



**Service Standards
Title III-C Nutrition**

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I. Purpose: (IDOA 603.20 A)

Nutrition services are provided to assist older Americans to live independently by promoting better health through improved nutrition and reduced isolation through a program coordinated with other supportive services. As outlined in the Older American Act, the purposes of Title III-C funds are:

- A. to reduce hunger and food insecurity,
- B. to promote socialization of older individuals; and
- C. to promote the health and well-being of older individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

II. Definitions:

- A. *Congregate Meal*: A hot or other appropriate meal served in a center strategically located to maximize access by older persons within a community. (AgeGuide)
- B. *Home Delivered Meal (HDM)*: A meal which is hot, cold, frozen, dried, canned, or supplemental foods (with a satisfactory storage life) served to older persons who are home-bound due to physical or mental impairment and unable to adequately provide their own meals, thus enabling them to remain in their homes rather than be institutionalized. (AgeGuide)
- C. *HDM Cold meal*: A meal delivered cold that may be eaten cold, such as a sandwich or salad meal, or may require reheating to be eaten hot. (AgeGuide)
- D. *HDM Frozen meal*: A meal delivered frozen and required heating before being eaten. (AgeGuide)
- E. *HDM Hot meal*: A meal which is hot when delivered and eaten. (AgeGuide)
- F. *HDM Shelf Stable meal*: A meal consisting of canned and dried foods not requiring refrigeration or freezing, ready to eat with minimal preparation (i.e. heating soup), and intended to be used during inclement weather or other emergencies making delivery of meals not feasible. Providing written instructions on how and when to use shelf stable meals with delivery of such meals is recommended. (AgeGuide)
- G. *Modified meal*: is one in which there are substitutions for part of the menu because of special dietary needs e.g. substitution of fresh fruit for a sweetened dessert(AgeGuide).
- H. *Nutrition Counseling Unit of Service*: The unit of service is a session per participant. (IDOA 603.20D)

- I. *Nutrition Education Unit of Service:* The unit of service is a session per participant. (IDOA 603.20D)
- J. *Nutrition Services:* Provision of nutritious meals in a congregate meal site or to older persons who are homebound because of illness or incapacitating disability or are otherwise isolated (IDOA 603.20).
- K. *Nutrition Unit of Service:* Each meal provided to an eligible person constitutes one unit of service (IDOA 603.20 D). Partial meals are not counted as a unit. Second meals can be counted as a unit for reporting and record- keeping purposes only if a complete meal is served (AgeGuide).
- L. *Nutrition Site Classification:*
 - 1. Full Time Site: Congregate meal dining room and/or home-delivered meal distribution center open 5 days a week. Site operates a minimum of 3 hours per service day (15 hours per week) for congregate meal or combined congregate meal and HDM distribution. Site operates a minimum of 1 hour per service day (5 hours per week) for HDM distribution only. (AgeGuide)
 - 2. Part-Time Site: Congregate meal dining room and/or home-delivered meal distribution center open less than 5 days per week. (AgeGuide)
- M. *Therapeutic diet:* is a meal which has been made to order by a physician or registered dietitian to meet specific health requirements (AgeGuide).
- N. *Unduplicated Persons:* Unduplicated persons are the number of different eligible persons who have consumed a meal during the current fiscal year. (AgeGuide)

If there are 7 people attending a weekly education or counseling session, then the unit count would be 7, the unduplicated count of people served is 7. If during the second weekly educational or counseling session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 sessions in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people in 1st week + 4 new people in 2nd week). (IDOA 603.20 D)

III. Service Activities That May Be Funded Include: (IDOA 603.20 C)

- A. Preparation of meals;
- B. Service of Meals;
- C. Transport of Meals;
- D. Nutrition Education: A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise;
- E. Nutrition Counseling: Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medication use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status;
- F. Outreach; and
- G. Other nutrition services as appropriate based on the needs of meals recipients.

IV. Area Agency Award Standards: (IDOA 603.20E)

- A. Contracts awarded for the provision of nutrition services shall be awarded through a competitive process.
- B. Primary consideration shall be given to the provision of meals in a congregate setting, except that each Area Agency (a) may award funds made available under this title to organizations for provision of home delivered meals to older individuals in accordance with the provision of Title III C-2, based upon a determination of need made by the recipient of a grant or contract entered into under this title, without requiring that such organizations also provide meals to older individuals in a congregate setting; and (b) shall, in awarding such funds, select such organizations in a manner which complies with the provisions of paragraph 3 below.
- C. Each Area Agency will give consideration where feasible in the furnishing of home delivered meals to the use of organizations which (a) have demonstrated an ability to provide home delivered meals efficiently and reasonably; and (b) furnish assurances to the Area Agency that such an organization will maintain efforts to solicit voluntary support and that funds made available under this title to the organization will not be used to supplant funds from non-federal sources.

V. Program Planning, Coordination and Outreach: (AgeGuide)

- A. Home-Delivered Meal Client Inquiry/ Referral: Refer to Section VII Assessment for Home Delivered Meals of this standard for information on referral into the home delivered meal program. Policies and procedures regarding referral into the home delivered meal program are found in the AgeGuide Home Delivered Meal Client Process Addendum.
- B. Congregate Client Intake:
 - 1. Nutrition grantees are responsible for intake on Congregate Meal Program participants.
 - 2. Each nutrition program must establish client intake procedures. The intake system must be able to generate the program information required by the AgeGuide.
- C. Confidentiality of Client Information: All participants' intake records must be maintained so as to not violate confidentiality. No personal information obtained from an individual may be disclosed in a manner in which it is identified with the individual without written consent of the individual(s) concerned. State or Area Agency on Aging staff may access files for monitoring without written consent or prior approval. (45CFR1321.51(a))
- D. A listing with a phone directory serving the area must appear under the heading "Senior Citizen Services."

VI. Eligibility (IDOA 603.20 F)

- A. Congregate Meal:
 - 1. Individuals eligible to receive a meal at a congregate nutrition site include:
 - a. Individuals 60 and older and the spouses of those individuals, regardless of age. Eligible spouses must be officially registered in the program.
 - 2. A meal may be available to:
 - a. Disabled individuals (as defined in OAA Section 102(13) who have not attained 60 years of age but who reside in housing facilities occupied primarily by the elderly at which congregate nutrition services are provided.
 - b. Individuals with disabilities who reside at home with and accompany older individuals who are eligible under the OAA.
 - 3. Other individuals eligible to receive a congregate meal:
 - a. Nutrition project administrators have the option to offer a meal, on the same basis as meals are provided to elderly participants, to individuals providing volunteer services during the meal hours, and when volunteers perform a routine responsibility on a regular basis for two hours in the Congregate or HDM program, and if an older person will not be thus deprived of a meal (AgeGuide)

- b. At a special on-site program honoring regular volunteers, held during the normal meal hour and not to exceed twice a year (AgeGuide).
 - c. Congregate Staff or guests under age 60 may be offered a meal, if doing so will not deprive an older person of a meal. Staff or guests under age 60 shall pay for the full cost of the meal. Full cost of the meal includes: raw food; labor (personnel); equipment; supplies; utilities/rent; and other. Policies regarding contributions may allow that the full cost of the meal be considered that cost which is a cash cost (excluding in-kind). The project administrator may offer a meal to staff as a fringe benefit. These meals should be included as employee fringe benefit cost in the budget. Employees are responsible for any tax liability on the value of the fringe benefit. (IDOA 603.20.F1.C.ii). All procedures regarding reservations and sign-in and fee payment must specifically document guest status.
- B. Home Delivered Meals:
- 1. Individuals eligible to receive a home delivered meal include:
 - a. Individuals aged 60 or over who are frail and/or homebound by reason of illness, incapacitating disability as defined in OAA Section 102(13) or are otherwise isolated. The spouse of the older person, regardless of age or condition, may receive a home delivered meal if, according to criteria determined by the Area Agency, receipt of the meal is in the best interest of the frail and/or homebound person.
 - 2. A meal may be available to:
 - a. Disabled individuals (as defined in OAA Section 102 (13)] who have not attained 60 years of age but who reside in housing facilities occupied primarily by the elderly at which a congregate nutrition services are provided; and
 - b. Individuals with disabilities who reside at home with older individuals who are eligible under the OAA.
 - c. ACL Recent Guidance on the Definition of Spouse: (IDOA603.20F3)
ACL has provided guidance that nutrition programs should recognize individuals of the same sex who are lawfully married under the law of a state, territory, or foreign jurisdiction as spouses. This policy applies based on the jurisdiction of celebration. In other words, if individuals of the same sex are legally married in any jurisdiction, ACL will recognize the marriage, regardless of whether the individuals are domiciled or reside in a state or territory that does not recognize the marriage. Thus, when this guidance discusses individuals or the same sex who are "legally married," the intention is to include all legal marriages, regardless of the individuals' current domicile or residence.

