welfare (7/1/2018)
- Certified person oversees food production or ensures supervised by trained person
- Certified person trains food handlers
- Ensures adherence to food handling & safety procedures

WHAT

- Food Protection Manager must have supervisory authority to:
 - ♦ Direct & control food preparation
 - ♦ Correct food safety violations
- Must successfully complete nationally accredited food safety examination:
 - ♦ 360 Training ®
 - ♦ Above Training/State Food Safety®
 - ♦ National Registry of Food Safety Professionals®
 - ♦ Prometric
 - ♦ SERV Safe® (National Restaurant Association)
- Refer to:
<https://www.cdhd.idaho.gov/pdfs/eh/Food/accredited-mgr-guidance.pdf>

WHEN

- Initial: Prior to first service
- Ongoing: Recertify every 5 years



How

- **Get Certified**
 - ♦ Training and prep material costs vary
 - ♦ Exam cost approximately \$125
 - ♦ Authorized vendors with training, study materials & exam registration
- (1) 360 Training (http://360trainingacademy.com/idaho_food_safety_handler_manager_training_certification.html)
- (2) ServSafe® (<https://www.servsafe.com/ServSafe-Manager/Buy-Manager-Products>)
- **Exam**
 - ♦ Taken at a testing site or online
 - ♦ 80 multiple choice test questions
 - ♦ Passing score - 60 correct (75%)
- **Exam Retakes**
 - ♦ May re-take twice within 30 days
 - ♦ Must wait 60 days for a 3rd attempt
 - ♦ Only 4 attempts in a 12-month period
 - ♦ Cost depends on vendor

YOUR FOOD PRODUCTION MANAGER TOOLKIT

- The Idaho Food Code ([FA04_IdahoFoodCode](#))
- Learn 2 Serve accredited manager certification program booklet ([FA04_Booklet_LearnToServe_AccreditedFoodManagerCertification](#))
- Food Production Manager Certificate sample ([FA04_AccreditedFoodManagerCertificate_Sample](#))

COORDINATOR CHECKLIST

- ✓ Accredited food protection manager certification
- ✓ Keep certificates on file

NUTRITION PROGRAMS

MEAL SITE COORDINATOR FOUNDATIONS

FOCUS AREA 5: REGISTRATION & NUTRITIONAL HEALTH SURVEY

Ensure registration forms & nutritional health surveys are completed by eligible participants to collect accurate data & documentation of service provided

WHY

- Accurate counts required for program funding & meal reimbursement
- AAA only reimburses for documented meals served to qualified participants
- Federal funding based on reported data
- Registration form documents self-reported qualification confirmation
- Meal site can offer nutritional counseling or referral based on survey results

WHAT

- **Registration Form**
 - ◆ All qualified participants & volunteers
 - ◆ Collects basic information including:
 - (1) Contact
 - (2) Eligibility for service (checkbox)
 - (3) Demographics
 - (4) Emergency contact
 - ◆ Once registered, appears on Roster (see Focus Area 6)
- **NUTRITIONAL HEALTH SURVEY**
 - ◆ Completed with registration
 - ◆ Asks 10 yes/no questions
 - ◆ Each has score for a “yes” answer
 - ◆ Suggestions for follow-up
 - (1) Individual on their own
 - (2) Coordinator or Dietician
 - (3) With permission, may speak with a family member
 - ◆ 2nd page provides additional information on how affect nutrition

WHEN

- New participants
- Disenrolled participants
- ☒ Note: Participants automatically disenrolled if not active for 9 months or more

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

D**ISEASE**
Disease, illness or chronic condition which causes you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by diet. Confusion or memory loss that keeps getting worse is estimated to affect one in four adults aged 65 and older. This can make it hard for them to know what, when, or if you've eaten. Performing well in despite of which foods to eat can be a sign that older adults can cause big changes in appetite, digestion, energy level, weight and well-being.

E**ATING POORLY**
Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruits, vegetables and milk products daily will also cause poor nutritional health. One in four older adults eat the same meal every day. This can lead to nutritional deficiencies and weight loss. One in four older adults drink too much alcohol. Many health problems become worse if you drink more than one or twocoholic beverages per day.

T**OOTHLoss-MOUTH PAIN**
A healthy mouth, teeth and gums are needed to eat. Missing, loose or rotten teeth or dentures which don't fit well, or cause mouth sores, make it hard to eat.

E**CONOMIC MARGINALITY**
Many elderly Americans have income of less than \$20,000 per year. Saving less – or choosing to spend less – than \$25-\$30 per week for food makes it very hard to get the foods you need to stay healthy.

R**EIVEDSOCIAL CONTACT**
One-third of all older people live alone. Being with people daily has a positive effect on morale, well-being and vitality.

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

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

N**EDS ASSISTANCE IN SELF CARE**
Although most older people are able to eat, one of every five have trouble walking, shopping, buying and cooking food, especially as they get older.

E**LDER YEARS ABOVE AGE 60**
Most older adults tend tall and productive lives. But as age increases, risk of frailty and health problems increases. Checking your nutritional health regularly makes good sense.

© The Nutrition Screening Initiative • 1616 Wisconsin Avenue, NW • Suite 800 • Washington, DC 20007
This resource was created in part by a grant from the Centers for Medicare and Medicaid Services, Inc.

How

- All unregistered participants & volunteers aged 60+
- **Refusal to register does NOT prevent receipt of meal, treat person as a Visitor**
- Registrations must use current form
- ➔ *Best practice: Register one-time visitors aged 60+ so counted & meal reimbursed*
- Submit registrations per AAA instructions

YOUR REGISTRATION & SURVEY TOOLKIT

- Sample Registration Form
(*FA05_CongregateMealRegistration_Form_2018*)
- Sample Nutritional Risk Survey
(*FA05_CongregateMealRegistration_NutritionalChecklist*)

COORDINATOR CHECKLIST

- ✓ Congregate meal registration form & nutritional health survey
- ✓ Retain copies for records, submit per AAA instructions

NUTRITION PROGRAMS

MEAL SITE COORDINATOR FOUNDATIONS

FOCUS AREA 6: ROSTERS & SIGN-IN SHEETS

Ensure rosters & sign-in sheets are completed accurately to gather precise data & documentation

WHY

- Provides required data for everyone 60+ including volunteers
- Basis for monthly invoices
- Required for participation reporting, program funding & reimbursement
- Reported to State Legislature & ACL
- Sign-in sheets count non-qualified people

WHAT

- Rosters list previously registered participants & volunteers
- Rosters standardize info for data entry
 - Sign-in sheets capture:
 - ◆ Visitors
 - ◆ Those who refuse to register
 - Accurate, timely completion of both forms is a critical activity

WHEN

- Roster from AAA at month start
- Complete at each meal service
- Generally submitted to AAA monthly

How

- **Roster**
 - (1) All previously registered participants & volunteers
 - (2) Write in new registrants
 - (3) Mark for current meal

- *Sign-in Sheet*

- ♦ Those not registered
- ♦ Can charge for meal

Meal site CAN charge un-registered people for meals UNLESS Idaho Food Bank commodities used, then CAN'T charge

Submit Documentation

- ◆ Per AAA instructions
- ◆ Completed invoice
- ◆ Supporting rosters with meal counts for each person
- ◆ Retain copies of detailed documentation:
 - (1) Sign-in sheets
 - (2) Deposit documentation
 - (3) Volunteer time sheets

YOUR ROSTER & SIGN-IN SHEET TOOLKIT

- Sample roster
(*FA06_Roster*)
- Sample Sign-in Sheet
(*FA06_SignInSheet*)

| Sign-in Sheet: For Participants, Visitors, Volunteers | | |
|---|-------|------|
| Date | First | Last |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |
| 15 | | |
| 16 | | |
| 17 | | |
| 18 | | |
| 19 | | |
| 20 | | |

COORDINATOR CHECKLIST

- ✓ Sign-in sheets & rosters for participants, visitors & volunteers
- ✓ Submit per AAA instructions
- ✓ Retain copies for your records

NUTRITION PROGRAMS

MEAL SITE COORDINATOR FOUNDATIONS

FOCUS AREA 7: DONATIONS & DONATION BOX PLACEMENT

Ensure communication about donations & maintenance of donation box adheres to requirements

WHY

- Ensures everyone understands donations:
 - ◆ Are voluntary
 - ◆ **No meal is ever denied based on a person's choice to donate or not**
- Establishes donor privacy & confidentiality
- Relieves participant concern that donations are being monitored
- Provides staff & volunteers confidence that they are prepared

WHAT

- Train staff & volunteers how to protect privacy & confidentiality of consumers' decision to donate
- Donation box must be properly placed, secured & identified
- Suggested amount determined by site
- **Donation Box Requirements**
 - ◆ Any sturdy construction
 - ◆ Securely locked
 - ◆ Secured to location (table or pole)
 - ◆ Clearly identified
 - ◆ Away from direct pathway
 - ◆ Offers at least minimal privacy
 - ◆ Not monitored by staff or volunteers

WHEN

- Donation box should be available during all service times & reasonable amount of time before & after service
- Donations counted, recorded & secured at least daily (see Focus Area 8)

How

- Donation box placed according to guidance
- ↳ Best Practice: Provide envelopes for those who want to keep check info private
- Must provide AAA with established procedure for donation solicitation

- Staff & volunteers trained according to approved procedures
- Above all else, protect the privacy & confidentiality of a participant's decision to donate or not

"Each eligible participant shall be afforded the opportunity to make a voluntary donation to the nutrition program. The suggested voluntary contribution/donation shall be posted in a prominent conspicuous location."

YOUR DONATIONS TOOLKIT

- Voluntary Contributions Guidance (*FA07_VoluntaryContributionsGuidance*)

| ICOA Guidance | |
|-----------------------------------|------------|
| Guidance Subject | Guidance # |
| Voluntary Contributions/Donations | GU.NU.01 |

1. Voluntary Contribution/Donations:

- A. Nutrition Providers shall provide program participants with the opportunity to make voluntary donations or contributions to the Nutrition Services program. The Nutrition Provider that provide the AAA with an established procedure related to the solicitation of donations in order to assure it is understood to be purely voluntary donations and can be made in a confidential manner.
- B. The Area Agency on Aging shall ensure that each Nutrition Provider adheres to the following minimum requirements:
 1. Each participant shall be afforded the opportunity to make a voluntary donation to the nutrition program.
 2. The suggested voluntary contribution/donation shall be posted in a prominent conspicuous location.
3. Each Nutrition Provider shall establish, train staff and volunteers, and implement procedures and practices that will protect the privacy and confidentiality of an eligible participant's decision related to making a donation.
 - With regard to meal requirements, meals shall be locked contributions. When possible, the meal shall be delivered to the participant's home and shall not be monitored in any manner that demonstrates an expectation of contribution.
 - With regard to Home Delivered Meal (HDM) participants, a receipt shall be provided to the participant who wishes to make voluntary contributions. A copy of the receipt shall be maintained by the program for three (3) years. Similar care must be taken to assure participants understanding that all donations are purely voluntary.
4. Under no circumstances may a Nutrition Provider deny services to an eligible participant because of the participant's inability or choice not to make a contribution or donation to the program.

