

**Santa Clara County**

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Senior Nutrition Program

Neighborhood Meals on Wheels

Policy & Procedure Manual

Effective April 2019

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## Program Regulations and Guidelines

This manual contains the policies and procedures for the Santa Clara County Senior Nutrition Program’s (SNP) Neighborhood Meals on Wheels (NMOW) Program. The operation standards for SNP are based on the following regulations and guidelines.

1. Older Americans Act (OAA) Title IIIC as amended
2. California Code of Regulations (CCR) Title 22 Division 1.8 as amended
3. California Safety and Health Administration (OSHA) Code of Federal Regulations as amended
4. Current California Retail Food Code (CalCode)
5. Current Dietary Guidelines for Americans (DGAs)
6. Santa Clara County Nutrition Standards
7. Best Food and Nutrition Practices

## Nutrition Services Goals and Objectives

The purpose of the Senior Nutrition Program is to provide nutrition services as described in the Older Americans Act (OAA) of 1965, as amended, and to assist older individuals to live independently, by promoting better health through improved nutrition, and reduced isolation through programs coordinated with nutrition-related supportive services.

The Santa Clara County Senior Nutrition Program (SNP) has been providing nutrition services to the residents of Santa Clara County since 1974. Two distinct services are provided: The Congregate Meals Program and the Home Delivered Meals (HDM) Program. Both programs serve people 60 years of age and older.

**Objectives:**

1. Provide quality meals that meet at least one-third (1/3) of the Dietary Reference Intakes (DRIs).
2. Promote and maintain food safety and sanitation standards.
3. Promote healthy behaviors through nutrition education.
4. Promote or maintain coordination with other nutrition-related supportive services.

## Requirements for Home Delivered Meal Providers

Neighborhood home-delivered meal providers shall administer the Senior Nutrition Program by utilizing the following guidelines:

1. Operate the negotiated number of service days and meals per day.
2. Meals may be hot, cold, or frozen as defined in the contract.
3. Therapeutic or modified diets may be provided where feasible and appropriate.
4. Serve all eligible individuals.
5. Target zip codes as specified in the County contract.
6. Provide written instructions on handling and reheating of meals. It is recommended that instruction be provided in the language most spoken among the participants.
7. Comply with the current California Retail Food Code (CRFC or CalCode) and with local health department requirements regarding safe and sanitary preparation and service of meals.
8. Comply with the Division of Occupational Safety and Health (Cal/OSHA), California of Industrial Relations requirements regarding staff and participant safety.
9. With the consent of the older person or his/her representative, notify appropriate officials regarding conditions or circumstances which place the older person, or the household, in imminent danger.

## Program Eligibility

The following criteria must be met to be eligible for the Neighborhood Meals on Wheels (NMOW) Program:

1. Person be 60 years and homebound\* or
2. A homebound\* spouse and/or disabled dependent under the age of 60 who resides with an eligible person.

\*Definition of Homebound:

* 1. Non-ambulatory, bed-bound, and do not have anyone available to consistently shop or prepare meals, including an In-Home Supportive Services (IHSS) care provider who provides meal preparation.
  2. Living alone or living with a spouse and/or disabled dependent where each person meets one of the following criteria:
     1. uses a wheelchair,
     2. ambulatory and unable to leave home without assistance,
     3. able to leave home with difficulty, or
     4. unable to drive, purchase and prepare his/her own meals.

Exemptions to the above should be presented to assigned dietitian and approved by the SNP administration.

## Screening and Assessment

1. Assessment Procedures

Contractor shall implement the following screening and assessment procedures for NMOW eligibility.

1. Initial Screening and Assessment
2. Contractor shall conduct initial screening and assessment by completing the NMOW 1367 form (**Appendix #1**) for each potential participant.
3. Initial intake shall be done via phone within one business day upon receipt of referral.
4. In-home visit shall be done prior to initiation of meal service to verify eligibility.
5. Quarterly Re-assessment
6. Quarterly re-assessment is required to ensure continued NMOW eligibility.
7. Contractor shall contact NMOW participants, quarterly, via phone and/or in-home visit.
8. Provide at least one in-home visit per year.
9. Additional Services
10. NMOW participants requiring additional services shall be referred as appropriate.
11. Age Verification

Age verification of the program applicant should be done prior to enrollment and/or at first home-visit assessment prior to receiving actual services whenever possible. The provider is allowed to ask for I.D. to verify applicant’s age if the applicant appears or is suspected to be under the age of 60.

1. Disqualification Process

Client responses contrary to the eligible for services questions relating to their health issues, mobile ability, homebound, and living status may be subjected to disqualification from the NMOW program.

## Nutrition Requirements

1. **Dietary Guidelines**

The Older Americans Act requires that meals comply with the current Dietary Guidelines for Americans (DGA) published by the Secretary of Health and Human Services and the Secretary of Agriculture.