VII. Assessment for Home Delivered Meals (IDOA603.20.H.1)

(Refer to AgeGuide Home Delivered Meals Client Process Addendum for details on home delivered meal referrals.)

- A. An assessment of each person requesting home delivered meals must be completed to determine the individual's need for service. The assessment can be completed by the nutrition service provider, Care Coordination Unit (CCU) or other qualified organization (based on Area Agency on Aging requirements).
- B. A periodic reassessment of the home delivered meal recipient must also be completed at least annually or sooner if circumstances change.
- C. The assessment form should include overall eligibility criteria for determining when services are authorized or terminated. The nutrition provider staff member and/or the Care Coordination Unit staff member completing the assessment will be able to use their professional judgment to determine when an older adult needs home delivered meals.
- D. Service providers conducting the assessment for home delivered meals must determine the most appropriate form of meal delivery in communities where cold or frozen meals are offered in addition to hot meals. Service providers must assess all participants receiving cold and frozen meals to ensure they have the proper equipment (freezer, oven, microwave, and refrigerator) and physical and cognitive skills to store and re-heat the meals. An older adult eligible to receive home delivered meals should not be denied services based on the individual's inability to safely store and prepare a frozen meal. If the older adult does not have the capacity to heat the frozen meal or family members or others are not able to heat the frozen meal for the older adult, the nutrition provider should attempt to deliver hot meals to the older adult if the older adult resides within a community where home delivered meals are provided. In isolated rural areas and where the nutrition provider only has the capacity to provide frozen meals, the nutrition provider should make a referral for Medicaid Waiver in-home or adult day service or other community services as appropriate for the older adult to receive assistance with meals.
- E. Nutrition Providers are responsible for following the policies and procedures of the Home Delivered Meal Client Process Addendum. (AgeGuide)
 - 1. Nutrition providers are to establish communication procedures with the CCU regarding HDM participant information such as start date, delivery schedule, participant holds, terminations, and other relevant information. The HDM provider shall establish and communicate the HDM start date, provide relevant information on delivery and donation process with the client.

2. All persons referred for Title III-C HDM services must be prescreened by the CCU or HDM provider either by phone or in person, to be authorized to receive HDM services by completing the prescreen sections on the Nutrition Referral for Home Delivered Meals form. If the nutrition provider completes the prescreen, the information must be forwarded within 24 hours to the CCU for an assessment.
3. In PSA02, the CCU will complete the assessments of persons requesting home delivered meals, unless otherwise approved by the Area Agency on Aging.
4. Priority for Services/Waiting Lists
 - a. HDM providers are to keep CCUs informed of the availability of meals in their service area.
 - b. The HDM provider will determine when to start a waiting list based on the availability of meals. The HDM provider should take into consideration allowing room for immediate priority participants when establishing a waiting list.
 - c. The HDM providers will maintain the waiting list.
 - d. CCUs are responsible for prioritizing the HDM participants as immediate, high or low. All participants must be assigned a priority.

VIII. Service Standards (IDOA 603.20 G1)

A. Each congregate meal provider must:

1. Provide hot or other appropriate meals (e.g. cold) in a congregate setting at least once a day, five or more days a week (except in a rural area where such frequency is not feasible, and a lesser frequency is approved by the Department. The Area Agency may grant exception(s) when the provider:
 - a. Submits documentation of need for the exception(s); and
 - b. Serves meals at least 5 days per week throughout the service area, but not necessarily 5 days per week at each site; or serves a low-income minority target population.
2. Locate congregate nutrition services in a site in as close proximity to the majority of eligible individuals' residences as feasible, with particular attention upon a multipurpose senior center, a school, a church, or other appropriate community facility, preferably within walking distance where possible, and where appropriate, transportation to such site is available. Since multipurpose senior centers offer other services (e.g. information and assistance, transportation, recreation, education, health promotion, etc.) to older adults, whenever feasible, congregate meal sites should be located in such facilities;
3. Establish outreach activities, which assure that the maximum number of eligible individuals may have an opportunity to participate;
4. Coordinate with other appropriate services in the community; and

5. If operated by special interest groups such as churches, social organizations, homes for the elderly, senior housing developments, etc., shall not limit participation to their own membership or otherwise show preferential treatment for such membership.
- B. Each home delivered meal provider must: (IDOA 603.20 G2)
1. Provide for home delivered meals at least once a day five or more days a week (except in a rural area where such frequency is not feasible and a lesser frequency is approved by the Department). Meals may be hot, cold, frozen, dried, canned or supplemental foods with a satisfactory storage life.
 2. With the consent of the older person, or his or her representative, bring to the attention of the personnel of appropriate agency(ies) for follow-up conditions or circumstances which place the older person or the household in imminent danger; and
 3. Where feasible and appropriate, make arrangements for the availability of meals to older persons in weather related emergencies.
- C. All Nutrition Service Providers Must:
1. Have procedures for obtaining the views of participants about the services they receive and involve participants in the planning and operation of nutrition services and other programs provided for their benefit as outlines in Objective 10 of the Older Americans Act.(IDOA 603.20 G3a)
 2. The Nutrition Program must develop a system for responding to client concerns about the service received and/or civil rights violations.(AgeGuide)
 3. Solicit the expertise of an Illinois Licensed Dietitian Nutritionist (or Illinois licensed healthcare practitioner whose license includes nutrition services) based on the requirements of the state Dietetic and Nutrition Services Practice Act, Section 15. An individual licensed to practice dietetic or nutrition services in another state that has licensure requirements considered by the Illinois Department of Financial and Professional Regulation to be at least as stringent as the requirements for licensure under the Illinois Act, may review and approve menus.

Although nutrition service providers do not have to include licensed dietitians on staff, state rules do require that licensed dietitians are involved in the review and approval of menus. Menu planning and review can be arranged through subcontracts or volunteer agreements. See Appendix 3 for menu approval sheets. (IDOA 603.20 G3b)

4. Solicit the advice and expertise of other individuals knowledgeable with regard to the needs of older individuals. (IDOA 603.20 G3c) Some sources for input would be, but are not limited to professional staff, governmental units, community resources, and other senior service providers. (AgeGuide)
5. Follow appropriate procedures to preserve nutritional value and food safety in purchasing and storing food and preparing, serving and delivering meals; (IDOA 603.20 G3d)
6. Provide special menus, where feasible and appropriate to meet the particular dietary needs arising from the health requirements, religious requirements, ethnic or cultural backgrounds of eligible individuals, and (IDOA 603.20 G3e)
7. Have available or use upon request appropriate food containers and utensils for persons with disabilities. (IDOA 603.20 G3f) Adaptive utensils are available for purchase from a variety of vendors. (AgeGuide)

IX. Nutrition Education Services (IDOA 603.20I):

Each nutrition project shall provide nutrition education on at least a semiannual basis to the participants in the nutrition programs.

- A. It is strongly recommended that nutrition education be provided quarterly to congregate and home delivered meal participants and more frequently if possible. The purpose of nutrition education is to inform individuals about available facts and information that will promote improved food selection, eating habits, nutrition and health-related practices. These activities are designed to:
 1. Assist older persons in obtaining the best nutritional services available within their resources;
 2. Aid older persons in making sound food choices consistent with the Dietary Guidelines for Americans, and in obtaining the best food to meet nutritional needs;
 3. Increase awareness of community-sponsored health programs that encourage and promote sound nutritional habits and good health; and
 4. Assist older person, where feasible, in the area of therapeutic diets as required by health or social condition.

5. Provide available medical information approved by health care professions, such as informational brochures and information on how to get vaccines, including vaccines for influenza, pneumonia, and shingles, in the individuals' communities.
 6. Each grantee must have, minimally, a written objective and measurable outcome(s) for each nutrition education session.(AgeGuide)
- B. Coordination with community resources is encouraged in the provision of nutrition education services.

X. Meal Requirements: (IDOA 603.20 J)

Meals provided through the nutrition program must comply with the most recent Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture; and provide each participant:

- A. A minimum of 33 1/3 percent of the Dietary Reference Intakes (DRI) as established by the Food and Nutrition board of the Institute of Medicine of the National Academy of Sciences, if the participant is offered one meal per day:
- B. A minimum of 66 2/3 percent of the allowances if the participant is offered two meals per day; and
- C. 100 percent of the allowances if the participant is offered three meals per day.

When planning breakfast for congregate meal participants, the meal must meet 1/3 of the DRI in and of itself, unless it is assured that the breakfast participant will also receive lunch (or dinner) that day at the meal site. In the case of home delivered meal participants; however, where the same participant is being provided with two or three meals on a given day, menus can be planned so that the combined nutritional content meets 2/3 or 1 full DRI respectively.