5. Written procedures must be established and implemented to safeguard and account for any fees and voluntary contributions/donations, and shall include the following:

- A. Two persons shall count participant contributions, each day funds are received, and both individuals shall sign a form attesting to the correct amount. A copy of such signed document shall be kept on file.
- B. Sealing, writing acknowledgement of, and transporting of daily receipts and deposits to the bank or nutrition program or to a secure storage facility until such deposits can be arranged, and
- C. Recounting of deposit receipts and daily collection records by someone other than the bookkeeper or person responsible for making the deposits.

GU.NU.01_VoluntaryContributions/Donations_3/19/2018: Previous Editions are Obsolete

COORDINATOR CHECKLIST

- ✓ Donations & donation box placement
- ✓ Ensure privacy & confidentiality
- ✓ Properly train all staff &

NUTRITION PROGRAMS

MEAL SITE COORDINATOR FOUNDATIONS

FOCUS AREA 8: DONATION TRACKING SHEET

Ensure accurate completion of donation tracking sheet to account for meals & donations

WHY

- Donations support nutrition programs
- AAA contract sets requirements for income & in-kind match reporting
- Totals included with monthly invoice (see Focus Area 10)
- Reported to State Legislature & ACL

WHAT

- All program donations
- All forms of payment (cash, check, SNAP)

WHEN

- Recommended:
 - ♦ After each service
 - ♦ Daily totals
- Must include total with invoice

How

- Entered on daily or monthly donation tracking sheet using template
- ☒ Note: Be sure to include any payments made to other staff & volunteers
- Follow Voluntary Contribution Guidance
 - ♦ Counted by two people
 - ♦ Both must sign form
 - ♦ Copy of signed document kept on file
 - ♦ Reconciliation of deposit receipts & collection records
- Reported to Meal Site Coordinator who
 - ♦ Seals the donations
 - ♦ Checks for written acknowledgement
 - ♦ Transports daily receipts to deposit or secure storage facility

| Daily Donation Tracking Sheet | |
|---|-----------|
| Meal Site Name: | Month: |
| | |
| Donation | \$ Amount |
| Total Donation Box | \$ |
| Total Check Donation | \$ |
| Total Card Donation | \$ |
| Total Other Donation | \$ |
| Total Daily Nutrition Donation \$ | |
| Signature/Signatures: _____ Date: _____ | |

YOUR DAILY TRACKING LOG TOOLKIT

- Voluntary Contribution Guidance (*FA08_VoluntaryContributionsGuidance*)
- Daily Tracking Sheet (*FA08-DailyDonationTracking Sheet*)
- Monthly Tracking Sheet (*FA08-MonthlyDonationTracking Sheet*)
- Both Sheets in Excel (*FA08-TrackingSheet_Week AndMonth_2010*)

COORDINATOR CHECKLIST

- ✓ Tracking sheet for donations
- ✓ Use daily or monthly template
- ✓ Follow Guidance
- ✓ Submit with invoice per instructions

| Monthly Donation Tracking Sheet | |
|--|--|
| Meal Site Name: | |
| Month: | |
| Day of month: | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 |
| Total Donations Box | |
| Total Check Donations | |
| Total Card Donations | |
| Total Other Donations | |
| Total Donations | |
| Totals for the month adding up the columns | |
| Total Donations Box | 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 |
| Total Check Donations | |
| Total Card Donations | |
| Total Other Donations | |
| Total Donations | |
| Totals for the year adding up the columns | |

NUTRITION PROGRAMS

MEAL SITE COORDINATOR FOUNDATIONS

FOCUS AREA 9: NUTRITION EDUCATION

Ensure nutrition education is provided regularly to consumers by reliable sources

WHY

- Required of OAA programs
- Enhances health & well-being
- Clarifies optimal nutrient intake
- Engages consumers
- Takes advantage of face-to-face contact to increase nutrition awareness

WHAT

- Useful information about healthy eating & lifestyle choices
- Food-related topics including
 - ♦ Shopping & selection
 - ♦ Preparation
 - ♦ Storage
 - ♦ Micro/macronutrient
 - ♦ Alternative food choices
- Physical activity
- Holistic wellness

Provided in any useful format

Provides knowledge, skills & attitudes that assist in improving health & wellbeing

WHEN

- Generally, at site before or after meal
- At least quarterly (every three months)

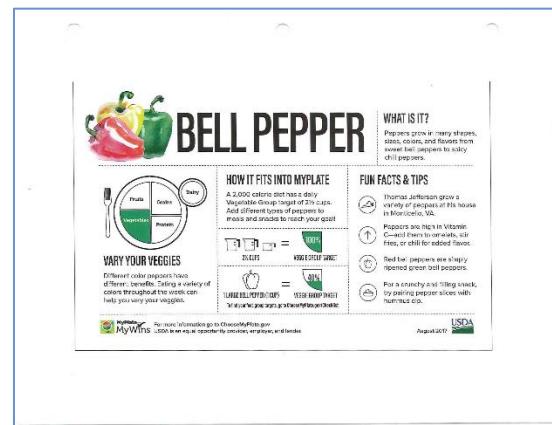
How

- Several sources of content:
 - ♦ Dietitian/Nutritionist
 - ♦ AAA
 - ♦ ICOA
 - ♦ Other reliable sources like:
 - (1) *choose my plate.gov*
 - (2) *US Department of Agriculture*
- Document date, times & materials used
- Include information on that month's Invoice (see Focus Area 10)

▪ Creative Education Ideas

- ♦ Nutrition flier
- ♦ 30-minute presentation
- ♦ Brochure
- ♦ Lunch talk
- ♦ Cooking class
- ♦ Fresh produce shopping with Dietitian
- ♦ Write a recipe with Dietitian
- ♦ Use your imagination!

Make it engaging!



YOUR NUTRITION EDUCATION TOOLKIT

- Sample nutrition education document (*FA09_NutritionEducation*)

COORDINATOR CHECKLIST

- ✓ Nutrition education to the meal sites
- ✓ Track who, what & when
- ✓ Retain samples of materials
- ✓ Submit materials & stats with invoice

NUTRITION PROGRAMS

MEAL SITE COORDINATOR FOUNDATIONS

FOCUS AREA 10: INVOICING FOR REIMBURSEMENT

Submit monthly invoices with supporting documentation to receive reimbursement for meals served

WHY

- Meal sites want reimbursement for qualified meals served
- Requires submitting invoice & supporting documentation

WHAT

- Invoices are formal request for reimbursement
- Include all necessary information
 - ♦ Meal site identification
 - ♦ Dates
 - ♦ Quantities
 - ♦ Prices/Costs
- Supporting documentation might include:
 - ♦ Rosters
 - ♦ Total in-kind match & program income
- Nutrition education materials

WHEN

- Submit to AAA by 15th every month or earlier if instructed by AAA
- Include information for 1st through end of prior month

How

- Best Practice: All invoice items should have supporting documentation
- Use Invoice template from ICOA website
- Shaded areas are input fields
- Include the following:
 - ♦ Date
 - ♦ Invoice number
 - ♦ Dates services provided
 - ♦ Add units & calculate total
 - ♦ Enter unit rate
 - ♦ Enter beginning budget balance
 - ♦ Enter previous budget balance
 - ♦ Enter current budget balance
 - ♦ Add volunteer hours & calculate total
 - ♦ Enter program income

| FROM | | INVOICE | | |
|---|-----------|---|-------------------------|----------------|
| | | DATE [INSERT date of invoice] | | |
| | | INVOICE # [INSERT invoice number] | | |
| | | SERVICE DATES [INSERT dates services were provided] | | |
| | | BILL TO PSA Area Agency on Aging | | |
| CURRENT PERIOD | | | | |
| SERVICE PROVIDED | UNITS | UNIT RATE | TOTAL | BUDGET BALANCE |
| Congregate Meals | 0 | \$1.52 | \$0.00 | BEGINNING |
| Home Delivered Meals | 0 | \$1.52 | \$0.00 | PREVIOUS |
| | | | | CURRENT |
| | | | GRAND TOTAL | \$0.00 |
| *Supporting Documentation: attach the program rosters for each service you are billing for. | | | | |
| SOURCE OF IN-KIND MATCH | | | | |
| UNITS | UNIT RATE | TOTAL | | |
| Congregate Meals Volunteer Hours | | \$19.92 | \$0.00 | |
| Home Delivered Meals Volunteer Hours | | \$19.92 | \$0.00 | |
| Other: | | \$0.00 | \$0.00 | |
| Other: | | \$0.00 | \$0.00 | |
| *For other approved sources of In-Kind Match call ICOA | | | | |
| | | | Total In-Kind Match | \$0.00 |
| REPORT PROGRAM INCOME | | | | |
| | | | ANY ADDITIONAL COMMENTS | |
| Congregate Meals | | | | |
| Home Delivered Meals | | | | |
| | Total | \$0.00 | | |
| Nutrition Education Provided: | | | | |
| Type/Title of materials: | | | | |
| Date education was provided: | | | | |
| I hereby certify that the services rendered and fees collected as specified above are accurate for payment. | | | | |

▪ For nutrition education:

- ♦ Identify type of training
- ♦ List title of education materials
- ♦ Enter date training was provided

YOUR INVOICING TOOLKIT

- Invoice Template (Excel file)
(FA10_Invoice)

COORDINATOR CHECKLIST

- ✓ Invoicing for reimbursement
- ✓ Provide back-up documentation for all invoice items
- ✓ Submit to AAA by 15th each month

NUTRITION PROGRAMS

MEAL SITE COORDINATOR FOUNDATIONS

FOCUS AREA 11: NSIP PROGRAM FUNDS

Ensure meal site data is properly submitted so NSIP funds can be received

WHY

- Nutrition Services Incentive Program (NSIP) provides Federal funding
- Based on prior years' meal served
- Data to AAA allows Federal reporting & funding calculation
- Funds received in installments & distributed 3-5 times per year

"To "encourage & reward effective performance & efficient delivery of nutritious meals to older individuals"

WHAT

- Accurate recordkeeping of meals served
- Accurate transfer to appropriate reports
- On-time reporting to AAA,
- Funds only used to purchase domestically produced commodities
- Goal: To increase meals served each year

WHEN

- Prior to September 30th
- Changes reported to AAA ASAP, include:
 - ◆ Date change requested
 - ◆ Name of person making request
 - ◆ Description of data changed
 - ◆ Reason for change

How

- Double-check all calculated figures
- Provide accurate counts to AAA
- Submit data to AAA in timely manner

| ICOA POLICY & INSTRUCTION | |
|---|----------|
| Policy Subject | Policy # |
| Area Agency Operations NSIP Meal Counts in GetCare | PO.NU.01 |

Purpose:
The purpose is to ensure that the Area Agencies on Aging will complete all meal counts in the GetCare data base at the cutoff date.