Each participating older individual shall be provided with meals that meet nutritional standards. If the program provides:

1. **One meal** per day, a minimum of **1/3** of the **Dietary Reference Intake (DRI)** shall be offered.
2. **Two meals** per day, a minimum of **2/3** of the **Dietary Reference Intake (DRI)** shall be offered.
3. Three meals per day, one hundred percent (100%) of the Dietary Reference Intake (DRI) shall be offered.

**Dietary Guidelines for Americans—Major Recommendations**

The 2020-2025 guidelines are the most current guidelines that should be followed when planning and serving meals.

1. **Follow a healthy eating pattern across the lifespan.** Choose a healthy eating pattern at an appropriate calorie level to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.
2. **Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations.** A healthy dietary pattern can benefit all individuals regardless of age, race, or ethnicity, or current health status. The Dietary Guidelines provides a framework intended to be customized to individual needs and preferences, as well as the food ways of the diverse cultures in the United States.
3. **Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits.** Consume a healthy eating pattern that accounts for all foods and beverages within an appropriate calorie level. A healthy eating pattern includes:

* A variety of vegetables from all of the subgroups—dark green, red and orange, legumes (beans and peas), starchy, and other
* Fruits, especially whole fruits
* Grains, at least half of which are whole grains
* Fat-free or low-fat dairy, including milk, yogurt, cheese, and/or fortified soy beverages
* A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), and nuts, seeds, and soy products
* Oils, including vegetable oils and oils in food, such as seafood and nuts

1. **Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages**. A small amount of added sugars, saturated fat, or sodium can be added to nutrient-dense foods and beverages to help meet food group recommendations, but foods and beverages high in these components should be limited. Limits are:

* Added sugars—Consume less than 10 percent of calories per day from added sugars
* Saturated fat—Consume less than 10 percent of calories per day from saturated fat
* Sodium—Consume less than 2,300 milligrams per day of sodium
* Alcoholic beverages—Adults of legal drinking age can choose not to drink, or to drink in moderation by limiting intake to 2 drinks or less in a day for men and 1 drink or less in a day for women, when alcohol is consumed.

1. **Menu Requirements**

The nutritional goals listed below represent the current DRI values, per meal and per day, for *target nutrients* to meet the DRIs for a 51+ year old female which corresponds to 1600 calories per day.

|  |  |  |  |
| --- | --- | --- | --- |
| **Nutrient** | **Source\*** | **Target per Day** | **Target per Meal** |
| **Calories (Kcal)** | AMDR | 1600 | 550 - 650 |
| **Protein (g) \*** | RDA | ≥ 46 | ≥ 15 (from protein and dairy/soy alternative groups) |
| **Fat (% of total calories)** | ADMR | 20 - 35% | 20 - 35% |
| **Saturated Fat (% of total calories)** | DGA | ≤ 10% | ≤ 10% |
| **Fiber (gm)** | AI | ≥ 22 | ≥ 7 (weekly average) |
| **Calcium (mg)** | RDA | ≥ 1200 | ≥ 400 (weekly average) |
| **Magnesium (mg)** | RDA | ≥ 320 | ≥ 105 (weekly average) |
| **Potassium (mg)** | AI | ≥ 2600 | ≥ 860 (weekly average) \*\* |
| **Sodium (mg)** | AI and CDRR | ≤ 2300 | ≤ 760 (weekly average) |
| **Vitamin A**  **(mcg RAE\*\*\*)** | RDA | ≥ 700 | ≥ 233 (2 - 3 meals out of 5 meals per week) |
| **Vitamin D (IU)** | RDA | 600 | 200 (weekly average) |
| **Vitamin C (mg)** | RDA | ≥ 75 | ≥ 25 |
| **Vitamin B12 (ug)** | RDA | 2.4 | 0.8 (weekly average) |

\*AI = Adequate Intake, AMDR = Acceptable Macronutrient Distribution Range; CDRR = Chronic Disease Risk Reduction Level; DGA = Dietary Guidelines for Americans, 2020-2025; RDA = Recommended Dietary Allowance.

\*\* Prior to 2019, the AI for K+ was 4700 (1565 per meal) but was updated in 2019 to 2600 (860/meal) for women and 3400 (1133 per meal) for men. Source: https://www.nap.edu/read/25353/chapter/8#120

\*\*\* RAE = Retinol Activity Equivalents

1. **Menu Analysis**

Menus must be analyzed for nutritional adequacy and to ensure that the meals follow the Dietary Guidelines and provide a minimum of one-third of the DRIs as required by the Older Americans Act (OAA) and California Code of Regulations (CCR). Nutritional adequacy is based on standardized recipes and nutritional information published by the manufacturers for all menu items, including condiments. Nutritional information for fresh fruits and vegetables should be based on the type and amount to be served. All menus, and any substitutions, must be approved by a RD.

Menus may be analyzed using either the Computerized Nutrient Analysis or the Component Meal Pattern system.