XI. Nutrition Services Incentive Program (NSIP) for the Elderly (IDOA 603.20K)

- A. Nutrition service providers are eligible to receive Administration on Aging (AoA) cash assistance in the form of a funding allocation for meals served through AoA's NSIP Nutrition Program for the Elderly. Allocated funding may be claimed for meals that:
 1. Meet the dietary guidelines as specified by the Illinois Department on Aging;
 2. Are served to eligible participants, which include persons 60 years of age or older, their spouses, disabled persons and volunteers, as described in Section IV G 1&2

above. (Note: NSIP reimbursement may NOT be claimed for meals served to guests or staff under 60 years of age.)

3. Are served by an agency that has received a grant under Title III of the Older Americans Act and under the jurisdiction, control, management and audit authority of an AAA or the Department; and
4. Are provided with no set fee charged to the recipients.

B. NSIP funds:

1. Shall be used to increase the total number of meals served;
2. Shall only be used to purchase United States agricultural commodities and other foods; and
3. Shall not be used to off-set program costs or as non-federal matching funds for any other federal program.

XII. Funds from Eligible and Non-Eligible Individuals

A. Voluntary Contributions: (IDOA 603.20L)

1. Each project providing nutrition services may solicit voluntary contributions for meals, taking into consideration the income ranges of eligible individuals in local communities and other sources of income of the project;
2. Each project must protect the privacy of each older person with respect to his or her contributions; establish appropriate procedures to safeguard and account for all contributions; and may not deny an older person a service because the older person cannot or will not contribute to the cost of the service.
3. Voluntary contributions must be used to increase the number of meals served by the project, facilitate access to such meals, and provide other supportive services directly related to nutrition services.

B. Payments from Non-Eligible Individuals

1. Project must establish procedures to ensure and document staff and guests, not meeting eligibility requirements, pay the full cash cost of the meal as identified in the approved grant budget of the current fiscal year. The procedure should include the use of receipts with the participant's name and amount paid. Payments made by staff or guests under age 60 are to be recorded as program income. Program

income earned as a result of services provided with Title IIIC-1 or IIIC-2 must be used to: increase the number of meals served by the project involved; to facilitate access to such meals, or, to provide other supportive services directly related to nutrition services. (AgeGuide).

2. Contributions made by representatives of service recipients, relatives, non-related individuals or entities on behalf of service recipients are not program income, but are considered to be local cash. (IDOA 1144.1.D.8)

C. Illinois LINK (IDOA 603.20M):

1. The nutrition service provider must assist participants in taking advantage of benefits available to them under the Illinois LINK program. The nutrition service provider must coordinate its activities with the local Illinois Department of Human Services office administering the LINK program to facilitate participation of eligible older persons in the program.

XIII. Menu Planning (IDOA 603.20 N)

Menus must be:

- A. Planned in advance for a minimum of one month with repetition of entrees and other menu items kept at a minimum. If a cycle menu is utilized, there shall be at least three cycles per year. If the cycle is at least 6 weeks or greater in length, there shall be at least 2 cycles per year;
- B. Approved by the provider's licensed dietitian nutritionist as defined in Section V c 2 above;
- C. Posted with serving dates indicated in a location conspicuous to participants at each congregate meal site as well as in each preparation area;
- D. Legible and easy to read (It is recommended that menus be printed in the language(s) of the participant group);
- E. Adhered to, subject to seasonal availability of food items; and
- F. Kept on file with the signed menu approval sheet, see Appendix 3, with any changes noted in writing, for at least three years.

XIV. Menu Standards (IDOA 603.200)

- A. Service providers who choose not to complete a nutritional analysis of their menus will follow the meal pattern described in this section.

Requirements for One or Two Meal(s) Daily

Each meal must provide*:

- (1) Serving lean meat or meat alternate: 3 ounces of edible cooked meat, fish, fowl, eggs or meat alternate
 - (2) Servings vegetables: ½ cup equivalent – may serve an additional vegetable instead of a fruit
 - (1) Serving fruit: ½ cup equivalent – may serve an additional fruit instead of a vegetable
 - (2) Servings grain, bread or bread alternate, preferably whole grain: for example, 2 slices of whole grain or enriched bread 1 ounce each or 1 cup cooked pasta or rice
 - (1) Serving fat free or low fat milk or milk alternate: 1 cup equivalent
- *Margarine and dessert are optional and must be counted in the calories, fat and sodium totals, if served in addition to above components.

Requirements for Three Meals Daily

The three meals combined must provide:

- (2) Servings lean meat or meat alternate: 6 ounces of edible cooked meat, fish, fowl, eggs or meat alternate
- (3-4) Servings vegetables
- (2-3) Servings fruit
- (6-9) Servings whole grain/enriched grain, bread or bread alternate
- (3) Servings fat free or low fat milk or milk alternate

Meat or Meat Alternate

- Three ounces (providing at least 19 g protein) of lean meat, poultry, fish or meat alternate should generally be provided for the lunch or supper meal. Meat serving weight is the edible portion, not including skin, bone, or coating.
- Meat (1 ounce) alternates include:
 - 1 medium egg

- 1-ounce cheese (nutritionally equivalent measure of pasteurized process cheese, cheese food, cheese spread, or other cheese product)
 - ½ cup cooked dried beans, peas or lentils
 - 2 tablespoons peanut butter or 1/3 cup nuts
 - ¼ cup cottage cheese
 - ½ cup tofu
 - 1 ounce of soy type burger
- A one ounce serving or equivalent portion of meat, poultry, fish, may be served in combination with other high protein foods.
 - Protein/lean meat /meat alternate items containing textured vegetable protein and providing at least 19 g protein in a (3 oz) serving may be served.
 - Except to meet cultural and religious preferences and for emergency meals, serving dried beans, peas or lentils, peanut butter or peanuts, and tofu for consecutive meals or on consecutive days should be avoided.
 - Imitation cheese (which the Food and Drug Administration defines as one not meeting nutritional equivalency requirements for the natural, non-imitation product) cannot be served as meat alternates.
 - To limit the sodium content of the meals, serve no more than once a week cured and processed meats (e.g., ham, smoked or Polish sausage, corned beef, wieners, luncheon meats, dried beef).
 - To limit the amount of fat, especially saturated fat, and cholesterol in meals, regular ground meat should be served no more than twice weekly when one meal is provided, four times weekly if two meals are provided, and no more than 6 times a week if three meals are provided.

Vegetables

- A serving of vegetable (including cooked dried beans, peas and lentils) is generally ½ cup cooked or raw vegetable; or ¾ cup 100% vegetable juice, or 1-cup raw leafy vegetable. For pre-packed 100% vegetable juices, a ½ cup juice pack may be counted as a serving if a ¾ cup pre-packed serving is not available.
- Fresh, frozen or unsalted canned vegetables are preferred instead of canned vegetables containing salt.
- Vegetables as a primary ingredient in soups, stews, casseroles or other combination dishes should total ½ cup per serving.
- At least one serving from each of the five vegetable subgroups must be included in a weekly menu. The five vegetable subgroups include dark green vegetables,

orange vegetables, cooked dry beans and peas, starchy vegetables, and “other” vegetables.

- A serving of cooked legumes (dried beans, peas and lentils) must be included twice each week, if one meal is provided; 4 servings per week must be included, if two or three meals are provided.

Fruits

- A serving of a fruit is generally a medium apple, banana, orange, or pear; ½ cup chopped, cooked, or canned fruit; or ¾ cup 100% fruit juice. For pre-packed 100% fruit juices, a ½ cup juice pack may be counted as a serving if a ¾ cup pre-packed serving is not available.
- Fresh, frozen, or canned fruit will preferably be packed in juice, without sugar or light syrup.

Grain, Bread or Bread Alternate

- A serving of grain or bread is generally 1 slice (1 ounce), whole grain or enriched; ½ cup cooked whole grain or enriched pasta or grain product; or 1 ounce of ready-to-eat cereal. *Priority should be given to serving whole grains.*

Grain, bread and bread alternates include:

- 1 small 2-ounce muffin, 2” diameter
- 2 mini muffins
- 2” cube cornbread
- 1 biscuit, 2” diameter
- 1 waffle, 4” diameter
- 1 slice French toast
- ½ slice French toast from “Texas toast”
- ½ English muffin
- 1 tortilla, 4-6” diameter
- 1 pancake, 4” diameter
- ½ bagel
- 1 small sandwich bun (<3” diameter)
- ½ cup cooked cereal
- 4-6 crackers (soda cracker size)
- ½ large sandwich bun
- ¾ cup ready to eat cereal
- 2 graham cracker squares
- ½ cup bread dressing/stuffing
- ½ cup cooked pasta, noodles or rice
- prepared pie crust, 1/8 of a 8” or 9” two-crust pie
- ½ cup cooked grain product in serving of fruit “crisp” or cobbler

- A variety of enriched and /or whole grain products, particularly those high in fiber, are recommended.
- Two servings of whole grain products must be served at least twice a week when one meal is provided; 4 servings whole grain products must be served per week when 2 meals are provided; 6 whole grain products must be served per week when 3 meals are provided.
- Grain/bread alternates do not include starchy vegetables such as potatoes, sweet potatoes, corn, yams, or plantains. These foods are included in the vegetable food group.