Scope:
This policy sets a process to ensure that NSIP data on state and federal reports will be consistent, accurate, and changes can be tracked. In addition NSIP awards will also reflect the services being provided.

Definitions:

- NSIP: Nutrition Services Incentive Program
- ICOA: Idaho Commission on Aging
- AAA: An established office on aging;

Procedures:
The Idaho Commission on Aging pulls NSIP meal counts in November of each year for specific reporting periods. Those numbers are used for various state and federal reports. By November 1st, all NSIP data entry will be entered into GetCare through September 30th, which is the end of the federal fiscal year and the cutoff point for reporting NSIP meals.

Exceptions:
If NSIP data changes are necessary after the cutoff date of November 1st, the AAA must provide written documentation to ICOA within ten days of making a change. This must include the following information:

- Name of AAA
- Name of the person who made the data change in GetCare
- The date, change was made
- Description of data changed
- Reason for the change

Reference: State Code: 67-5007 Grants to and Contracts with Local Area Agencies

PO.NU.01 NSIP Meal Counts in GetCare: 2/9/2017: Previous Editions are Obsolete

YOUR NSIP PROGRAM FUND TOOLKIT

- ICOA NSIP Guidance
(FA11_NSIP_Guidance)

COORDINATOR CHECKLIST

- ✓ Knowledge of Nutrition Services Incentive Program (NSIP)
- ✓ On-time, accurate reporting to AAA

NUTRITION PROGRAMS
MEAL SITE COORDINATOR FOUNDATIONS
FOCUS AREA 12: NUTRITION GUIDANCE

Ensure adherence to ICOA guidance to maintain compliance with requirements for program funding

WHY

- Guidance = policy
- Identify State & Federal requirements
- Reduces need for Corrective Action Plan

WHAT

- Activities directed & managed by the site
- Guidance provides succinct listing of important program policies
- May include:
 - ♦ Purpose
 - ♦ Requirements
 - ♦ Scope
 - ♦ Procedures
 - ♦ References

WHEN

- Know what guidance requires
- Review as necessary

How

- Understand the content
- Be able to access quickly
- Work with AAA Nutrition Staff to resolve questions
- **Commodity Donated Food (GU.NU. 03.01)**
 - ♦ ICOA & Idaho Food Bank requirements
 - ♦ Identifies how procedures must be defined
 - ♦ Addresses solicitation & acceptance of donations & meal charges related to Food Bank commodity use

- **Participant Eligibility (GU.NU.02)**
 - ♦ Who is eligible to receive meals
 - ♦ Provides examples & scenarios
 - ♦ Lists sample donation sign text

Image of Home delivered Meal Guidance page

Idaho Commission on Aging Technical Guidance

| Policy Subject | Policy # |
|--|----------|
| ICOA Technical Guidance | TG.NU.01 |
| Home Delivered Meal Program Compliance | |

Purpose:
To ensure Title IIIC2 and E Home Delivered Meals (HDM) are safely and sanitarily delivered and received by the HDM client.

Requirement:

- During HDM client authorization, the client and/or client representative must be notified that due to food safety and sanitary issues a meal cannot be left at the HDM address if no one is home to accept it.
- The HDM client and/or representative must also be notified that in order to continue eligibility they are required to call the provider to cancel a meal if they will not be at home to receive it. If the HDM client and/or representative do not notify the provider to cancel a meal, the AAA will follow its meal delivery policy, which may include termination of service. The telephone number, contact person and hours of operations for the HDM provider must be provided to the HDM client.
- Each AAA is required to develop a fair and equitable meal delivery policy that addresses how many times a provider can attempt to deliver a meal before an action, up to termination, would be taken. The AAA must adhere to the Termination of Service requirements in the ICOA Program Manual, Chapter 4, subsection 21, when developing the policy.
- The AAA is required to include the meal delivery policy in the HDM provider's scope of work to ensure there are no conflicts or confusion regarding provider reimbursement.

References:
ICOA Program Manual, Chapter 11, subsection 3.2.F Safety Standards
ICOA Program Manual, Chapter 4, subsection 21 Termination of Service
Online Information and Assistance Implementation Guide: Termination of Service section
Termination Letter in SAMS

TG.NU.01: Home Delivered Meal Program Compliance, 2/20/2015 Previous Editions are Obsolete

- **Home Delivered Meals (TG.NU.01)**
 - ♦ Ensure HDM are safely, sanitarily delivered to & received by client
 - ♦ AAA must have fair & equitable meal delivery policy that outlines
 - (1) Client responsibility for delivery
 - (2) Process for notifications
 - (3) Requirements to terminate delivery service to client

Meal Frequency Waiver Form

Meal Site Name: _____

Street Address: _____

City: _____ Zip Code: _____

Contact Number: (208) _____ Contact Person: _____

How many days does the Meal Site provide congregate meals? _____
How many days does the Meal Site provide home delivered meals? _____

Please provide more information as to why the Meal Site cannot serve at least five congregate/home delivered meals per week. Identify any alternatives to the Meal Sites that are available.

How has the AAA provided assistance to the Meal Site? Example: Facilitated town hall meetings, coordinated group discussions with senior centers, etc. Identify frequency and purpose of on-site visits to the Meal Sites.

(Replace text with AAA Director's signature) _____ Date: _____
 (Replace text with AAA Director's name)
 Area Agency on Aging Director

Judy B Taylor
 ICOA Administrator
 Approved:
 Not Approved:
 Date: _____

FO.NU.03. Meal Frequency Waiver Form: 3/13/2018: Previous Editions are Obsolete

■ **Meal Frequency Waiver**

- ♦ Meal sites required to provide at least five meals per week
- ♦ Form required if unable to comply
 - (1) Meal site location & contact information
 - (2) Number of congregate & HDM meals provided each week
 - (3) Explanation of inability to provide required meals
 - (4) Suggested alternatives
 - (5) Description of how AAA has assisted
- ♦ Requires signature of AAA Director & ICOA Administrator

YOUR NUTRITION GUIDANCE TOOLKIT

- Commodity Donated Food Program Guidance
FA12_CommodityDonatedFoodProgramGuidance
- Eligible/Ineligible Participants Guidance
FA12_EligibleIneligibleParticipantsGuidance
- Home Delivered Meal Program Compliance Guidance
FA12_HomeDeliveredMealProgramComplianceGuidance
- Meal Frequency Waiver Form
FA12_MealFrequencyWaiverForm

COORDINATOR CHECKLIST

- ✓ Knowledge of additional Nutrition Guidance
- ✓ Know & follow regarding:
 - Commodity Donated Food Program
 - Eligible / Ineligible Participant
 - Home-Delivered-Meal Program Compliance
 - Meal Frequency Waiver Form

NUTRITION PROGRAMS
MEAL SITE COORDINATOR FOUNDATIONS
FOCUS AREA 13: THE ROLE OF THE BOARD

Ensure the Board is properly informed about program status & their role as defined by the State, and healthy relationships are fostered

WHY

- Acknowledges oversight by the Board
- Informs the Board of significant issues, concerns, successes & goals
- Provides assistance with corporate administration items
- Complies with the Idaho Nonprofit Corporation Act
- Assists with good communication, efficient management & growth of the meal site within the organization

WHAT

- Guidance in Manual for Non-Profits by Idaho Attorney General Lawrence Wasden
- Six chapters:
 - ♦ Service on Charitable Organizations
 - ♦ Understanding a Board Members Role
- Need to understand the Nutrition Program & its Purpose*
- ♦ Understanding a Board Members Rights
- Must be able to make informed decisions*
- ♦ Understanding a Board Members Responsibilities.
- Duties of care, Loyalty & Obedience*
- ♦ Personal Liability
- ♦ Resources

WHEN

- Introduce ASAP
- Ongoing: Monthly or quarterly communication

How

- Make yourself known to the Board
- Calendar dates & plan to attend meetings
- Prepare brief summaries of Program activities, successes, issues & needs
- Ask to be added to agenda for significant updates, presentations or notifications
- Make sure all Board members know how to contact you

YOUR BOARD OF DIRECTORS TOOLKIT

- Idaho's Non-Profit Guide for Board Members
FA13_BoardMembersServiceNonprofit
<https://www.ag.idaho.gov/content/uploads/2018/04/ServiceOnNonprofit.pdf>

COORDINATOR CHECKLIST

- ✓ Knowledge of a Board members role & what the Board members should know about the Nutrition Program
- ✓ Provide regular updates
- ✓ Maintain open communication

NUTRITION PROGRAMS

MEAL SITE COORDINATOR FOUNDATIONS

FOCUS AREA 14: MENU APPROVAL

Ensure all menus are approved by the Dietician prior to serving

WHY

- Complies with requirement for approval by registered Dietician or Nutritionist
- Allows “second set of eyes” to review
- Promotes balanced, nourishing meals
- Helps maintain compliance with food handling regulations

WHAT

- Menus prepared by approved staff
- Completed menus reviewed by Dietician to ensure quality
- Signed menus signify approval
- Signed menus should be retained in files