1. **Nutrient Analysis**

Computerized nutrient analysis is the most accurate method for analyzing meals for nutritional adequacy. Meals are in compliance with requirements when they meet one-third of the DRIs for target nutrients, provide an appropriate calorie level, and follow the Dietary Guidelines. The following nutrients must be included in the analysis: calories, protein, carbohydrates, total fat, saturated fat, total fiber, vitamins A, C, E, K, B1 (thiamin), B2 (riboflavin), B3 (niacin), B6 (pyridoxine), folate, B12 (cyanocobalamin); and minerals—calcium, chromium, copper, iron, magnesium, sodium, and zinc. In addition, the SNP requires nutrient analysis for vitamin D and potassium.

1. **Component Meal Pattern**

The component meal pattern serves as a basic framework for menu planning. Meals are in compliance with requirements when food component guidelines and serving sizes are followed. The meal pattern componentcan be used to plan NMOW meals. A template can be found in **Appendix # 2** and a summary of the requirements can be found in **Appendix #3**. NMOW contractor shall follow key nutrients outlined in Meal Planning Requirements including the following:

**Kilocalories**

1. Menus shall provide an average of at least 533 kilocalories (kcal) per meal.

**Protein – Meat, Fish, Poultry, Legumes, Eggs and Cheese**

1. The meal shall contain a minimum of 3 ounces (per County) of cooked, edible portions of meat, fish, seafood, poultry, legumes, beans, peas, soy products, nuts, seeds, eggs, cheese OR a combination thereof providing at least 15 grams of protein.
2. Mixed main entrees such as casseroles, pastas and entrée salads should provide at least 15 grams of protein.
3. Use legume dishes (using mature dried beans such as lima, kidney, navy, black, pinto or garbanzo beans, lentils, peas, black eyed peas and soybeans) as often as possible in accordance with participants’ acceptance.
4. Legume dishes should not be counted as both a vegetable and a protein in the same meal.
5. Alternate protein sources are healthy options to include in the menu. The SNP recommends at least one vegetarian meal per week. A list of lean and healthy protein sources is found in **Appendix #4**.
6. Portion controlled items and other convenience foods (e.g. fish fillet, pork chop, stuffed peppers and cabbage, lasagna, or chile relleno) must contain no more than 480 mg. sodium per serving. (County guideline)
7. Extra lean beef and pork (total fat ≤ 5%) and at least 90% lean ground beef is recommended.
8. The County recommends the use of lean ground meat in entrees no more than twice a week. If served twice in one week, the ground meat shall be served at least once in “solid” form such a meat loaf or Salisbury steak.
9. Imitation cheese cannot be served as meat alternates.

**Breads/Grains**

1. Each meal shall contain one to two servings of grain. One serving must be whole grain.
2. Bread, cereal, and baked items, must contain less than 215 mg sodium per serving.
3. Cereal shall contain less than 6 gm sugar per serving.
4. A variety of whole grain products should be consumed. Those highest in fiber are recommended: barley, brown rice, bulgur, dried ground corn (cornmeal, masa), oats, quinoa, whole rye, whole wheat and wild rice.
5. A list of whole grain foods is found in **Appendix #5**.

**Vegetables**

1. Each meal shall contain at least 1 to 2 servings of vegetables, drained weight or volume of vegetables. (1/2 cup = 1 serving).
2. Raw leafy vegetables must equal 1 cup per serving.
3. Use fresh or frozen vegetables 3 – 4 times per week (60 – 80%). Minimize use of canned products. If canned vegetables are used, a serving should contain no more than 290 mg sodium.
4. Vegetables as a primary ingredient in soups, stews, casseroles or other combination dishes must total ½ cup per serving (in order to be counted as a vegetable serving).
5. Potatoes, sweet potatoes, yams and corn are considered as vegetables, not bread/grain.
6. Legume dishes should not be counted as both a vegetable and a protein in the same meal.

**Fruits**

1. Each meal shall contain at least 1 serving of fruit. A serving of fruit is generally:
   1. Medium sized whole fruit (i.e. the size of a tennis ball); OR
   2. 2 – Small sized whole fruits; OR
   3. ½ cup fresh, chopped, cooked, frozen or canned, drained fruit; OR
   4. ½ cup 100% fruit juice.
2. Serve fresh or frozen fruit at least 3 times per week.
3. Canned fruit should be packed in juice, light syrup or without sugar.
4. Fruit may be used as a fruit serving and a dessert in the same meal.

**Milk and Approved Milk Substitutes**

* 1. Each meal shall contain eight (8) ounces of fortified (Vitamin A & D) skim (fat free), reduced fat, lactose-free milk, or buttermilk (maximum of 1% milk fat). An equivalent substitute shall be served, such as an eight (8) ounces of calcium fortified soy milk, calcium fortified orange juice, or low-fat yogurt.
  2. According to *Santa Clara County Nutrition Standards*, flavored milk, such as vanilla or chocolate shall not be served. Calcium fortified plant derived milk such as soy, rice, or almond shall contain ≤130 calories per 8 oz. serving.
  3. All milk and approved milk substitute products shall be pasteurized.