Milk or Milk Alternates

One cup skim, low fat, whole, buttermilk, low-fat chocolate milk, or lactose-free milk fortified with Vitamins A and D should be used. Low fat or skim milk is recommended for the general population. Powdered dry milk (1/3 cup) or evaporated milk (1/2 cup) may be served as part of a home-delivered meal.

- Milk alternates for the equivalent of one cup of milk include:
 - 1 cup fat free or low fat milk
 - 1 cup yogurt, fat free or low fat
 - 1 cup fortified soymilk
 - 1 1/2 cups cottage cheese, low fat
 - 8 ounces tofu (processed with calcium salt)
 - 1 1/2 ounces natural or 2 ounces processed cheese

B. Nutrient Values for Meal Planning and Evaluation (IDOA 603.20 O2)

The table below presents the most current DRIs and other nutrient values to use when planning and evaluating meals. Values are provided for serving 1, or a combination of 2 or 3 meals for 1-day consumption for the average older adult population served by nutrition programs.

Menus that are documented** as meeting the nutritional requirements through menu analysis must have written documentation, which supports the following nutrients, are provided:

Nutrient	Amount Required	Notes
Calories (cal)	685 calories per meal averaged over one week	No one meal may be less than 600 calories
Protein (gm)	19	
Carbohydrate (gm)	43	
Fat (gm)	15-23 ≤ 30% calories averaged over one week	No one meal may be more than 35% fat
Fiber (gm)	10	
Vitamin A (ug)	300	
Vitamin C (mg)	30	
Vitamin E (ug)	5	
Vitamin B6 (mg)	0.6	
Folate (ug)	133	
Vitamin B12 (ug)	0.8	
Calcium (mg)	400	
Magnesium (mg)	140	
Zinc (mg)	3.7	
Potassium (mg)	1567	
Sodium (mg)	<800, averaged over one week	No one meal more than 1000 mg

**A Menu Approval Sheet, see Appendix 2, is provided to Nutrition Services providers for the licensed dietitian nutritionist (as defined in section VII.C.3 of these standards) to use in documenting that nutritional requirements are met by the menu through meeting the meal pattern requirements or through carrying out a nutritional analysis of menus.

C. Specific Nutrient Sources

1. Vitamin A***

Each day each meal must provide at least 300 mg vitamin A through foods served.

- To ensure this amount of vitamin A is provided when the meal pattern is followed, vitamin A rich foods must be served 2 to 3 times per week for one meal per day.
- When serving 2 meals per day, vitamin A rich foods must be served 4 to 6 times per week.
- One rich source or two fair source servings may be used to meet the requirements.
- Some examples of *rich* sources of vitamin A include:

Apricots	Kale	Carrots
Cantaloupe	Mango	Sweet Potatoes
Collard Greens	Spinach	
Turnip Green and other dark greens		
Winter Squash (Hubbard, Acorn, Butternut)		

- Some examples of *fair* sources of vitamin A include:

Apricot Nectar	Broccoli
Tomato Sauce	Pumpkin
Vegetable Juice	

2. Vitamin C***

Each day each meal must provide at least 30 mg vitamin C through foods served.

- To ensure this amount of vitamin C is provided when the meal pattern is followed, vitamin C may be provided as one serving of a rich source, 2 half servings of rich sources or 2 servings of fair sources.
- When serving one meal per day, 1 rich or 2 fair sources must be served.
- When serving 2 meals per day, 2 rich or 4 fair sources must be served.
- When serving 3 meals per day, 3 rich or 6 fair sources must be served.
- Fortified, full-strength juices, defined as fruit juices that are 100% natural juice with vitamin C added, are vitamin C-rich foods.
- Partial-strength or simulated fruit juices or drinks, even when fortified, may not count as fulfilling this requirement, except cranberry juice.

- Some examples of *rich* sources of vitamin C include:

Broccoli	Brussel Sprout	Cantaloupe
Cauliflower	Fruit juices, fortified	Grapefruit
Grapefruit juice	Green Pepper	Honeydew
Kale	Kiwi	Mango
Mandarin Oranges	Oranges/Orange Juice	Strawberries
Sweet potatoes	Yams	Sweet Red Pepper
Tangerines		

- Some examples of *fair* sources of vitamin C include:

Asparagus	Cabbage	Collard Greens
Mustard Greens	Pineapple	Potatoes
Spinach	Tomato/Tomato Juice/Sauce	Turnip Greens
Watermelon		

***These are a few examples of vitamins A and C sources. By ensuring that a minimum of 300 mcg vitamin A and 30 mg vitamin C are included through vegetables and fruits in meals on a daily basis, providers will meet these vitamin requirements.

XV. Food Preparation Recommendations (IDOA 603.20 P)

- When cooking, use salt sparingly or eliminate entirely by using spices, herbs or other seasoning. To flavor foods, use salt-free seasoning, lemon juice, lime juice or vinegar.
- Minimize the use of fat in food preparation. Fats should be primarily vegetable sources and in a liquid or soft (spreadable) form that is low in hydrogenated fat, saturated fat, and cholesterol. Limit fat to no more than 20-35 percent of the calories average for the week.
- Each meal should contain at least 10 grams of dietary fiber. Use whole grains, meat alternatives, and fruits and vegetables to increase the fiber content of the menus. A listing of fiber content of grains, vegetables and fruits is available to service providers. By consulting this listing and ensuring that a minimum of 10 g fiber is included through foods served on a daily basis, providers will meet the fiber requirements.
- Reflect seasonal availability of food;
- Plan so that food items within the meat and meat alternatives, vegetable, fruit and grain/bread groups are varied within the week and menu cycle;

- F. Include a variety of foods and preparation methods with consideration for color, combinations, texture, size, shape, taste and appearance;
- G. Do not provide vitamin and/or mineral supplements, except as specified in Section XVI below;
- H. Use low-sodium meats, flavorings, and seasonings;
- I. Use low-fat salad dressing, spreads, cheese and gravies (made without drippings and fats);
- J. Bake, broil, steam or stew foods in place of frying food in fat;
- K. Provide drinking water to encourage fluid intake. Dehydration is a common problem in older adults. Other beverages such as soft drinks, flavored (preferably sugar-free) drinks, coffee, tea and decaffeinated beverages may be used, but cannot be counted as fulfilling any part of the meal requirements. Nonnutritive beverages do not help meet nutrition requirements but can help with hydration.
- L. Desserts may be provided as an option to satisfy the caloric requirements or for additional nutrients. Desserts such as fruit, whole grains, low fat or low sugar products are encouraged. Fresh, frozen, or canned fruits packed in their own juice are encouraged often as a dessert item, in addition to the serving of fruit provided as part of the meal. However, if a dessert contains at least ½ cup of fruit it may be counted as a serving of fruit. A dessert containing at least ½ cup enriched/whole grain product may be counted as a serving of grain. For example, a serving of two-crust (approx. 1/8 of 8" or 9" pie) fruit pie that contains at least ½ cup fruit is counted as one serving fruit and one serving grain.
- M. Ethnic or religious menus must approximate as closely as possible (given religious requirements or ethnic background) the regular meal pattern and nutrient content of meals as previously stated.
- N. Meals served in accordance with the meal standards are appropriate for persons with chronic disease, such as diabetes, heart disease and hypertension.
- O. Condiments and seasonings shall be provided as appropriate. (AgeGuide)

XVI. Nutrition Supplements (IDOA 603.20Q)

Nutrition supplements, including liquid or bars, may be made available to participants based on documented, assessed need as determined by a licensed dietitian, nutritionist or a physician. Such products cannot replace conventional meals unless a physical disability warrants their sole use. Nutrition supplements are not reimbursable under the Older Americans Act or by AoA.

XVII. Offer Versus Serve (IDOA 603.20R)

- A. Each nutrition provider shall assure that congregate meal participants are offered all the food items needed to meet the menu requirements.
- B. Consistent refusal of menu items should be investigated to determine why a participant is declining menu items.
- C. Assistance should be provided to assure that adequate nutrition intake is maintained by the participant (for example, providing smaller serving portions, substitutions when feasible or serving the participant first).
- D. AoA reimbursement is not affected when a participant declines menu items.