WHEN

- Minimum: One month prior to service
- All menus must be approved prior to serving

| Idaho senior Centers Menu | Location: | Monday | Tuesday | Wednesday | Thursday | Friday |
|--|-----------|------------|------------|------------|------------|------------|
| Nutrition Guideline 1/2 cup fruit 1/2 cup vegetables 1 oz lean protein | | PF/N/V/G/D | PF/N/V/G/D | PF/N/V/G/D | PF/N/V/G/D | PF/N/V/G/D |
| EV: FRUIT/VEGETABLE D 1/2 cup cooked F 1/2 cup raw H high A or Source C (books) H high A/C (Soups/salads) | | PF/N/V/G/D | PF/N/V/G/D | PF/N/V/G/D | PF/N/V/G/D | PF/N/V/G/D |
| D: MEAT, MEAT-AL- D 1/2 cup or 1 slice/piece H 1/2 cup 1 slice/piece H 1/2 cup 1 slice/piece | | PF/N/V/G/D | PF/N/V/G/D | PF/N/V/G/D | PF/N/V/G/D | PF/N/V/G/D |
| D: DAIRY 1 cup milk or equivalent | | PF/N/V/G/D | PF/N/V/G/D | PF/N/V/G/D | PF/N/V/G/D | PF/N/V/G/D |
| DESSERT (optional) | | PF/N/V/G/D | PF/N/V/G/D | PF/N/V/G/D | PF/N/V/G/D | PF/N/V/G/D |

How

- Use menu template provided by Dietician or Nutritionist
- Complete the menu for the month, following template instructions
- Submit menu for approval at least 30 days before first service
- If approved menu is changed, must be re-approved
- For changes, get verbal approval, then send ASAP for written re-approval

YOUR MENU APPROVAL TOOLKIT

- Blank Menu Template
FA14_MenuTemplate_Bank
- Completed Menu Sample
FA14_Menu_Sample

COORDINATOR CHECKLIST

- ✓ Menus approved by the Dietician before service
- ✓ Allow at least 30 days
- ✓ Keep copies of all menus

NUTRITION PROGRAMS
MEAL SITE COORDINATOR FOUNDATIONS
FOCUS AREA 15: STAFF & VOLUNTEER TRAINING

Ensure all staff & volunteers receive adequate training related to their job role in order to maintain a safe, efficient, professional facility that complies with all policies & regulations

WHY

- Assists compliance with site, program, State & Federal requirements
- Ensures staff & volunteers ability to safely & effectively provide services
- Helps people feel valued & thrive
- Promotes sense of value to program & community

WHAT

- Coordinators should ensure the following adequately informed of activities & processes
- ***Kitchen staff***
 - ♦ Prepare menus that meet Dietary Reference Intakes & Dietary Guidelines for Americans
 - ♦ Ensure menus approved by Dietitian
 - ♦ Accredited Food Safety Manager Certification for at least one manager
 - ♦ See Kitchen Staff training
- ***Sign-in clerks***
 - ♦ Procedure to record registered clients, visitors & volunteers
 - ♦ Familiarity with completing forms
 - ♦ Payment & donation acceptance & documentation procedures
 - ♦ Specific requirements related to donation box placement & acceptable dialog related to donations
 - ♦ See Meal Site Check-In Clerk training
- ***HDM Deliverers***
 - ♦ Qualifications (valid driver's license)
 - ♦ Personal interaction skills such as eye contact to perform wellness check during meal delivery
 - ♦ Process to inquire & assess if client needs additional services
 - ♦ See HDM Deliverer training

WHEN

- Determined by Meal Site Coordinator
- New staff: Before beginning work
- New volunteers: "Shadow" experienced volunteers until complete own training
- Recurrent/refresher: As recommended

How

- Specifics determined by Coordinator
- Training materials from AAA/ICOA
- Contact AAA Nutrition Program staff for additional information

YOUR STAFF & VOLUNTEER TRAINING TOOLKIT

- All information & samples provided in this training can be used to train others
- Use AAA/ICOA training packages indicated

COORDINATOR CHECKLIST

- ✓ Training to volunteers & staff
- ✓ Provide as needed for new staff & volunteers or as recurrent training
- ✓ Use materials provided by AAA/ICOA

NUTRITION PROGRAMS
MEAL SITE COORDINATOR FOUNDATIONS
APPENDIX: FORMS & SAMPLES

FOCUS AREA 1: HEALTH DISTRICT PERMIT-LICENSE
Permit-License (sample)

**Southwest
District
Health**

PERMIT - LICENSE

THIS PERMIT - LICENSE IS NON-TRANSFERABLE AND IS THE PROPERTY OF THE ISSUING AGENCY AND MAY BE REVOKED FOR FAILURE TO MAINTAIN COMPLIANCE WITH THE APPLICABLE HEALTH REGULATIONS OR ANY APPLICABLE STATE AND LOCAL LAWS, ORDINANCES, AND REGULATIONS AS REFERRED TO THEREIN.
IDAHO CODE 39-414 (2)

ISSUED TO: [REDACTED]

FOR THE OPERATIONS OF A
d.b.a [REDACTED]

License #: 1-236

| | | | |
|-----------------|-------------------|--------|-------------------|
| DATE ISSUED | DATE EXPIRES | COUNTY | HEALTH AUTHORITY |
| January 1, 2018 | December 31, 2018 | CANYON | <i>Kelly Brey</i> |

Adams, Canyon, Gem, Owyhee, Payette and Washington Counties

www.swdh.org

Idaho Health District List

**NUTRITION PROGRAMS
MEAL SITE COORDINATOR
IDAHO HEALTH DISTRICTS**



Much of the regulations related to food service in Idaho, fall under the supervision of local health districts. The ICOA has SIX regions, Idaho Health & Welfare maintains SEVEN health districts, so there is not a direct mapping of AAA area to health district number. Please use the following list to identify the health district under which your site is managed. Contact your local district office for any questions regarding licensing or manager certification.

Panhandle Health District

Director: Lora Whalen
8500 N. Atlas Road
Hayden, ID 83835
208-415-5100
FAX: 208-415-5101
<http://www.phd1.idaho.gov/>

North Central Health District

Director: Carol M. Moehrle
215 10th Street
Lewiston, ID 83501
208-799-3100
FAX: 208-799-0349
<http://idahopublichealth.com/>

Southwest District Health

Director: Nikole Zogg
13307 Miami Lane
Caldwell, ID 83607
208-455-5300
FAX: 208-454-7722
<http://www.publichealthidaho.com/>

Central District Health Department

Director: Russell A. Duke
707 North Armstrong Place
Boise, ID 83704-0825
208-375-5211
FAX: 208-327-7100
<http://www.cdhd.idaho.gov/>

South Central Public Health

District Director: Melody Bowyer
1020 Washington Street N.
Twin Falls, ID 83301-3156
208-734-5900
FAX: 208-734-9502
<http://www.phd5.idaho.gov/>

Southeastern Idaho Public Health

Director: Maggie Mann
1901 Alvin Ricken Drive
Pocatello, ID 83201
208-233-9080
FAX: 208-234-7169
<http://www.siphidaho.org/>

East Idaho Public Health

Director: Geri Rackow
1250 Hollipark Drive
Idaho Falls, ID 83401
208-522-0310
FAX: 208-525-7063
<http://phd7.idaho.gov/index.html>

Health Districts operate under:



*Idaho Health Districts
rev. 2.24.2019*

*Nutrition Meal Site Coordinator
Idaho Commission on Aging*

1

FOCUS AREA 2: FOOD ESTABLISHMENT INSPECTION

Inspection Report (blank)



13307 Miami Lane • Caldwell • Idaho 83607
Ph: (208) 455-5400/Fax (208) 455-5405
www.swdh.org

Food Establishment Inspection Report

| Establishment Name | | License/Permit # | Number of Risk Factor Violations | | Number of GRP Violations | | |
|---|----------------|--|----------------------------------|---|--------------------------|---|--|
| Address | | Number of Repeat Risk Factor Violations | | Number of Repeat GRP Violations | | | |
| City/Zip/County | | | | TOTAL SCORE | | TOTAL SCORE | |
| <input type="checkbox"/> Type: Regular <input type="checkbox"/> Pre-opening <input type="checkbox"/> Epidemiology <input type="checkbox"/> HACCP <input type="checkbox"/> <input type="checkbox"/> Follow-up <input type="checkbox"/> Enforcement <input type="checkbox"/> Investigation | | <input type="checkbox"/> Follow-up Report (VCR) Date: _____ <input type="checkbox"/> Follow-up Inspection Date: _____ <input type="checkbox"/> Enforcement Date: _____ Inspection Time Min: _____ | | Travel Time Min: _____ EHS: _____ | | A score greater than 3 Risk Factor and/or 6 GRP Med OR a score greater than 5 Risk Factor and/or 9 GRP High = Mandatory re-inspection Risk Category: L M H | |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS | | | | | | | |
| Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable | | | | Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation | | | |
| Compliance Status | | COS R | | Compliance Status | | COS R | |
| Supervision (2-102) | | | | | | | |
| 1 | IN OUT | Person in charge present, demonstrates knowledge, and performs duties | | 17 | IN OUT | Proper disposition of returned, previously served, reconditioned & unsafe food | |
| 2 | IN OUT N/A | Certified Food Protection Manager | | 18 | IN OUT N/A N/O | Proper time/temperature control for safety (3-401, 4-301) | |
| Employee Health (2-201, 2-501) | | | | | | | |
| 3 | IN OUT | Management, food employee and conditional employee; knowledge, responsibilities and reporting | | 19 | IN OUT N/A N/O | Proper reheating procedures for hot holding | |
| 4 | IN OUT | Proper use of restriction and exclusion | | 20 | IN OUT N/A N/O | Proper cooling time and temperature | |
| 5 | IN OUT | Procedures for responding to vomiting and diarrheal events | | 21 | IN OUT N/A N/O | Proper hot holding temperatures | |
| Good Hygienic Practices (2-401) | | | | | | | |
| 6 | IN OUT | Proper eating, tasting, drinking, or tobacco use (2-401.11) | | 22 | IN OUT N/A N/O | Proper cold holding temperatures | |
| 7 | IN OUT | No discharge from eyes, nose, and mouth 2-401 | | 23 | IN OUT N/A N/O | Proper date marking and disposition | |
| Preventing Contamination by Hands (2-301, 3-301) | | | | | | | |
| 8 | IN OUT | Hands clean & properly washed (2-301) | | 24 | IN OUT N/A N/O | Time as a Public Health Control; procedures & records | |
| Approved Source (3-201, 3-202) | | | | | | | |
| 9 | OUT N/A N/O | No bare hand contact with Ready-To-Eat (RTE) food or a pre-approved alternative procedure properly allowed | | 25 | IN OUT N/A | Consumer Advisory (3-503) | |
| 10 | IN OUT | Adequate handwashing sinks properly supplied and accessible | | Highly Susceptible Populations (3-301) | | | |
| Food/Color/Additives and Toxic Substances (3-302) | | | | | | | |
| 11 | IN OUT | Food obtained from approved source | | 26 | IN OUT N/A | Pasteurized foods used; prohibited foods not offered | |
| 12 | IN OUT N/A N/O | Food received at proper temperature | | 27 | IN OUT N/A | Food additives: approved & properly used | |
| 13 | IN OUT | Food in good condition, safe, & undamaged | | 28 | IN OUT N/A | Toxic substances properly identified, stored, & used | |
| 14 | IN OUT N/A N/O | Required records available: shellstock tags, parasite destruction | | 29 | IN OUT N/A | Conformance with Approved Procedures (3-502) | |
| Protection from Contamination (3-302, 4) | | | | | | | |
| 15 | IN OUT N/A N/O | Food separated and protected | | Risk Factors | | | |
| 16 | IN OUT N/A | Food-contact surfaces; cleaned & sanitized | | Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury. | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