**Fat**

Fat is not a requirement. However, each meal may contain fat components to increase the palatability or acceptability of the meal. Healthy fats should be used in food preparation or served as an accompaniment to the meal when appropriate.

Fats and oils are part of healthful diet, but the type of fat makes a difference to heart health and the total amount of fat consumed is also important. Limit intake of fats and oils high in saturated fats and choose products low in such fats and oils. Products with trans-fatty acids may not be used or served.

1. Consume less than 10 percent of calories from saturated fatty acids and less than 300 mg/day of cholesterol.
2. Keep total fat intake between 20 to 35 percent of calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids, such as fish, nuts, and vegetable oils such as olive and canola oils.
3. When selecting and preparing meat, poultry, and milk or milk products, make choices that are lean, low-fat or fat-free.
4. Limit intake of fats and oils high in saturated and/or trans-fatty acids, and choose products low in such fats and oils.
5. Shortening, lard, butter or other hydrogenated fats are not to be used in cooking or offered with the meal.

**Dessert**

* + 1. Dessert is OPTIONAL but may be served no more than one time per week.
    2. Use fruit as a dessert as often as possible, limit sweets.
    3. Consider serving smaller portions of desserts such as cookies, cakes and other baked goods.
    4. Angel food cake, sorbet and frozen 100% juice bars are specifically considered by the County as acceptable desserts.
    5. Desserts that are low in fat or low in sugar are encouraged.
    6. When a dessert contains ½ cup of fruit per serving, it may be counted as a serving of fruit.

**Condiments**

1. Traditional meal condiments can be served as appropriate, e.g. tartar sauce with fish, mustard and mayonnaise with a meat sandwich, salad dressing with tossed salad, margarine with bread and rolls.
2. Salt substitutes shall not be provided.
3. Sugar substitutes, pepper, herbal seasonings, lemon, vinegar, non-dairy coffee creamer, salt and sugar may be provided but should not be counted as fulfilling any part of the nutritive requirements.

**Sodium**

The commitment to reduce sodium in the meals stems from the fact that nutrition related chronic diseases remain the primary cause of death among people aged 65 and older. California has a diverse population, and the Elderly Nutrition Programs (ENPs) in the State provide culturally appropriate meals for many ethnicities.

1. The recommended sodium for each NMOW entree is less than 700 mg.
2. The maximum amount of sodium allowed for an individual meal is 1200 mg.
3. Meals that have more than 1000 mg sodium on the menu must state: *“This meal contains more than 1000 mg of sodium”* or be identified with an icon noting that it is a high sodium meal.

**For all cuisines:**

* 1. Use only low sodium versions of high sodium foods and seasonings (such as salad dressings, gravies, soup bases, soy sauce) when available and feasible within budget allowances.
  2. Use of low sodium items wherever possible assuming cost neutrality.
  3. Omit salt in a recipe or be limited to ¼ or less than the amount required.
  4. Use herbs, spices and seasonings without added salt.
  5. Rinse food items packaged with sodium as a preservative (e.g. beans or tuna)
  6. Iodized salt should be used in cooking or when made available to clients
  7. Use low sodium soy sauce or diluting soy sauce with water to produce low sodium soy sauce.
  8. Refrain from using food items such as raw chicken with sodium preservatives.

Base Reference for Sodium Content of Commonly Served Foods in the SNP can be found in **Appendix #6**.

Other nutrients of special importance:

**Vitamin A**

* + 1. A Vitamin A rich food shall be served at least one (1) time per week for a three (3) days a week menu, two (2) times per week for a four (4) days a week menu, three (3) times per week for a five (5) days a week menu and four (4) times per week for a seven (7) days a week menu.
    2. A Vitamin A rich food is a single serving or a combination of servings in the same meals that contains a minimum of 233 µg (retinol equivalents).
    3. A list of Vitamin A rich foods is found in **Appendix #7.**

**Vitamin C**

* + 1. A Vitamin C rich food or vegetables will be served daily and will provide 1/3 of the Dietary Reference Intake (DRI) or 25 mg each meal.
    2. A vitamin C rich food is a single serving or a combination of servings at the same meal.
    3. A list of Vitamin C rich foods is found in **Appendix #8.**

**Fiber**

* + 1. A weekly average of seven grams of fiber per meal can be met by including foods high in fiber each meal such as:
    2. Whole grains; vegetables; fruits; beans, peas, and lentils; nuts and seeds

**Calcium and Vitamin D**:

1. Provide a calcium-rich food at each meal, such as: Milk, yogurt, and fortified soy beverages
2. Dietary sources of Vitamin D include: Seafood and foods that are fortified with Vitamin D, including milk and fortified soy beverages

**Modified Therapeutic Meals**

Nutrition service providers may furnish modified meals where it is feasible, appropriate, and cost effective to meet the particular dietary needs that arise from religious or ethnic background or for the health needs of the participants. Meals for participants who require therapeutic diets may be offered only when the modified meal can be obtained from a facility where a registered dietitian-nutritionist approves the meals.