XVIII. Foods Taken from Nutrition Sites (IDOA 603.20S)

- A. Unserved leftover foods shall not be taken from kitchens or sites by employees, volunteers, or participants.
- B. Safety of the food after it has been served to a participant and when it has been removed from the congregate site is the responsibility of the recipient and may be consumed as that participant deems appropriate. Providers shall post signs that warn participant of the health hazards associated with removal of food from congregate nutrition site.

XIX. Foodborne Illness

- A. Response to Food-borne Illness Complaints (AgeGuide)
 - 1. The nutrition program director must assure that site managers/center coordinators are trained and aware of actions to be taken if a food borne illness incident or outbreak is suspected.
 - 2. The following action steps must be taken in the event of a suspected foodborne illness incident. These steps must be included in the provider Operations Policy and Procedure Manual as part of the procedure for responding to a foodborne illness incident.
 - a. Upon complaint or awareness of possible food borne illness of person(s) having eaten at a site, first get medical assistance for the person(s) if any symptoms are apparent (i.e. nausea, vomiting, severe diarrhea, stomach cramps, dizziness).
 - b. Obtain the following information and write-up a full report of the incident including:
 - i* names of persons who are ill
 - ii* time of onset of symptoms

- iii* serving time and Title IIIC food items served within the past two days
 - iv* names of all persons handling food at the site, including food deliver(s).
 - v* Collect, as possible, small samples of IIIC food served at suspected meal(s) and refrigerate in containers – to be used for investigation by health department if requested. If the meal was catered, the nutrition program director must work closely with the health department and caterer to obtain necessary information and food samples.
 - vi* Instruct all staff to discourage rumors and conversation about the possible outbreak until the case has been confirmed by the health department.
- c. Notify the local health department immediately to initiate an investigation (IDOA 603.20T). Service provider policies and procedures should specify who is to contact the health department (AgeGuide), and
 - d. Notify the Area Agency on Aging within 24 hours of the investigative procedures in progress (IDOA 603.20T) and provide periodic updates thereafter (AgeGuide).
3. The Area Agency on Aging shall notify the Department within three working days of reported food borne illness. Thereafter, periodic updates shall be provided regarding the progress and findings of the investigation (IDOA 603.20T).

XX. Food Service Requirements (IDOA 603.20U)

Nutrition service providers must comply with applicable provisions of state or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual.

A. Training

1. Training in fire and safety regulations must be provided during the orientation of staff new to the program and, at a minimum, once a year thereafter. The training will include but not be limited to: rules for safe work, and fire and safety regulations. Where feasible or possible, state or local officials should be involved in the development of training materials and programs. In situations where regulations do not exist, or their applicability is questioned, the provider shall contact the appropriate State agency that establishes fire, or safety standards (e.g., State Fire Marshall, etc.).
2. Certified Food Protection Manager Certification:
Effective January 1, 2018, the Illinois Department of Public Health will no longer issue Food Service Sanitation Manager Certifications (FSSMC). Additionally, the Illinois Department of Public Health will no longer post course listings, or certify instructors/proctors.

The Certified Food Protection Manager certification will replace the Illinois Food Service Sanitation Manager Certification. Beginning January 1, 2018, an ANSI accredited Certified Food Protection Manager (CFPM) certification obtained through a course and passing the exam are still required, but required nutrition staff will not need to apply for the additional Illinois FSSMC certificate. The City of Chicago will still maintain their certification.

The Illinois Department of Public Health and the Illinois Department on Aging require that meal site supervisors receive the above CFPM certification.

Congregate meal sites are classified as "Category I Facilities" due to the type of population served by the congregate meal site (e.g., immune-compromised individuals such as the elderly comprise the majority of the consuming population).

Based on guidance from the Illinois Department of Public Health, the only exception for a meal site supervisor to not be required to have successfully completed the above certification training is when food is prepared in a different location within the facility and served in that same facility. An example would be a congregate meal site located in a long term care facility. Under these circumstances, the site supervisor would be supervised by a certified food service sanitation manager in the preparation area of the facility. *Note:* Local public health departments do not have the authority to waive this requirement.

3. **Food Handlers:** Due to the requirements of the Food Handling Regulation Enforcement Act (410 ILCS 625), all food handlers employed by the nutrition provider (where the nutrition site is not located in a restaurant), other than someone holding a Certified Food Protection Manager Certificate, must receive or obtain training in basic food handling principles by July 1, 2016. *Note;* Restaurants were required to be in compliance with the Food Handling Regulation Enforcement Act by July 1, 2014.

Note: In a memorandum dated: August 14, 2014, the Illinois Department of Public Health informed local health departments that Title III nutrition programs should be classified by them as "non-restaurants" as defined in the Food Handling Regulation Enforcement Act. This classification does not apply if the nutrition site is located in a restaurant. A copy of this letter has been shared with the Area Agencies on Aging. Nutrition programs should have a copy of this letter at each nutrition site.

After July 1, 2016, new employees shall receive training within 30 days after employment. *Note:* This section does not change any of the requirements outlined in Section XXA2 above (Certified Food Protection Manager Certification).

Definition of Food Handler: "Food handler" means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces. Food handler does not include unpaid volunteers in a food establishment, whether permanent or temporary.

Paid delivery drivers are required to receive the food handler training since many of them assist with packaging home delivered meals and are responsible for temperature control and cross-contamination.

Proof that a food handler has been trained shall be available upon reasonable request by the Illinois Department of Public Health or a local health department inspector and may be in electronic format. The documentation that food handlers have received the required food handler training should be contained in their personnel files and available at the nutrition site where they are employed.

Food handler training for those working in non-restaurant facilities such as, nursing homes, licensed day care homes and facilities, hospitals, schools, and long-term care facilities, is good for three years. Those working in non-restaurants, not listed above, are required to take another food handler training unless they transfer to work for another employer. Food handler training for those working in non-restaurants is not transferable between employers.

Volunteers: Nutrition program and site volunteers performing food handling duties are not required by the Illinois Department of Public Health to receive the required training as outlined in the Food Handling Regulation Enforcement Act; however, the Illinois Department of Aging strongly encourages that nutrition programs require their ongoing volunteers to obtain such training. If such volunteers do not obtain the training based on the Food Handling Regulation Enforcement Act, the nutrition program must provide basic training to volunteers that will include but not be limited to: safe food handling, food borne illnesses, hygienic practices of personnel, equipment sanitation, dishwashing procedures, and facility sanitation.

Compliance with Illinois Department of Public Health Requirements: The food handling training must comply with the requirements of the Illinois Department of Public Health's administrative rules.

Training may be conducted on-line, computer, classroom, live trainers, remote trainers and certified food service sanitation managers. Please review materials on the Illinois Department of Public Health web site for approved food handler training programs that are available on the web.

"Food Safety on the Go"-- The Illinois Department of Public Health has approved a "Food Safety on the Go" as a food handler training program for the Title III nutrition service providers. This food handler training program was developed by the University of Maryland's Department of Nutrition and Food Science, in collaboration with the Meals on Wheels Association of America. This training program is available at the following website:

<https://nutritionandaging.org/food-safety-on-the-go/>

Course Books, PowerPoint presentations, pre-test, post-tests, trainer guides and module recordings are available at the above web site.

Module 1 (Food Safety Basics), Module 4 (Food Service Workers) and Module 5 (Drivers) are the required sections that must be completed by food handlers working for Title III nutrition programs. All three sections must be completed by food handler employees of the nutrition program.

Training may be conducted on-line with a computer or in a classroom or in a classroom setting with certified food service sanitation managers. Title III nutrition program food handlers must take the pre-test and post-test exams, which can be used to document that the food handler has taken the required training. Proof that a food handler has been trained shall be available upon reasonable request by the Illinois Department of Public Health or a local health department inspector.

If a nutrition program elects to use another food handler training program, it must be approved by the Illinois Department of Public Health. If the nutrition program does not use the "*Food Safety on the Go*" training program or a training program that is listed on the Illinois Department of Public Health web site, it must submit a food handler training program to the Illinois Department of Public Health for its review and approval. Application and registration forms are available on the Illinois Department of Public Health web site.