Inspection Report (sample)

Southwest District Health 13307 Miami Lane • Caldwell • Idaho • 83607
Ph: (208) 455-5400/Fax (208) 455-5405
www.swdh.org

Food Establishment Inspection Report Page 1 of 2

| | | | |
|---|--|---|---|
| Establishment Name | License/Permit # | Number of Risk Factor Violations | Number of GRP Violations |
| Address | | Number of Repeat Risk Factor Violations | Number of Repeat GRP Violations |
| City/Zip/County | | TOTAL SCORE | |
| Type: Regular <input checked="" type="checkbox"/> Pre-opening <input type="checkbox"/> Epidemiology <input type="checkbox"/> HACCP <input type="checkbox"/> | <input type="checkbox"/> Follow-up Report (VCR) Date: _____ <input type="checkbox"/> Follow-up Inspection Date: _____ <input type="checkbox"/> Enforcement Date: _____ | <small>A score greater than 3 Risk Factor and/or 6 GRP Med OR a score greater than 5 Risk Factor and/or 8 GRP High = mandatory re-inspection</small> <small>Risk Category: I, M, H</small> | |
| Follow-up <input type="checkbox"/> Enforcement <input type="checkbox"/> Investigation <input type="checkbox"/> | Inspection Time Min: 75 | Travel Time Min: 15 | EHS: <i>Kelly Berg</i> Date: <i>5-22-17</i> |
| FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS <small>Circle designated compliance status (IN, OUT, N/A, N/O) for each numbered item</small> <small>IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable</small> | | | |
| Compliance Status | | <small>cos R</small> <small>cos=corrected on-site during inspection R=repeat violation</small> | |
| Supervision (2-102) | | | |
| 1 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Person in charge present, demonstrates knowledge, and performs duties | 17 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper disposition of returned, previously served, reconditioned & unsafe food | |
| 2 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A | Certified Food Protection Manager | 18 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper cooking time & temperatures | |
| Employee Health (2-201, 2-501) | | | |
| 3 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Management, food employee and conditional employee; knowledge, responsibilities and reporting | 19 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper reheating procedures for hot holding | |
| 4 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Proper use of restriction and exclusion | 20 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper cooling time and temperature | |
| 5 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Procedures for responding to vomiting and diarrheal event | 21 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper hot holding temperatures | |
| Good Hygienic Practices (2-401) | | | |
| 6 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O | Proper eating, tasting, drinking, or tobacco use (2-401.1) | 22 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper cold holding temperatures | |
| 7 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O | No discharge from eyes, nose, and mouth 2-401 | 23 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Proper date marking and disposition | |
| Preventing Contamination by Hands (2-301, 3-301) | | | |
| 8 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/O | Hands clean & properly washed (2-301) | 24 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Time as a Public Health Control; procedures & records | |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O | No bare hand contact with Ready-To-Eat (RTE) food or a pre-approved alternative procedure properly allowed | 25 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Consumer Advisory (3-603) | |
| <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Adequate handwashing sinks properly supplied and accessible | 26 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Pasteurized foods used; prohibited foods not offered | |
| Approved Source (3-201, 3-202) | | | |
| 11 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food obtained from approved source | 27 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food/Color Additives and Toxic Substances (3-302) | |
| 12 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O | Food received at proper temperature | 28 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Food additives: approved & properly used | |
| 13 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT | Food in good condition, safe, & unadulterated | 29 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT Toxic substances properly identified, stored, & used | |
| 14 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O | Required records available; shellstock tags, parasite destruction | Conformance with Approved Procedures (3-502) <small>29 IN OUT N/A Compliance with variance/specialized process/HACCP</small> | |
| Protection from Contamination (3-302, 4) | | | |
| 15 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A N/O | Food separated and protected | Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury. | |
| 16 <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT N/A | Food-contact surfaces; cleaned & sanitized | | |

| | | |
|--|----|---------------------|
| OBSERVATIONS AND CORRECTIVE ACTIONS <small>Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.</small> | | |
| P | Pf | C |
| <small>Correction Date:</small> 1. 2.) Certified Food Protection Manager facility has obtained 2 individuals that have a certificate - expires in [REDACTED] | | |
| <small>Correction Date:</small> 5.) Facility shall have procedures in place on how to respond to a diarrhea or vomit event. | | |
| Person in Charge (Signature) | | Date <i>5-22-17</i> |
| Inspector (Signature) | | Date <i>5-22-17</i> |

GOOD RETAIL PRACTICES

Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation.

| | | | COS | R | | | COS | R |
|---|--|--|-----|---|--|--|-----|---|
| Safe Food and Water (3-302) | | | | | | | | |
| 30 | Pasteurized eggs used where required | | | | | | | |
| 31 | Water & ice from approved source | | | | | | | |
| 32 | Variance obtained for specialized processing methods | | | | | | | |
| Food Temperature Control (4-203) | | | | | | | | |
| 33 | Proper cooling methods used; adequate equipment for temperature control | | | | | | | |
| 34 | Plant food properly cooked for hot holding | | | | | | | |
| 35 | Approved thawing methods | | | | | | | |
| 36 | Thermometers provided & accurate | | | | | | | |
| Food Identification (3-302) | | | | | | | | |
| 37 | Food properly labeled; original container | | | | | | | |
| Prevention of Food Contamination (6-501) | | | | | | | | |
| 38 | Insects, rodents, & animals not present | | | | | | | |
| 39 | Contamination prevented during food preparation, storage, & display | | | | | | | |
| 40 | Personal cleanliness | | | | | | | |
| 41 | Wiping cloths: properly used & stored | | | | | | | |
| 42 | Washing fruits & vegetables | | | | | | | |
| Proper Use of Utensils (3-304) | | | | | | | | |
| 43 | In-use utensils: properly stored | | | | | | | |
| 44 | Utensils, equipment & linens: properly stored, dried, & handled | | | | | | | |
| 45 | Single-use/single-service articles: properly stored & used | | | | | | | |
| 46 | Gloves used properly | | | | | | | |
| Utensils, Equipment and Vending (4-801) | | | | | | | | |
| 47 | Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | | | | | | |
| 48 | Warewashing facilities: installed, maintained, & used; test strips | | | | | | | |
| 49 | Non-food contact surfaces clean | | | | | | | |
| Physical Facilities (5-203, 5-501) | | | | | | | | |
| 50 | Hot & cold water available; adequate pressure | | | | | | | |
| 51 | Plumbing installed; proper backflow devices | | | | | | | |
| 52 | Sewage & waste water properly disposed | | | | | | | |
| 53 | Toilet facilities: properly constructed, supplies, & clean | | | | | | | |
| 54 | Garbage & refuse properly disposed; facilities maintained | | | | | | | |
| 55 | Physical facilities installed, maintained, & clean | | | | | | | |
| 56 | Adequate ventilation & lighting; designated areas used | | | | | | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

| P | PF | C | Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code. | Correction Date: |
|---|----|---|--|------------------|
| | | | 23.) Proper date marking | |
| | | | Reviewed procedures for date marking frozen foods that are placed in refrigeration units. Facility shall develop procedures for this- freezing only pauses the 7 day time in which time/temperature control for safety foods that are ready to eat can be in refrigeration after by 7th day food shall be used or discarded. | |
| | | | 36.) Thermometers | |
| | | | Facility shall be provide a temperature measuring device (thermometer or high registering thermometer or test strips) to test sanitizing temperature in dishwasher. | |

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|---|-------|---------------------|-------|-----------------------------|---------|
| gravy-hot holding | 153°F | carrots - stove top | 203°F | cooked chicken - | 38°F |
| chicken-out of oven (commercially prepared) | 167°F | under counter units | | walkin unit | |
| | | Shredded cheese | 41°F | | |
| | | cottage cheese | 41°F | dishwasher - 160°F at 20PSI | |
| | | | | chlorine - buckets | 100 ppm |

Person in Charge (Signature) [REDACTED]

Date: 5-22-17

Inspector (Signature) Kelly BeeFollow-up: YES NO (Circle one)

Follow-up Date:

FOCUS AREA 3: NON-PROFIT STATUS (IRS 501 (c)3)

Form 1023 – Application for Non-Profit Status

Form **1023**

(Rev. December 2017)
Department of the Treasury
Internal Revenue Service

Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form1023 for instructions and the latest information.

OMB No. 1545-0056

Note: If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at www.irs.gov for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I – XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

Part I Identification of Applicant

| | | |
|---|----------------------------|---|
| 1 Full name of organization (exactly as it appears in your organizing document) | 2 c/o Name (if applicable) | |
| 3 Mailing address (Number and street) (see instructions) | Room/Suite | 4 Employer Identification Number (EIN) |
| City or town, state or country, and ZIP + 4 | | 5 Month the annual accounting period ends (01 – 12) |
| 6 Primary contact (officer, director, trustee, or authorized representative) a Name: | | b Phone: c Fax: (optional) |
| 7 Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," <input type="checkbox"/> Yes <input type="checkbox"/> No provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative. | | |
| 8 Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role. | | |
| 9a Organization's website: b Organization's email: (optional) | | |
| 10 Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you <input type="checkbox"/> Yes <input type="checkbox"/> No are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ. | | |
| 11 Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY) / / | | |
| 12 Were you formed under the laws of a foreign country ? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," state the country. | | |

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 17133K

Form **1023** (Rev. 12-2017)

Publication 4220 – Non-Profit Application Instructions



Tax Exempt and Government Entities
EXEMPT ORGANIZATIONS

APPLYING for 501(c)(3) Tax-Exempt Status

Inside:

Why apply for 501(c)(3) tax-exempt status?