**Modified Textured Meals**

Modifying food texture and consistency may help older adults with chewing and swallowing problems. Chopping, grinding, pureeing or blending foods are common ways to modify food textures. Texture modified food has the same nutritive value of solid foods and it can be just as tasty and appealing. Serving size should account for any dilution to the food items during preparation. The provision of such foods should be planned and approved by the county registered dietitian nutritionist.

**Food Allergens**

California Retail Food Code (CalCode) section 113947 requires the “person in charge” and all food employees to have adequate knowledge of food safety as it relates to their assigned duties. The person in charge shall comply with both of the following:

1. Have adequate knowledge of major food allergens, food identified as major food allergens, and the symptoms that a major food allergen could cause in a sensitive individual who has an allergic reaction.
2. Educate the employees regarding the information by using a poster or job aid to which the employee can refer.

**Supplements**

Vitamin and/or mineral supplements shall not be provided. Medical foods and food for special dietary uses shall not be provided with federal or state nutrition funds.

**Ethnic Meals**

1. Provide authentic ethnic cuisine, if applicable.
2. Introduce new foods to coincide with ethnic and religious holidays.
3. Offer variety of meals and/or foods from different ethnic groups.

## Menu Planning and Approval

Menu cycles start and end dates are based on calendar dates and will change slightly each fiscal year. Draft menus and/or corresponding nutritional analysis are due to the County two (2) months prior to the start of each cycle. Menus are finalized by the County for distribution two (2) weeks prior to the start of each cycle. All menus shall be approved by County registered dietitian. Food substitutions to meals originally planned must meet menu requirements and be approved by SNP registered dietitian. A copy of the monthly menu shall be provided to all registered clients.

## Taste Test of Meals

SNP will conduct Taste Test of NMOW meals once annually or more often, if needed. The goal of the Taste Test is to evaluate the quality and acceptability of NMOW meals.

* + - 1. A standardized meal tasting tool will be used to evaluate the meals (**Appendix #9**.)
      2. Upon completion, results of Taste Test will be shared with NMOW provider via annual assessment.
      3. NMOW provider shall change the menu item and/or recipe to meet the meal quality and acceptability requirement.

## Food Procurement Requirements

The following standards are recommended for purchasing and receiving of food.

1. **Food Quality and Sources**
2. All foods shall be of good quality and shall be obtained from sources which conform to federal, state, and local regulatory standards for quality, sanitation, and safety.
3. Food stored or prepared in a private home shall not be used.
4. Contractor with non-profit status may use donated food from sources such as Second Harvest Food Bank.
5. **Canned Foods**
6. Food in hermetically sealed containers shall be processed in a licensed establishment. No home-canned food shall be used.
7. Food from damaged containers or cans that show signs of rust, deep dents, or swells shall not be used.
8. Canned items without labels shall not be used.
9. **Receipt of Food**
10. Food shall be inspected as soon as practicable upon receipt and prior to any use and storage.
11. Food shall be accepted only if inspection conducted upon receipt determines that the food satisfies all of the following:
    1. Is prepared by and received from approved sources as indicated in 1(a) above.
    2. Is received in a wholesome condition.
    3. Is received in packages that are in good condition and that protect the integrity of the contents so that the food is not exposed to adulteration or contaminants.
    4. Is in containers and on pallets that are not infested with vermin or otherwise contaminated.
12. Potentially hazardous food shall be inspected for signs of spoilage and randomly checked for adherence to the temperature requirements specified in CalCode, Section 113996.
13. Potentially hazardous hot food items received shall be at a temperature of 135°F or above.
14. Potentially hazardous cold food items received shall be at or below 41°F.
15. Upon receipt, the following foods shall be held at or below 45°F:

* Raw shell eggs.
* Pasteurized milk and milk products in original, sealed containers.

1. Food that is labeled frozen and shipped frozen shall be received frozen and accepted only if there are no visible signs of thawing or refreezing.
2. Upon receipt, potentially hazardous food shall be free of evidence of previous temperature abuse.

## Hazard Analysis and Critical Control Point

Hazard Analysis and Critical Control Point (HACCP) is a monitoring system to control and minimize food safety standards. Senior Nutrition Program (SNP) sites are responsible for ensuring food is safe to serve to Older Adults participating in the meal program. Following HACCP guidelines allows for thorough monitoring to ensure food is safe for consumption. The HACCP plan comprises of seven principles.

* + 1. **Analyze Hazard**

Identify the sources and severity of potential biological (e.g. a microbe), chemical (e.g. a toxin), or physical (e.g. glass or metal fragments) hazards that may arise during food preparation process and determine preventive measures. It also involves identifying the food production steps that the food goes through from the beginning to end.