4. AgeGuide Specific Food Handler Training Guidance

- a. All paid staff. All Site Managers must be Certified Food Protection Manager trained. All other paid staff must be Food Service Sanitation Manager trained or Food Handler trained.
 - b. More than once per month Congregate and Home Delivered Meal volunteers. All new volunteers, who volunteer for congregate or home-delivered nutrition programs more than once per month, must attend group Food Handler training. Existing volunteers (before July 1, 2016) must be offered and encouraged to attend group Food Handler training. Existing volunteers (before July 1, 2016) may be provided Handout materials* if they cannot/will not attend group training and are to return completed brochure quiz.
 - c. Once per month or less Congregate and Home Delivered Meal volunteers. All congregate and home-delivered meal volunteers who volunteer for these programs once per month or less frequently should be offered and encouraged to attend group Food Handler training; however, these individuals may be provided with handout materials and are to return brochure quiz. *Handout materials will consists of the course books for *Food Safety on the Go* modules 1,4,5 and a trifold brochure provided by AgeGuide with the key points from these modules and a quiz.
5. All staff and volunteers working in the food preparation and food serving area shall be under the supervision of a person who will ensure the application of hygienic techniques and practices in food handling, preparation, service and delivery.

B. Food Temperatures

1. Food temperatures at the time of service and at the time of delivery must be no less than 140°F for hot foods and no more than 41°F for cold foods.
2. For congregate meals, the temperature of the food should be checked and documented daily at the time of service and in the case of catered food, at the time of food arrival and at the time of service.
3. For home delivered meals:
 - a. the temperature of the food should be checked and documented daily both at the end of production and at the time of packaging; and
 - b. For delivery routes less than two hours, the temperature of the food should be checked and documented at the end of the delivery route requiring the longest delivery time on a regular basis, not less than one time per month.
 - c. If a nutrition service provider has meal delivery routes that are longer than two hours, the nutrition service provider must check temperatures on a weekly basis at the end of these delivery routes. This specific requirement does not apply if the nutrition service provider uses a temperature controlled oven, freezer and refrigerator equipped vehicles that have digital temperature displays or provides frozen meals.

C. Packaging & Packaging Standards-Home Delivered Meals

1. All meals packaged at nutrition sites must be individually packaged first (before congregate meals are served) and packed in secondary insulated food carriers with tight fitting lids and transported or frozen immediately.
2. Containers must be designed to maintain the integrity and safety of the food.
3. Cold and hot foods must be packaged and packed separately.
4. Hot foods should be served, packaged, sealed (tightly-fitted lids), and placed into insulated food carriers as soon as possible. The most rapid heat loss in a home delivered meal occurs between packaging and loading them into carriers.
5. Cold foods should be served, packaged, sealed (tightly-fitted lids) and placed into a cooler or cold chest as soon as possible. The nutrition provider should use coolers which are only as large as necessary to pack cold food. Large coolers packed nearly full maintain temperatures better than partially full chests or small coolers filled to capacity. This requirement does not apply if the nutrition service provider uses a temperature controlled refrigerator-equipped vehicle.
6. Frozen meals must be maintained in a frozen state during storage, transportation and delivery. Frozen meals should be transported in a chest or cooler with a tightly fitted lid. The nutrition service provider should place ice packs on top of frozen

meals. This requirement does not apply if the nutrition service provider uses a temperature controlled freezer-equipped vehicle.

7. All food delivery carriers must maintain the proper temperature for the required time that the food will be in the carrier.
8. All food delivery carriers must be of appropriate weight, size, dimensions, and capacity appropriate for the program design and staff/volunteers. (AgeGuide)
9. All food delivery carriers must be cleaned and sanitized inside and out on a daily basis. (AgeGuide)

D. Other Requirements

1. Nutrition service providers must advise home delivered meal participants when enrolled in the nutrition program that hot meals should be consumed immediately after delivery and/or must ensure that instructions for proper heating, storage, and handling of meals are provided.
2. A nutrition program utilizing frozen meals in any capacity must provide instructions for participants regarding safe meal storage and preparation. Information must be provided at the time of assessment and reassessment. Information specific to frozen meals, such as contents and expiration dates, must be included in writing with the meals at the time of delivery. Frozen meals that have been thawed or have broken packaging should not be provided to participants.
3. Delivery vehicles should be inspected by nutrition programs to ensure that the interiors of the vehicles are clean and maintained for sanitary purposes.

XXI. Site Selection, Development, and Designation (AgeGuide)

- A. Prior Approval: All C1 and C2 site openings, closings, relocation, renovation and changes in the number of serving days must be approved in writing by AgeGuide. The date of AgeGuide sign-off must be no less than ten working days prior to implementation. Requests must be made on the appropriate AgeGuide form.
- B. AgeGuide Initiated Closings: AgeGuide may require an existing nutrition site to be relocated or closed following assessment of site conformance with standards/regulations; assessment of need/community support; or a reduction in funding.
- C. Criteria for Site Approval:
 1. The initial service design should fit one of the descriptions for a full-time site, or a part-time site.
 2. There must be documentation that the site is located in an area of high concentration of elderly in greatest social or economic need with particular attention

to low-income minority individuals. Low-income minority older persons are to be served at incidence level.

3. Local support must be documented through cash or in-kind pledges from participants, agencies, governmental units, or community residents.
4. There must be minimal negative impact on participation at existing full or part-time sites.
5. There must be adequate resources to maintain the additional site through project under spending, additional resources, or the replacement, consolidation, or closing of an existing site. The cost per unit of operating the site will be another factor in approving the site.
6. All new sites must be handicapped accessible.

D. Adult Day Care Designation Policy:

1. An Adult Day Care Facility cannot be designated as a full-time or part-time congregate site if the definition of Adult Day Care includes a meal and the cost of the service includes the cost of that meal. Title III regulations prohibit the use of Title III funds for a service being paid from other sources.
2. An Adult Day Care Facility can be designated as a congregate meal site if a meal is not included in the unit of service definition and the cost of the meal is not included in the service cost. Congregate Meals Sites held in Adult Day Care Facilities are subject to all the requirements of any other congregate site.

E. Minority Sites: In order to increase targeting to minority elderly, particularly low-income minority elderly, AgeGuide will consider special program designs and part-time sites in order to serve minority communities that are particularly difficult to penetrate.

XXII. Operations, Policies, and Procedures: (AgeGuide)

A. Operations Policy and Procedure Manual: Each Nutrition Grantee shall develop a Nutrition Operations Manual which shall be distributed to each nutrition site and HDM distribution point. The manual shall cover all aspects of program management and shall be updated at least every three years. The operations manual must include, but is not limited to, the following items:

1. Food Temperatures:
 - a. A daily log of the time and food temperature at arrival and at service shall be kept with procedures on what to do if the food temperature is outside acceptable limits.
 - b. A daily log shall be kept on delivery starting time and ending time of each home-delivered meal route

- c. Log of home-delivered meal end-of-route temperatures as specified in Section XX.B.3.
2. Sanitation Procedures
 - a. Cleaning/ sanitizing schedules for all utensils and equipment to include:
 - i* What is to be cleaned.
 - ii* Who is to clean it.
 - iii* When and how often it is to be cleaned.
 3. Emergency Plans and Safety Measures: The Operations Manual shall include written emergency procedures to deal with
 - a. A short-term natural disaster such as tornado warnings, flooding, snow and ice storms.
 - b. Physical plant, facility or food service operations malfunctions and weather-related site closings.
 - c. Large-scale disasters as appropriate to the area.
 - d. Illness or on-site accidents involving staff or participants.
 4. Foodborne Illness Outbreak: The action steps for responding to a suspected foodborne illness outbreak specified in section XIX.A.2 must be included in the Operations Policy and Procedures Manual.
- B. Record Keeping/ Reporting: Each nutrition provider must submit in a timely manner all required reporting information. This includes but is not limited to documentation of the number of unduplicated persons, required client demographic information, and the number of units. (45CFR1321.65(a))
- C. Cost Control: Each nutrition program must develop a system for the purposes of controlling program costs, reducing food waste; and saving labor, time, and confusion, i.e. reservations.
- D. Waste Meals: The overall average per Nutrition Program of waste meals (Meals not consumed divided by meals ordered) should not exceed one meal per site or three percent whichever is greater.
- E. Staff: The nutrition program must have job descriptions for all positions that specify title, responsibilities, qualifications, immediate supervisor, and whether part-time or full-time. The Personnel Policy shall be available to all paid staff.
1. Program Director: Each Nutrition Program shall designate a Program Director who has the authority, responsibility, and expertise to provide daily management and administration of the nutrition program. Inclusive in that role is project leadership, program planning, staff training and supervision, food systems administration,

program monitoring, financial management, data collection and analysis, and program and fiscal reporting to the AgeGuide.