Who is eligible for 501(c)(3) status?

What responsibilities accompany
501(c)(3) status?

How do you apply for 501(c)(3) status?

Publication 4220 (Rev. 3-2018) Catalog Number 37053T Department of the Treasury Internal Revenue Service www.irs.gov

FOCUS AREA 4: CERTIFIED FOOD PRODUCTION MANAGER CERTIFICATION

Idaho Food Code



C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF HEALTH & WELFARE

FOOD PROTECTION PROGRAM
BUREAU OF COMMUNICABLE DISEASE PREVENTION
DIVISION OF PUBLIC HEALTH
450 West State Street, 4th Floor
PO Box 83720
Boise, ID 83720-0336
PHONE 208-334-5938
FAX 208-332-7307

FOOD PROTECTION PROGRAM GUIDELINE

Idaho Food Code Guideline 21

Updated April 24, 2017

ACCREDITED FOOD PROTECTION MANAGER REQUIREMENT

The adoption of the updated *Idaho Food Code* has resulted in questions concerning the application of Paragraphs 2-102.12(A) and 2-102.12(B). Subparagraph A relates to who qualifies as the "accredited manager" and subparagraph B relates to a possible exemption of the requirement to have an accredited food protection manager. This guideline serves to clarify these questions.

Paragraph 2-102.12(A)

An accredited food protection manager must meet the following criteria:

1. Have supervisory authority to direct and control food preparation activities.
2. Have supervisory authority to correct food safety violations.
3. Have successfully completed one of the nationally accredited food safety examinations. As of the date of this guidance, those examinations are provided by one of the following organizations.
 - 360 Training ®
 - Above Training/State Food Safety®
 - National Registry of Food Safety Professionals®
 - Prometric®
 - ServSafe® (National Restaurant Association)

An accredited food protection manager does NOT need to be present at the establishment during all hours of food service and preparation. The accredited food protection manager may designate another person to serve as the accredited food protection manager.

One example of how this situation might arise is a corporate level person having met the accredited food protection manager criteria. If the corporate level person

Certificate (sample)



Learn 2 Serve Candidate Booklet



Learn2Serve Food Protection Manager Certification Exam Candidate Information Booklet

Table of Contents

| | |
|--|----|
| Summary | 2 |
| Introduction | 4 |
| Exam Policies and Procedures | 4 |
| Non-Discrimination and ADA compliance | 4 |
| Procedures for Certification | 4 |
| Readily Accessible Testing Sites | 5 |
| Testing Accommodations | 5 |
| Reporting of Examination Results | 5 |
| Failed Examinations | 6 |
| Confidential Examination Results | 6 |
| Appeals Policy | 7 |
| The Examination | 7 |
| How Do I Prepare for the Exam? | 7 |
| What to Bring to the Test Site | 8 |
| Test Administration | 8 |
| Candidate Misconduct | 8 |
| Examination Procedures | 9 |
| Certification, Probation, Revocation | 10 |
| Copyright | 11 |
| Customer Support and Contact Information | 11 |

FOCUS AREA 5: REGISTRATION & NUTRITION STATUS SURVEY

Congregate Meal Registration Form (example, blank)

Congregate Meal Registration Form

| |
|---|
| For AAA Contractor/Subcontractor use only: |
| Area Agency _____ Provider/Site _____ Fax # (208) _____ |
| E-mail _____ |

Consumer Information: _____ Date: _____

Last Name _____ First Name _____ MI. _____

Date of Birth: _____

Mailing Address: _____

City: _____ State _____ Zip Code: _____

Phone Number: _____

Select one of the following:

- 60 years old or older
- An adult under 60, whose spouse is 60 or older and receives a meal
- Person with a disability under 60 living in the home of a caregiver who is 60 or older
- Person under 60 providing volunteer services during the meal hours
- Person residing in a housing facility occupied primarily by older individuals at which congregate nutrition services are provided

Gender: Male Female

If living alone, is your monthly income below \$1,040.83? Yes No

If living in household of two or more, is your income below \$1,409.16? Yes No

Race/Ethnic Origin:

- White, non-Hispanic
- White-Hispanic
- American Indian/Native Alaskan
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Other

Emergency Contact: _____ Phone Number: _____

On the second page, the nutritional health assessment form has important information and is yours to keep. Please indicate your total score here: _____

Meal Site Office Use Only:

Non-registered Participant: Male: Female:

Estimated age: 60 years old or older

FO_NU_02 Congregate Meal Registration Form 1/14/2019. Previous editions are obsolete

Nutritional Health Survey (sample, blank)

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

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

DETERMINE YOUR NUTRITIONAL HEALTH

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

Total Your Nutritional Score. If it's –

0-2 **Good!** Recheck your nutritional score in 6 months.

3-5 **You are at moderate nutritional risk.**
See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help.
Recheck your nutritional score in 3 months.

6 or more **You are at high nutritional risk.**
Bring this Checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

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

These materials are developed and distributed by the Nutrition Screening Initiative, a project of:



AMERICAN ACADEMY
OF FAMILY PHYSICIANS
THE AMERICAN
DIETETIC ASSOCIATION
THE NATIONAL COUNCIL
ON THE AGING, INC.



The Nutrition Screening Initiative • 1010 Wisconsin Avenue, NW • Suite 800 • Washington, DC 20007
The Nutrition Screening Initiative is funded in part by a grant from Ross Products Division of Abbott Laboratories, Inc.

The Nutrition Checklist is based on the Warning Signs described below.

Use the word DETERMINE to remind you of the Warning Signs.

DISEASE

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

EATING POORLY

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

TOOTH LOSS/MOUTH PAIN

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

ECONOMIC HARSHIP

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

REDUCED SOCIAL CONTACT

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

MULTIPLE MEDICINES

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

INVOLUNTARY WEIGHT LOSS/GAIN

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

NEEDS ASSISTANCE IN SELF CARE

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

ELDER YEARS ABOVE AGE 80

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



The Nutrition Screening Initiative • 1010 Wisconsin Avenue, NW • Suite 800 • Washington, DC 20007

The Nutrition Screening Initiative is funded in part by a grant from Ross Products Division of Abbott Laboratories, Inc.

FOCUS AREA 6: ROSTERS & SIGN-IN SHEETS

Roster (blank)

| Service Unit Roster | | Daily | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date range from Jul 1, 2018 to Ju | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------|--|-------|------|------|--------|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------------------------------|----------|----------|----------|----------|----------|----------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Report Description | Prints a monthly grid with space to note units on a daily basis. Has a total column to facilitate entering monthly units in Service Recording. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Region Contractor: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service: | Congregate Meals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provider: | Senior Center | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Period: | July, 2018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Site: | No Site Assigned | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client Name | Auth. | CR | PR | TR | T C | T | Su 01 | Mo 02 | Tu 03 | We 04 | Th 05 | Fr 06 | Sa 07 | Su 08 | Mo 09 | Tu 10 | We 11 | Th 12 | Fr 13 | Sa 14 | Su 15 | Mo 16 | Tu 17 | We 18 | Th 19 | Fr 20 | Sa 21 | Su 22 | Mo 23 | Tu 24 | We 25 | Th 26 | Fr 27 | Sa 28 | Su 29 | Mo 30 | Tu 31 | | | | | | | | | | | | | | | | | | | | | | |
| Mr. Pineapple | 0.00 | 0.00 | 0.00 | 0.00 | | | * | | | 1 | 1 | 1 | | * | * | 1 | 1 | 1 | | | * | * | | | | | * | * | | | | | | * | * | | | | | | | | | | | | | | | | | | | | | | | | |
| Mr. Pineapple | 0.00 | 0.00 | 3.97 | 3.97 | | | * | | | 2 | 2 | 2 | | * | * | | | | | 2 | 2 | * | * | 2 | 2 | | | * | * | 2 | 2 | 2 | 2 | * | * | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| Mr. Pineapple | 0.00 | 0.00 | 3.97 | 3.97 | | | * | | | 3 | 3 | 3 | | * | * | 3 | 3 | 3 | 3 | * | * | | | 3 | 3 | 3 | 3 | * | * | | 1 | 1 | 1 | 1 | * | * | 1 | | | | | | | | | | | | | | | | | | | | | | |
| Mr. Pineapple | 0.00 | 0.00 | 3.97 | 3.97 | | | * | | | 1 | | | | * | * | 1 | | | | * | * | | | 1 | 1 | 1 | | * | * | 1 | 1 | 1 | 1 | * | * | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| Mr. Pineapple | 16.00 | 0.00 | 3.97 | 3.97 | | | * | | | | 1 | | | * | * | 1 | 1 | 1 | 1 | * | * | | | 1 | 1 | 1 | | * | * | 1 | | | | * | * | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| Mr. Pineapple | 16.00 | 0.00 | 3.97 | 3.97 | | | * | | | | 1 | | | * | * | 1 | 1 | 1 | | * | * | | | | | * | * | | | | | | | * | * | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | 0 | 7 | 0 | 7 | 7 | 0 | 0 | 6 | 6 | 6 | 6 | 5 | 0 | 0 | 2 | 7 | 4 | 5 | 4 | 0 | 0 | 3 | 4 | 4 | 4 | 1 | 0 | 0 | 4 | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| Total Clients | | | | | | | 94 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

p

Sign-in Sheet (sample)

(

| Sign In Sheet Visitors under age 60 or who choose not to register (People 60+ & volunteers should be on roster or added to roster after registering) | | | |
|---|------|-------|------|
| | Date | First | Last |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |

\

FOCUS AREA 7: DONATIONS & DONATION BOX PLACEMENT

Voluntary Contributions/Donations Guidance

ICOA Guidance

| Guidance Subject | Guidance # |
|-----------------------------------|------------|
| Voluntary Contributions/Donations | GU.NU.01 |

1. Voluntary Contributions/Donations.

- A. Nutrition Providers shall provide program participants with the opportunity to make voluntary donations or contributions to the Nutrition Services Program. The Nutrition Provider shall provide the AAA with an established procedure related to the solicitation of donations in order to assure it is understood to be purely voluntary and donations can be made in a confidential manner.
- B. The Area Agency on Aging shall ensure that each Nutrition Provider adheres to the following minimum requirements:
 1. Each eligible participant shall be afforded the opportunity to make a voluntary donation to the nutrition program.
 2. The suggested voluntary contribution/donation shall be posted in a prominent conspicuous location.
 3. Each Nutrition Provider shall establish, train staff and volunteers, and implement procedures and practices that will protect the privacy and confidentiality of an eligible participant's decision related to making a donation.
 - a. With regard to congregate meals, there shall be locked contribution containers, placed away from any direct pathway to participation and shall not be monitored in any manner that demonstrates an expectation of contribution.
 - b. With regard to Home Delivered Meal (HDM) participants, a receipt shall be provided to any participant who wishes to make voluntary contributions. A duplicate receipt record shall be maintained by the program for three (3) years. Similar care must be taken to assure participants understanding that all donations are purely voluntary.
 4. Under no circumstances may a Nutrition Provider deny services to an eligible participant because of the participant's inability or choice not to make a contribution or donation to the program.
 5. Written procedures must be established and implemented to safeguard and account for any fees and voluntary contributions/donations, and shall include the following:
 - a. Two persons shall count participant contributions each day meals are served, and both individuals shall sign a form attesting to the correct amount. A copy of such signed document shall be kept on file;
 - b. Sealing, written acknowledgement of, and transporting of daily receipts either to deposit in a financial institution or to a secure storage facility until such deposit can be arranged; and
 - c. Reconciliation of deposit receipts and daily collection records by someone other than the bookkeeper or person responsible for making the deposits.