Items to analyze during meal preparation include:

* Food that is served without cooking such as salads, fruit, and cold cuts.
* Food that is cooked for immediate consumption, such as grilled meat.
* Food items that are prepped, cooked, held, cooled, reheated, and served, such as chilies, soups, and sauces.
* Foods that are simply prepped and stored, such as potato salad and coleslaw.
  + 1. **Identify Critical Control Points (CCPs)**

These are the points in a food’s production-from its raw state through food preparation and service to consumers-at which the potential hazard can be controlled or eliminated.

Examples of CCPs include:

* Receiving foods from supplier
* Storing the food before preparation
* Food Preparation/Food Handling
* Cooking
* Hot holding
* Cold holding
* Reheating
* Transporting prepared food to a different location
  + 1. **Establish preventative measures with critical limits for each control point**

Establishing critical limits at every CCP provides easy-to-follow guidelines in keeping food safe for consumption. For example, in order to kill bacteria, raw chicken breast needs to be cooked to an internal temperature of 165°F for 15 seconds. This minimum of 165°F for 15 seconds is the critical limit, and this critical limit can be met by cooking the chicken breast on the grill for the appropriate amount of time.

* + 1. **Establish procedures to monitor the critical control points**

The monitoring step ensures that the critical limits are being met. For example, if a critical limit for cooking chicken is 165°F, then the monitoring system would be a thermometer to check the temperature and recording it on a temperature log.

* + 1. **Establish corrective actions**

Corrective actions are necessary when the critical limits are not met. For example, if cooked chicken does not meet minimum cooking temperatures, then it should be cooked longer until it has reached the critical limit of 165°F for 15 seconds. If a food is contaminated, the corrective plan should include disposal of the items to ensure the food is not served to the clients.

* + 1. **Establish procedures to verify that the system is working properly**

To ensure food is safe to prepare and serve, SNP sites should check and verify the devices (e.g. thermometer) and/or equipment (e.g. refrigerator or freezer) work properly. This requires periodic calibration of thermometers and daily documentation of refrigerator and freezer units. Additionally, verification procedures include observation of employees’ actions, such as taking temperatures and filling out a temperature log.

* + 1. **Establish record-keeping and documentation procedures**

Keeping accurate records allow SNP sites to effectively respond to food safety hazards. Documentation to keep include Temperature Logs, notes about when corrective action was taken, and information about the maintenance and service performed on equipment. SNP sites are required to maintain records of temperature logs. These records should be accessible for review and inspections.

To comply with the HACCP Plan, SNP sites should follow detailed instructions in the SNP’s Policy and Procedure Manual, section 8: Service Requirement, pages 116-135.

## Food Storage Requirements

Proper food storage helps maintain food quality by retaining flavor, color, texture and nutrients, while reducing the chance of contracting a food-borne illness. According to CalCode 114047, adequate and suitable space shall be provided for the storage of food. Use the following guidelines for storage dry, refrigerated, and frozen items.

**Dry Storage**

* + 1. Store food and non-food items in a clean, dry location, where it is not exposed to splash, dust, vermin, or other forms of contamination or adulteration.
    2. Keep food in packages and approved containers. Working containers holding food or food ingredients that are removed from their original packages for use in the food facility, such as cooking oils, flour, beans, potato flakes, spices, and sugar shall be labeled with the common name of the food.
    3. Store food six inches above the floor and at least twelve inches of clearance from the ceilings.
    4. Food shall not be stored in locker rooms, restrooms, or janitorial closets.

**Refrigerated and Frozen Storage**

1. Perishable foods such as meat, poultry, fish, dairy products, eggs, fruit, vegetables and frozen products should be refrigerated immediately after delivery to preserve their nutritive value and prevent spoilage and should be kept under refrigeration until ready to use.
2. Refer to **“Refrigerated Storage of Foods”** (**Appendix #10**)for appropriate storage temperatures of specific foods.
3. Refrigerators should be kept at a maximum temperature of 41°F and freezers at a maximum of 0°F. An accurate and readily visible thermometer shall be installed in all refrigerators and freezers.
4. Refrigerators and freezers should be routinely cleaned and free of ice build-up.
5. Food should be covered tightly and stored loosely to permit circulation of air.
6. Opened condiment jars, packages of meats, vegetables, leftovers, etc. must be dated and labeled.
7. Thaw meats, fish, shellfish, poultry, and other similar frozen products in a shallow pan placed on the bottom shelf of the refrigerator to prevent accidental contamination of other foods.
8. Fresh fruits, vegetables, prepared perishables such as salads and desserts must not be stored on the same shelf as meats, fish, poultry, or eggs.
9. Hot foods such as stews and soups which are to be refrigerated must be stored in shallow pans no more than 4 inches deep to permit rapid cooling.
10. Leftovers are to be refrigerated immediately and used within two days. They should be placed in a shallow pan, no more than 4" deep, covered, labeled, and dated. Leftovers that are frozen are to be used within 30 days.
11. All foods in the freezer should be securely wrapped and packaged to prevent freezer burn. They must also be dated and labeled.
12. Rotate refrigerated and frozen foods using the “first in, first out” system.