2. Dietitian: Each Nutrition Program shall have available the services of Registered Dietitian as stated in Section VIII.C.3. At a minimum, the Registered Dietitian shall:
 - a. Analyze the nutritional content of proposed daily menus.
 - b. Approve all menus certifying in writing that they meet the 1/3 RDA requirements.
 - c. Approve all changes to the menu.
 - d. Review the cycle menu annually.
3. Site Supervisors/Manager: Each congregate site and HDM distribution point must have a staff site supervisor who is directly responsible for the daily management of all site operations, staff and volunteers. See Section XX.A.2 for Certified Food Protection Manager Certification requirements for this position.
4. Volunteers: Each nutrition program must have procedures for recruiting, training, supervising, and providing recognition for volunteers. Each volunteer must have a job description, orientation, schedule of work, and a record kept of hours served. The time sheet shall be signed and dated by both the volunteer and the supervisor. See Section XX.A.3 and XX.A.4 for food safety and sanitation training requirements for volunteers.

F. Site Requirements

1. Documentation: The Nutrition Program shall have documentation that each site complies with all applicable codes and ordinances established in the locality served such as:
 - a. State and local fire and safety standards with slip-retardant surfaces on all applicable indoor and outdoor walkways and stairs.
 - b. State and local Food Service Sanitation Rules and Regulations.
 - c. Other local regulations as pertinent for planning, zoning, building, structure, heating, ventilation, water supply, sewage, and waste.
2. Accessibility: All new sites must be handicapped accessible in accordance with 504 compliance regulations and must continue to maintain this compliance for the duration of the Title IIIC site agreement.
3. Cleanliness/ Lighting: The site must be maintained clean, neat, with adequate lighting and ventilation.
4. Pest control: Services must be contracted if pests have been a problem. (Not required by health departments unless there is a problem.)

5. Site Agreements: The Nutrition Program will have written site agreements with all sites. A copy of the site agreement shall be maintained at the central administrative office and sent to AgeGuide prior to monitoring. Site agreements are to address who is responsible for:
 - a. Rent and Utilities
 - b. Documentation of Health Department license, sanitation inspections, fire inspections.
 - c. Interior and Exterior Care and Maintenance including slip-retardant surfaces on all applicable indoor and outdoor walkways and stairs.
 - d. Sanitation of the kitchen, rest room, and common areas.
 - e. Cleaning range hoods, fans, furnace vents. Exception will be made if no in-house cooking is done.
 - f. Documentation of annual professional pest control services as required by the local health department.
 - g. Insurance coverage and liability.
 - h. Compliance with all Federal, State, and Local laws and ordinances.
 - i. Hours when space is available.
 - j. Period of the contract. Site agreements may be extended for no more than three years.
 - k. Termination.
6. Posting: The following shall be posted in a visible location at each site:
 - a. A statement about non-denial of service.
 - b. The suggested donation.
 - c. The total cost of the meal for non-eligible participants.
 - d. The approved menu.
- G. Insurance: The Nutrition program must ensure sufficient insurance to cover their operations. Insurance should cover:
 1. building and grounds.
 2. vehicle insurance (where applicable.)
 3. insurance on program drivers
 4. product liability
 5. personal liability

6. bonding

H. Emergency Plans and Safety Measures

1. Annual Fire and Tornado Safety Drills: Each congregate site must document that annual fire and tornado safety drills have been conducted. Documentation should include number of persons, date and length of time it took to evacuate the building.
2. Weather-Related Emergencies: Where feasible and appropriate, the Nutrition Program must make arrangements for older persons in weather-related emergencies to either provide meals, (45 CFR 1321.65 (e)) or provide information to participants on foods to keep on hand and prepare.

I. Sanitation and Temperatures:

1. Sanitation Manuals: Each site must have a current sanitation manual. A copy of the Course Books and PowerPoint presentations of *"Food Safety on the Go"* Module 1 (Food Safety Basics), Module 2 (Program Director), Module 3 (Food Service Management Staff), Module 4 (Food Service Workers) and Module 5 (Drivers) may be used as a sanitation manual. *"Food Safety on the Go"* is approved by the Illinois Department of Public Health as a food handler training program for the Title III nutrition service providers. This training program is available at <http://www.nfsc.umd.edu/programs/foodsafety>.
2. Site Sanitation Procedures:
 - a. Food holding equipment must be utilized which can maintain safe temperatures of all menu items from completion of food preparation through the end of the serving period.
 - b. All food items needing to be held at temperatures above 140 degrees F may be held no more than four (4) hours between the time of completion of cooking and the beginning of service or delivery to a recipients' home.
3. Health Department Sanitation Inspections:
 - a. Each Nutrition Program must ensure that each site is inspected by the local health department at least annually. Copies of each inspection report shall be kept on file at the Nutrition Program office and at the site.
 - b. There will be documentation that the Sanitation Certified personnel at each site have reviewed each report.
 - c. Providers must comply with all Health Department corrective actions.

J. Program Monitoring/ Evaluation:

1. The Nutrition Program shall develop a Safety and Sanitation Checklist. The site coordinator is responsible for administering the checklist no less than once every six months
2. The Nutrition Program shall monitor each site for compliance with these standards at least once a year. Documentation of these self-monitoring site visits and findings shall be kept in the agency administrative office.

Appendix 1: Contract and Subcontract Procedures

The subcontracting process shall be made in accordance with Federal Procurement Standards 45 CFR 92.36.

Copies of the signed contract shall be submitted to the Northeastern Illinois Area Agency on Aging within thirty days of signing by both parties.

I. Bid Package: The bid package must include:

- A. Name, address, telephone number of organization bidding
- B. Type of organization (public, non-profit, private for profit)
- C. Name of person authorized to act on behalf of organization
- D. Location of food preparation site(s). Be specific.
- E. Name and qualifications (resume) of person(s) who will supervise meal preparation.
- F. If submitting proposal on only a portion of required service, identify specifically the services they are proposing to provide.
- G. A brief history of the organization's experience with meal service to the elderly.
- H. A brief statement reflecting the financial stability and ability to sustain the proposed service for a one (1) year period.
- I. Plan of delivery: Include number of vehicles, proposed delivery schedules, and description of transporting equipment to be used.
- J. A description of the current food management staff. (Estimate additional staff which might be secured, percentage of staff time to be devoted to the Senior Nutrition Program.)
- K. A cost breakdown of food, supplies, equipment, and transportation, including the amount to be deducted for non-delivery of specific items.
- L. A Sample cycle menu must be included.
- M. Vendor must visibly mark as "confidential" each part of their proposal which they consider proprietary information.

II. Contract Contents: The Catering Contracts should contain the following:

- A. Period of the Contract
- B. Maintenance of Records for three years Requirement
- C. Billing procedures/ time frame
- D. Scope of the work
- E. Serving Schedule

- F. Product Specifications
- G. Menu Specifications/ Disposable products
- H. Termination of Contract
- I. Insurance/ Liability

III. Procurement Process

- A. Small Purchase Procedures (under \$25,000 in aggregate). Nutrition Providers are to document that price and rate quotations were obtained from an adequate number of qualified sources.
- B. Large Purchase Procedure: Competitive sealed bids (formal advertising); competitive negotiation, or noncompetitive negotiation shall be used to procure catering services over \$25,000 in aggregate.
- C. Competitive Bids and Competitive Negotiation: In the case of competitive sealed bids or competitive negotiation, the Nutrition Program shall keep on file the following information:
 - 1. Letter of solicitation for bids.
 - 2. Advertisements of bids showing names and newspapers and dates published.
 - 3. Lists of names and addresses of caterers contacted directly. Include any efforts to identify minority and women-owned businesses.
 - 4. Total bid packet sent to caterers including as applicable, the sample menu and bid specifications.
 - 5. List of organizations who declined to bid and reason, if known
 - 6. A copy of each detailed bid quotation.
 - 7. A Description of the bid opening as applicable
 - 8. Criteria used for evaluation of bids and bidders.
 - 9. Name and address of the selected bidder.
- D. Non-Competitive Negotiation
 - 1. Documentation of the reason for the use of Non-Competitive Negotiation must be kept on file. Non-Competitive Negotiation may be used under the following circumstances:
 - a. The item (catering contract) is available only from a single source;
 - b. Public exigency or emergency when the urgency for the requirement will not permit a delay incident to competitive solicitation;
 - c. After solicitation of a number of sources, competition is determined inadequate.

**IDoA Menu Approval Sheet
for use with
Meal Pattern for Senior Nutrition Programs**

Refer to IDoA Menu Standards for portion sizes, frequency and nutrient content.
Minimum and maximum amounts indicated are for one week of menus.