GU.NU.01. Voluntary Contributions/Donations: 3/19/2018: Previous Editions are Obsolete

FOCUS AREA 8: DONATION TRACKING SHEET

Daily Donation Tracking Sheet (example)

| Daily Donation Tracking Sheet | |
|--------------------------------------|-----------|
| Meal Site Name: | Month: |
| | |
| Donation | \$ Amount |
| Total Donation Box | \$ |
| Total Check Donation | \$ |
| Total Card Donation | \$ |
| Total Other Donation | \$ |
| Total Daily Nutrition Donation | \$ - |
| Signature/Signatures: | Date: |

Monthly Donation Tracking Sheet (example)

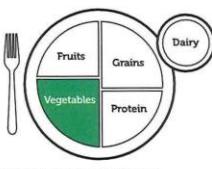
| Meal Site Name: | Monthly Donation Tracking Sheet | | | | | | | | | | | | | | |
|---|---------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Month: | | | | | | | | | | | | | | | |
| Day of month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 11 | 12 | 13 | 14 | 15 |
| Total Donation Box | | | | | | | | | | | | | | | |
| Total Check Donation | | | | | | | | | | | | | | | |
| Total Card Donation | | | | | | | | | | | | | | | |
| Total Other Donations | | | | | | | | | | | | | | | |
| Total Donations | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Initials for the person submitting the numbers | | | | | | | | | | | | | | | |
| | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| Total Donation Box | | | | | | | | | | | | | | | 31 |
| Total Check Donation | | | | | | | | | | | | | | | |
| Total Card Donation | | | | | | | | | | | | | | | |
| Total Donations | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Initials for the person submitting the numbers | | | | | | | | | | | | | | | |

FOCUS AREA 9: NUTRITION EDUCATION

Nutrition Education (sample)



BELL PEPPER



VARY YOUR VEGGIES

Different color peppers have different benefits. Eating a variety of colors throughout the week can help you vary your veggies.

HOW IT FITS INTO MYPLATE

A 2,000 calorie diet has a daily Vegetable Group target of 2½ cups. Add different types of peppers to meals and snacks to reach your goal!

| | | |
|-----------------------------|---|--------------------------|
| 2½ CUPS | = | 100% VEGGIE GROUP TARGET |
| 1 LARGE BELL PEPPER (1 CUP) | = | 40% VEGGIE GROUP TARGET |

To find your food group targets, go to ChooseMyPlate.gov/Checklist

WHAT IS IT?

Peppers grow in many shapes, sizes, colors, and flavors from sweet bell peppers to spicy chili peppers.

FUN FACTS & TIPS

- Thomas Jefferson grew a variety of peppers at his house in Monticello, VA.
- Peppers are high in Vitamin C—add them to omelets, stir fries, or chili for added flavor.
- Red bell peppers are simply ripened green bell peppers.
- For a crunchy and filling snack, try pairing pepper slices with hummus dip.



For more information go to ChooseMyPlate.gov
USDA is an equal opportunity provider, employer, and lender.

USDA
August 2017

FOCUS AREA 10: INVOICING FOR REIMBURSEMENT

Invoice Template (example)

FROM

INVOICE

DATE {INSERT date of invoice}

INVOICE # {INSERT invoice number}

SERVICE DATES {INSERT dates services were pro

BILL TO PSA Area Agency on Aging

| SERVICE PROVIDED | CURRENT PERIOD | | | BUDGET BALANCE | | |
|----------------------|----------------|-----------|--------|----------------|----------|---------------|
| | UNITS | UNIT RATE | TOTAL | BEGINNING | PREVIOUS | CURRENT |
| Congregate Meals | 0 | \$1.52 | \$0.00 | | | |
| Home Delivered Meals | 0 | \$1.52 | \$0.00 | | | |
| GRAND TOTAL | | | | | | \$0.00 |

*Supporting Documentation: attach the program rosters for each service you are billing for.

| SOURCE OF IN-KIND MATCH | UNITS | UNIT RATE | TOTAL |
|--------------------------------------|-------|-----------|---------------|
| Congregate Meals Volunteer Hours | | \$19.92 | \$0.00 |
| Home Delivered Meals Volunteer Hours | | \$19.92 | \$0.00 |
| Other: | | | \$0.00 |
| Other: | | | \$0.00 |
| Total In-Kind Match | | | \$0.00 |

| REPORT PROGRAM INCOME | ANY ADDITIONAL COMMENTS |
|-----------------------|-------------------------|
| Congregate Meals | |
| Home Delivered Meals | |
| Total | \$0.00 |

Nutrition Education Provided:

Type/Title of materials:

Date education was provided:

I hereby certify that the services rendered and fees collected as specified above are accurate for payment.





FOCUS AREA 11: NSIP FUNDS

NSIP Guidance

ICOA POLICY & INSTRUCTION

| Policy Subject | Policy # |
|--|----------|
| Area Agency Operations <u>NSIP Meal Counts in GetCare</u> | PO.NU.01 |

Purpose:

The purpose is to ensure that the Area Agencies on Aging will complete all meal counts in the GetCare data base at the cutoff date.

Scope:

This policy sets a process to ensure that NSIP data on state and federal reports will be consistent, accurate, and changes can be tracked. In addition NSIP awards will also reflect the services being provided.

Definitions:

- NSIP: Nutrition Services Incentive Program
- ICOA: Idaho Commission on Aging
- AAA: An established office on aging;

Procedures:

The Idaho Commission on Aging pulls NSIP meal counts in November of each year for specific reporting periods. Those numbers are used for various state and federal reports. By November 1st, all NSIP data entry will be entered into GetCare through September 30th, which is the end of the federal fiscal year and the cutoff point for reporting NSIP meals.

Exceptions:

If NSIP data changes are necessary after the cutoff date of November 1st, the AAA must provide written documentation to ICOA within ten days of making a change. This must include the following information:

- Name of AAA
- Name of the person who made the data change in GetCare
- The date, change was made
- Description of data changed
- Reason for the change

Reference: State Code: 67-5007 Grants to and Contracts with Local Area Agencies

PO.NU.01 NSIP Meal Counts in GetCare: 2/9/2017: Previous Editions are Obsolete

FOCUS AREA 12: NUTRITION GUIDANCE

Commodity Donated Food Program Guidance

ICOA Guidance & Instructions

| Guidance Subject | Guidance # |
|--------------------------------|-------------|
| Commodity/Donated Food Program | GU.NU.03.01 |

Purpose:

To ensure that both Older Americans Act (OAA) and the Idaho Foodbank program requirements are met.

Scope:

Develop procedures that meet the following two requirements:

- For meal-sites who receive Idaho Foodbank commodities, soliciting for donations or charging for a meal are prohibited.
- For meal-sites assisted with OAA funds, donations are acceptable and a meal site may charge those who are not eligible for the OAA meal service.

Procedures:

- If a meal-site receives OAA funding through a AAA, and commodities from the Idaho Foodbank any posting for donations or solicitation must clearly indicate that the donation is to support all programs at the center. A donation sign could list an array of services offered, which may include a reference to the meal program, but should not be a standalone meal donation sign.

At the meal-site, everyone is eligible for a meal. The meal-site cannot charge. The AAA would reimburse the meal-site for each meal served to an eligible or registered client.

- If a meal-site does not receive Idaho Foodbank commodities, donations for meals are acceptable and posted at the sign in table. A meal-site can charge those who are not eligible for the OAA meal service.

References:**Idaho Foodbank:**

Partner Agency Manual, Section Prayer and Proselytizing

Older Americans Act:

Section 315(b)(1)

GU.NU.03.01 Commodity/Donated Food Program: 9/1/2017: Previous Editions are Obsolete

Eligible/Ineligible Participant Guidance

ICOA Guidance

| Guidance Subject | Guidance # |
|--------------------------------------|------------|
| Eligible and Ineligible Participants | GU.NU.02 |

1. Examples of Eligible and Ineligible Participants

A. Eligible participants include persons 60 years of age or older, and the spouse of an eligible participant regardless of age. Optionally, eligible participants may include persons younger than 60 with a disability that reside in the household of an eligible person and volunteers who assist in the service and delivery of meals provided to participants.

1. Example:

A 67 year old woman that recently underwent hip surgery suddenly finds herself temporarily unable to prepare her meals. She lives with her 45 year old son who has a developmental disability and who she cares for and is dependent on her to prepare meals. In this circumstance the son is also eligible to receive home delivered meals because he is a disabled person residing in the home of an eligible participant.

2. OAA funded meals may not be provided to non-eligible participants unless the cost is recouped through the application of a fee for each such meal. A Nutrition Provider may calculate the cost of meals provided to any non-eligible participant and charge a fee for the meal provided. Such an established fee must be calculated to include cost of raw food, supplies, labor, transportation, and program administration. Each Nutrition Provider must employ a uniform method for documenting receipt of required meal fees.

a. Example:

The grand-daughter of an 81 year old man accompanies her father to the senior center for lunch. The Senior Center has a locked box where donations are collected separately from the sign-in table. Upon entering, the daughter and father notice a posting which states:

Sample Posted Sign

Welcome to Springfield Senior Center. The cost to provide meals is \$5.65. We welcome donations from participants 60 years or older. Your choice not to donate will not disqualify you from receiving a meal.