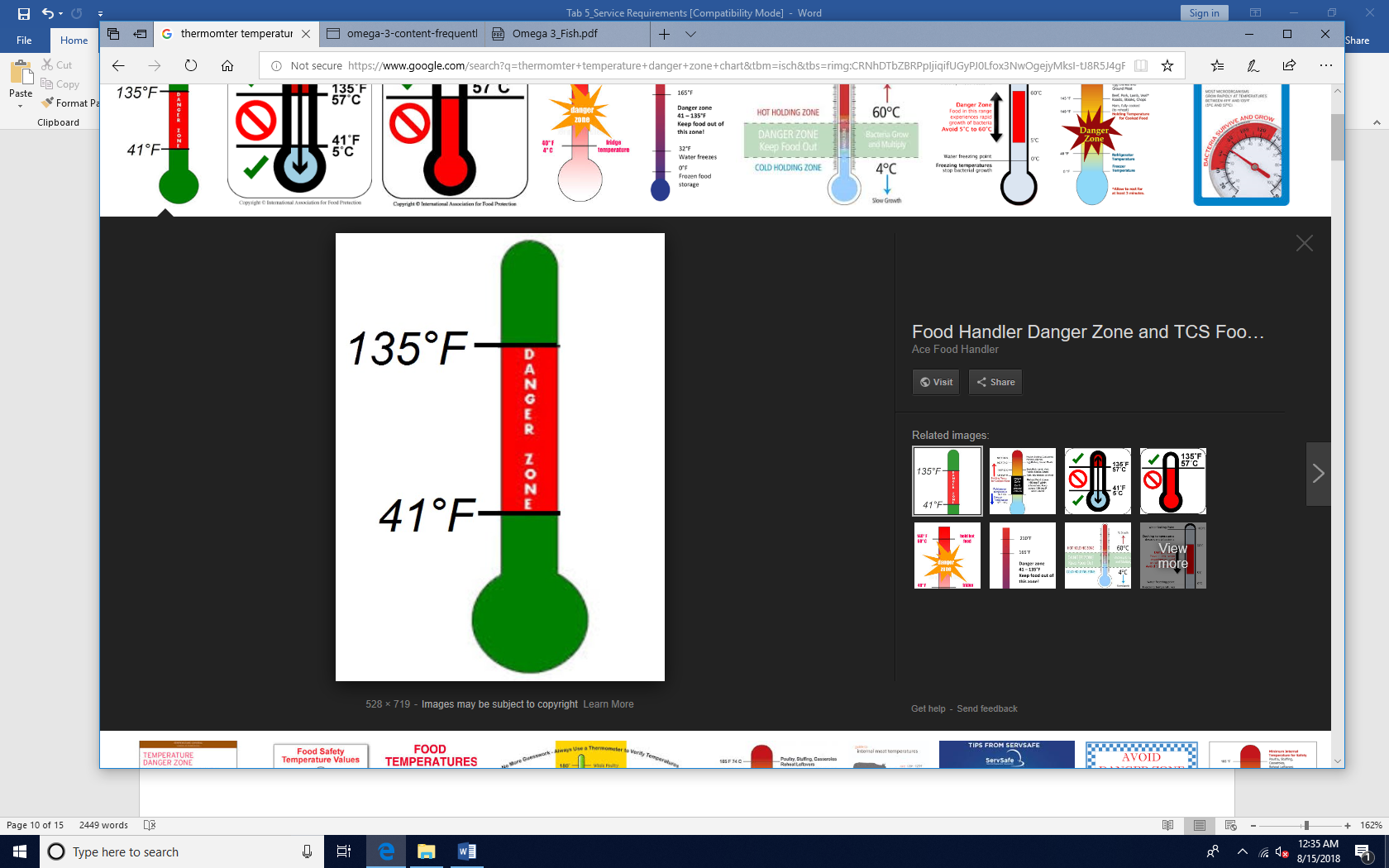
## Food Production Requirements

It is important that food prepared for older adults be safe for consumption. The following food safety standards shall be followed by meal providers.

* + - 1. HACCP (Hazard Analysis Critical Control Point) guidelines shall be followed to ensure safety of food served.
      2. Use proper cooking Temperatures. See list below and California Retail Food Code (CalCode, Section 114004) for further cooking temperature requirements.

|  |  |
| --- | --- |
| **Food Item** | **Cooking Temperature** |
| Seafood | 145ºF |
| Eggs and food containing eggs | 145ºF |
| Pork | 145ºF |
| Ground beef or any food containing ground beef | 155ºF |
| Poultry and any food stuffed with fish/meat/poultry | 165ºF |

* + - 1. To maintain quality of prepared foods, holding times shall be kept to a minimum. Long periods of holding hot foods at required temperatures diminish the nutrient content and the palatability of foods.
  1. Foods can be kept safe by minimizing the time they spend in the temperature danger zone (41°F–135°F). When food is in the temperature danger zone, pathogens grow and multiply at a fast rate and can make food unsafe to eat.