Food Group	Total - 1 Meal per Day		Total - 2 Meals per Day		Total - 3 meals per Day	
	Minimum	Check	Minimum	Check	Minimum	Check
Protein Foods	3 oz-eq.		6 oz-eq.		6 oz-eq.	
Meat, Poultry, Eggs (oz-eq/week)	9oz-eq/week	Suggested for variety when planning menus, but are not requirements.	18oz-eq/week	Suggested for variety when planning menus, but are not requirements.	26oz-eq/week	Suggested for variety when planning menus, but are not requirements.
Fish/Seafood (oz-eq/week)	3oz-eq/week		6oz-eq/week		9oz-eq/week	
Nuts, Seeds, Soy Products, Legumes (oz-eq/week)	2oz-eq/week		3.5oz-eq/week		oz-eq/week	
<i>Limit</i>	Ground red meat (fat >10%) no more than 2x/wk		Ground red meat (fat >10%) no more than 4x/wk		Ground red meat (fat >10%) no more than 6x/wk	
Notes: Limiting cured/processed meats such as bacon, hotdogs, bologna, and luncheon meats to no more than 1X/week per meal can help with meeting the DRI for sodium. A 3oz-eq. meat alternative for a meal can meet the protein requirement for vegetarian/vegan diet.						
Vegetables	1 cup-eq.		2 cup-eq.		2 ½ cup-eq.	
Note: A least one serving from each of the five vegetable subgroups must be included in a weekly menu.						Check
Dark-Green	Some examples: Broccoli, spinach, romaine lettuce, collards, kale.					
Red & Orange	Some examples: tomatoes, sweet potatoes, red peppers, winter squash, pumpkin, carrots.					
Beans, Peas, Lentils	Some examples: cooked dry beans, split peas, edamame, lentils.					
Starchy Vegetables	Some examples: corn, potatoes, green peas, lima beans.					
Other Vegetables	Some examples: iceberg lettuce, cabbage, asparagus, avocado, onions, zucchini, cauliflower, beets.					
Notes: May serve an additional vegetable equivalent instead of fruit. Beans and lentils are both in the Vegetables Group and Protein Group, however, can count as only one group in a meal.						
Fruits	½ cup-eq.		1 ½ cup-eq.		2 cup-eq.	
Note: May serve additional fruit(s) equivalents instead of vegetables.						
<i>Fruits and Vegetables</i> Vitamin A Target	1 rich or 2 fair servings 2-3x/wk		1 rich or 2 fair servings 4-6x/wk		1 rich or 2 fair servings 4-6x/wk	
<i>Fruits and Vegetables</i> Vitamin C Target	1 rich or 2 fair servings daily		2 rich or 4 fair servings daily		3 rich or 6 fair servings daily	
Grains	2oz-eq.		4oz-eq.		6oz-eq.	
Note: Preferably at least half of the servings per meal should come from whole grain sources. For example, for serving 2 meals per day, at least 2oz-eq. of whole grains would be served. Refer to "Menu Standards Brief Description" on the next page for examples.						

This Menu Approval Sheet should not be altered in any way and is intended for all nutrition programs.

Revised April 2021

Food Group	Total - 1 Meal per Day		Total - 2 Meals per Day		Total - 3 meals per Day	
	Minimum	Check	Minimum	Check	Minimum	Check
Milk	1 cup-eq.		2 cup-eq.		3 cup-eq.	
Energy (kcal)	No less than 600 Average of 685 for the week		No less than 1235 Average of 1370 for the week		No less than 2000 Average of ≤2054 for the week	
Sodium Limit <i>Note: **800 mg or less per meal is ideal</i>	Present Goal: **800 mg-1000 mg or less (900 mg averaged over one week)		1600 mg or less (1700 mg averaged over one week)		2300 mg or less (2400 mg averaged over one week)	
Total fat Limit (20%-35% kcal)	Fat (15-26 g)		Fat (29-52 g)		Fat (44-78 g)	

Menu Standards Brief Description

<u>Food Group</u>	<u>Equivalent Reference</u>	<u>Examples of Common Portion Sizes</u>	<u>Target for 1 Meal</u>
Protein Foods <i>Note: for individuals that regularly eat meat, poultry, fish, count beans and peas in the vegetable group, however a combination of meat and peas/beans can meet the protein recommendation.</i>	1oz protein eq. 2oz protein eq. 3oz protein eq.	1 large egg OR 1oz natural cheese = 1oz protein eq. 2 TBSP peanut butter OR 1oz of nuts/seeds OR 1 soy or bean burger patty OR ½ cup (~4oz) tofu OR ½ cup roasted soybeans OR ½ cup cooked beans, peas, lentils OR 1 cup lentil, split pea or bean soup = 2oz protein eq. 3oz boneless skinless chicken breast (edible portion, no coating) = 3oz protein eq.	3oz-eq.
Vegetables	½ cup-eq. 1 cup-eq.	1 cup raw spinach = ½ cup veggie eq. 1 cup raw or cooked chopped broccoli OR 1 cup cooked potatoes, peas, beans, corn OR 1 cup tomato juice OR 2 cups raw leafy greens (e.g. spinach, romaine) = 1 cup veggie eq.	1 cup-eq.
Fruits	½ cup-eq. 1 cup-eq.	4oz applesauce container OR 4oz drained canned fruit OR ¼ cup dried fruit or ½ cup 100% fruit juice = ½ cup fruit eq. 1 large banana OR 1 cup melon balls OR 1 cup grapes OR 1 large orange OR 1 cup 100% fruit juice = 1 cup fruit eq.	½ cup-eq.
Grains <i>Note: preferably at least half of the servings are coming from whole grains.</i>	1 oz-eq.	½ cup cooked oatmeal OR ½ cup (1oz dry) cooked white or brown rice OR ½ cup (1oz dry) cooked pasta OR 1 cup ready-to-eat breakfast cereal (flakes or rounds) OR 1- 6-inch flour tortilla OR 5 crackers OR ½ English muffin OR 1 small piece cornbread 2.5"X 1 ¼" X 1 ¼" = 1oz grain eq.	2oz-eq.
Milk <i>Note: low-fat milk is preferred.</i>	1 cup-eq	1 cup of milk, calcium fortified milk alternative OR 1 cup of yogurt OR 1 ½ oz natural cheese OR ½ cup evaporated milk OR 1/3 cup shredded cheese = 1 cup milk eq.	1 cup-eq.

I certify that, to the best of my knowledge, each meal in the attached menus follows the meal pattern developed by the Illinois Department on Aging and/or provides one-third of the current Dietary Reference Intakes of the National Academies of Sciences, Engineering, and Medicine and conforms to the most recent Dietary Guidelines for Americans.

Signature: _____ Date: _____

This Menu Approval Sheet should not be altered in any way and is intended for all nutrition programs.

Revised April 2021

IDoA Menu Approval Sheet
for use with Nutritional Analysis for Senior Nutrition Programs

Nutrient	1 Meal per Day		2 Meals per Day		3 Meals per Day	
	Minimum	Check	Minimum	Check	Minimum	Check
Calories (Kcal)	No less than 600 per meal; 685 averaged over one week		No less than 1235 1370 averaged over one week		No less than 2000 2054 averaged over one week	
Protein	19-21 grams		38 grams		56 grams	
Carbohydrate	43 grams		87 grams		130 grams	
Fat	<26 grams ≤30% calories averaged over one week		<52 grams ≤30% calories averaged over one week		<78 grams ≤30% calories averaged over one week	
Fiber	10 grams average over one week		19 grams average over one week		28 grams average over one week	
Vitamin A (RAE)[†]	300 mcg		600 mcg		900 mcg	
Vitamin C	30 mg		60 mg		90 mg	
Vitamin E (AT)[†]	5 mg		10 mg		15 mg	
Vitamin B6	.6 mg		1.2 mg		1.7 mg	
Folate (DFE)[†]	133 mcg		267 mcg		400 mcg	
Vitamin B12	.8 mcg		1.61 mcg		2.4 mcg	
Calcium	400 mg		800 mg		1200 mg	
Magnesium	140 mg		280 mg		420 mg	
Zinc	3.7 mg		7.3 mg		11 mg	
Potassium	1133 mg		2267 mg		3400 mg	
Sodium <small>Note: ^Δ800mg or less per meal is ideal</small>	^Δ 800 mg-1000 mg or less (900 mg averaged over one week)		1600 mg or less (1700 mg averaged over one week)		2300 mg or less (2400 mg averaged over one week)	

[†] RAE = Retinol Activity Equivalent; AT = Alpha-tocopherol; DFE = Dietary Folate Equivalent

I certify that, to the best of my knowledge, each meal in the attached menus provides one-third of the current Dietary Reference Intakes of the National Academies of Sciences, Engineering, and Medicine and conforms to the most recent Dietary Guidelines for Americans.

Signature: _____ Date: _____

This Menu Approval Sheet should not be altered in any way and is intended for all nutrition programs.

Revised April 2021