The father may proceed to an established private location away from the sign in table to contribute for the meals. The grand-daughter, who does not meet the criteria as an eligible participant (volunteer, spouse, disabled person residing in the home of an eligible participant) pays for her meal at the sign-in table.

GU.NU.02 Eligible / Ineligible Participant Examples: 4/30/2012: Previous Editions are Obsolete

Home Delivered Meals Guidance

Idaho Commission on Aging Technical Guidance

| Policy Subject | Policy # |
|--|----------|
| ICOA Technical Guidance <u>Home Delivered Meal Program Compliance</u> | TG.NU.01 |

Purpose:

To ensure Title IIIC2 and E Home Delivered Meals (HDM) are safely and sanitarily delivered and received by the HDM client.

Requirement:

- During HDM client authorization, the client and/or client representative must be notified that due to food safety and sanitary issues a meal cannot be left at the HDM address if no one is home to accept it.
- The HDM client and/or representative must also be notified that in order to continue eligibility they are required to call the provider to cancel a meal if they will not be at home to receive it. If the HDM client and/or representative do not notify the provider to cancel a meal, the AAA will follow its meal delivery policy, which may include termination of service. The telephone number, contact person and hours of operations for the HDM provider must be provided to the HDM client.
- Each AAA is required to develop a fair and equitable meal delivery policy that addresses how many times a provider can attempt to deliver a meal before an action, up to termination, would be taken. The AAA must adhere to the Termination of Service requirements in the ICOA Program Manual, Chapter 4, subsection 21, when developing the policy.
- The AAA is required to include the meal delivery policy in the HDM provider's scope of work to ensure there are no conflicts or confusion regarding provider reimbursement.

References:

ICOA Program Manual, Chapter 11, subsection 3.2.F Safety Standards
ICOA Program Manual, Chapter 4, subsection 21 Termination of Service
Online Information and Assistance Implementation Guide: Termination of Service section
Termination Letter in SAMS

TG.NU.01: Home Delivered Meal Program Compliance, 2/20/2015 Previous Editions are Obsolete

Meal Frequency Waiver Form (blank)

Meal Frequency Waiver Form

Meal Site Name _____

Street Address: _____

City _____ Zip Code _____

Contact Number: (208) _____ - _____ Contact Person: _____

How many days does the Meal Site provide congregate meals? _____

How many days does the Meal Site provide home delivered meals? _____

Please provide more information as to why the Meal Site cannot serve at least five congregate/home delivered meals per week. Identify any alternatives to the Meal Sites that are available.

How has the AAA provided assistance to the Meal Site? Example: Facilitated town hall meetings, coordinated group discussions with senior centers, etc. Identify frequency and purpose of on-site visits to the Meal Sites.

(Replace text with AAA Director's signature) _____

Date: _____

(Replace text with AAA Director's name)

Area Agency on Aging Director

Judy B Taylor
ICOA Administrator

Approved:

Not Approved:

Date: _____

FO.NU.03. Meal Frequency Waiver Form: 3/13/2018: Previous Editions are Obsolete

FOCUS AREA 13: ROLE OF THE BOARD

Service on an Idaho Non-Profit Board of Directors

**Office of the
Attorney General**

**Service on an Idaho Nonprofit
Board of Directors**



LAWRENCE WASDEN
Attorney General
700 West Jefferson Street
Boise, ID 83720-0010
www.ag.idaho.gov

FOCUS AREA 14: MENU APPROVAL

Menu (blank example)

Idaho Senior

Centers Menu

Location:

Month:

| Nutrition Guideline | Monday | Tuesday | Wednesday | Thursday | Friday |
|--|------------------|------------------|------------------|------------------|------------------|
| P: MEAT / PROTEIN 2 oz edible portion | P:F/V:F/V:G:G:D: | P:F/V:F/V:G:G:D: | P:F/V:F/V:G:G:D: | P:F/V:F/V:G:G:D: | P:F/V:F/V:G:G:D: |
| F/V: FRUIT / VEGETABLE (2) 1/2 c cooked / canned 1 c fresh - High Vit A Source (2-3x/wk) - High Vit C Source (daily) | P:F/V:F/V:G:G:D: | P:F/V:F/V:G:G:D: | P:F/V:F/V:G:G:D: | P:F/V:F/V:G:G:D: | P:F/V:F/V:G:G:D: |
| G: GRAIN / BREAD (2) 1/3 - 1/2 c or 1 slice / piece Half to be whole grain | P:F/V:F/V:G:G:D: | P:F/V:F/V:G:G:D: | P:F/V:F/V:G:G:D: | P:F/V:F/V:G:G:D: | P:F/V:F/V:G:G:D: |
| D: DAIRY 1 cup milk or equivalent | P:F/V:F/V:G:G:D: | P:F/V:F/V:G:G:D: | P:F/V:F/V:G:G:D: | P:F/V:F/V:G:G:D: | P:F/V:F/V:G:G:D: |
| DESSERT (optional) | P:F/V:F/V:G:G:D: | P:F/V:F/V:G:G:D: | P:F/V:F/V:G:G:D: | P:F/V:F/V:G:G:D: | P:F/V:F/V:G:G:D: |

Menu (example, completed)

| Idaho Senior Centers Menu | | Location: Your Center Name Here | | | |
|---|--|--|---|---|---|
| NUTRITION Guideline | Monday | TUESDAY | Wednesday | Thursday | Friday |
| P: MEAT / PROTEIN 2 oz edible portion | P: 3 oz sliced Beef (French Dip Sandwich) F/V: 1 cup salad greens F/V: 1/2 cup fresh fruit G: 1/2 cup cooked brown rice G: 1.5 oz whole grain roll D: 1 cup milk | P: 3 oz Baked Chicken F/V: 1/2 cup cooked carrots F/V: 1 cup caesar salad G: 1/2 cup red rice G: 1.5 oz whole grain roll D: 1 cup milk | P: 3 oz German Sausage F/V: 1/2 cup sauerkraut F/V: 1/2 cup potato salad G: 1/2 cup quinoa G: 1.5 oz whole grain roll D: 1 cup milk | P: 3 oz Roasted Chicken F/V: 1/2 cup roasted butternut squash with herbs F/V: 1/2 cup canned sliced peaches G: 1/2 cup mixed grains G: 1.5 oz whole grain roll D: 1 cup milk | |
| F/V: FRUIT / VEGETABLE (2) 1/2 c cooked / canned 1 c fresh - High Vit A Source(2-3x/wk) - High Vit C Source (daily) | P: 5 oz Quiche with bacon, ham, spinach and cheese F/V: 1/2 cup cooked spinach (in Quiche) F/V: 1 cup fresh fruit G: 1/2 cup red quinoa G: 1.5 whole grain roll D: 1 cup milk | P: 3 oz Chicken (Chicken & Mushroom Crepe) F/V: 1/2 cup baked tomato F/V: 1 cup salad greens G: 1/2 cup cooked brown rice G: 1.5 oz whole grain roll D: 1 cup milk | P: 3 oz Beef Meatballs in Marinara Sauce F/V: 1 cup caesar salad F/V: 1 cup fresh fruit G: 1/2 cup whole wheat pasta G: 1.5 oz wheat garlic bread D: 1 cup milk | P: 3 oz Baked Cod (Mediterranean) F/V: 1/2 cup roasted olives, tomatoes & artichoke hearts F/V: 1/2 cup roasted potatoes G: 1/2 cup mixed grains G: 1.5 whole grain roll D: 1 cup milk | |
| G: GRAIN / BREAD (2) 1/3 - 1/2 c or 1 slice / piece Half to be whole grain | P: 3 oz Chicken Parmesan with tomato basil sauce F/V: 1 cup salad greens F/V: 1/2 cup canned fruit G: 1/2 cup whole grain pasta G: 1.5 whole wheat garlic bread D: 1 cup milk | P: 3 oz Beef (Asian Stir Fry) F/V: 1/2 cup cooked onions, peppers, broccoli & mushrooms F/V: 1 cup fresh fruit G: 1/2 cup whole wheat noodles G: 1.5 seeded whole grain roll D: 1 cup milk | P: 2 oz Grilled Ham & 1 oz slice real Cheddar Cheese (Ham & Cheese Sandwich) F/V: 1 cup tomato soup F/V: 1 cup fresh fruit G: 1/2 cup quinoa G: 1.5 oz whole wheat bread (in sandwich) D: 1 cup milk | CLOSED FOR LUNCH | |
| D: DAIRY 1 cup milk or equivalent | P: 3 oz Pork Shank F/V: 1/2 cup green beans F/V: 1 cup fresh fruit G: 1/2 cup whole grain orzo pasta G: 1.5 oz whole grain roll D: 1 cup milk | P: 3 oz Chicken (Chicken Taco) F/V: 1/2 cup black beans with corn and salsa F/V: 1 cup salad greens G: 1/2 cup cooked Spanish brown rice G: 1.5 oz corn tortillas D: 1 oz real cheddar and sour cream on taco; 1 cup milk | P: 4 oz Beef Cheeseburger F/V: 1/2 cup potato salad F/V: 1/2 cup cole slaw with Mandarin oranges G: 1/2 cup red rice salad G: 2 oz whole grain bun D: 1 cup milk | CLOSED FOR LUNCH | P: 3 oz Salmon Filet with lemon and dill butter F/V: 1/2 cup roasted vegetables F/V: 1 cup fresh fruit G: 1/2 cup brown rice G: 1.5 whole wheat roll D: 1 cup milk |
| DESSERT(optional) | | | | | |
| ADDITIONAL ITEMS (as needed) | | | | | |

Please indicate portion sizes served.

RD Signature: _____

FOCUS AREA 15: TRAINING STAFF & VOLUNTEERS

NOTE: There are no supporting documents for this Focus Area

CERTIFICATE OF COMPLETION

This verifies that

(Meal Site Coordinator)

representing _____
(meal site name)

located in _____,
(city & state)

successfully completed

Idaho Commission on Aging Nutrition Program's Meal Site Coordinator Foundations

on _____
(date)



Facilitator _____

Title _____

Idaho Area Agency on Aging Name _____