* 1. Temperatures of food during the holding time shall be maintained at 135˚F or above for hot foods and 41˚F and below for cold foods. (CalCode, Section 113996)
  2. Pasteurized milk and pasteurized milk products in original, sealed containers shall be held at or below 45˚F. (CalCode, Section 113996(c3).
  3. Holding time between the end of food production and delivery of congregate meals or delivery of the last hot home-delivered meal shall not exceed two (2) hours.
  4. Home-delivered meals may exceed the two-hour holding time when:

1. Food is maintained in a frozen state (for frozen meals).
2. Food is below 41°F (for cold items) until delivery.
3. Time as a Public Health Control (TPHC) is implemented for ready-to-eat PHFs.
4. Follow CalCode standards (section 114018 and 114002) for thawing and cooling foods.
   * 1. Thaw frozen items in refrigerator, running water, or microwave.
     2. Cool potentially hazardous food (PHF) from 135ºF to 70ºF within two (2) hours and from 70ºF to 41ºF within four (4) hours.
5. NMOW Meals (hot and frozen)
   * + - 1. Meals shall be packed in individual trays and tightly sealed.
         2. NMOW containers must be appropriately insulated to maintain proper food temperatures.
         3. NMOW containers shall be suitable for oven and/or microwave heating.
         4. Hot NMOW meals assembled for same-day and/or next day delivery shall:
       1. Be packaged within two (2) hours from the completion of preparation.
       2. Have temperatures taken and recorded at the end of food production and at the time of packaging. Temperatures shall be recorded and kept on file by the contractor for audit.
       3. Be immediately refrigerated or frozen after packaging, if appropriate.
          1. Frozen NMOW meals shall:

Be packaged and frozen within two (2) hours of the end of food production.

Have temperatures taken and recorded at the end of food production, at the time of packaging and throughout the freezing process. Temperatures shall be recorded and kept on file by the contractor for audit.

Be frozen in a manner which allows air circulation around each individual tray.

Be frozen throughout storage, transport, and delivery to the home-delivered meal participant.

Be labeled with menu item and expiration and/or best by date. Additional information shall be labeled—nutrition values for calories, protein, fat, carbohydrate, and sodium.

Have heating instructions for microwave cooking.

Be discarded after expiration date or best by date.

## Service Delivery

Food safety and sanitation standard practices shall be enforced by contractor when delivering meals.

1. **Food Transport**
2. Food shall be packaged and transported in a manner which protects it from potential contamination, including dust, insects, rodents, unclean equipment and utensils, and unnecessary handling.
3. Transport equipment or products (i.e. insulated carrier, thermal bags, heating pads/bricks, or ice packs) shall be capable of supporting or maintaining appropriate food temperatures. Equipment utilized for the delivery of food shall ensure that the following criteria are met:
4. Frozen meals shall be delivered in a frozen state.
5. Hot foods shall be delivered at 135°F or greater.
6. Cold foods shall be delivered at 41°F or lesser.
7. Pasteurized milk shall not be held above 45°F.
8. During transport, potentially hazardous food (PHF) may be held without temperature control for a short period of time using Time as a Public Health Control (TPHC) per CalCode 11400.
   1. When using TPHC, the food must be cooked and delivered to the client’s home within four (4) hours from the point in time when food is removed from temperature control, above 41ᣞF and/or 135ᣞF.
   2. If temperature of ready-to-eat PHF is within the danger zone, 41ᣞF-135ᣞF, beyond the required 4 hours as indicated above, food shall be discarded and not served for consumption.
   3. Ready-to-eat PHF using TPHC must have a Standard Operating Procedure (SOP) developed and approved by DEH and SNP.
9. **Food temperature documentation** 
   * + 1. Temperatures of frozen, refrigerated, and hot food items shall be taken and documented daily before meal deliveries.
       2. Food temperatures shall be taken by the driver at the end of the delivery route.
       3. Records are kept on-site for review.
10. **Delivery scheduling and routing**
    * + 1. The routing and delivery schedules for meals shall be determined by contractor.
        2. Meals shall be delivered Monday through Friday between the hours of 8:00AM and 5:00PM.
        3. When a holiday falls on a regular delivery day, the site manager will notify the participant of non-delivery for that day ahead of time.
        4. All meals shall be delivered within a one-hour window (1/2 hour before or 1/2 hour after) of the scheduled delivery time.
        5. When enrolling seniors into the NMOW Program, delivery schedules on dates and times shall be provided to participants. Any changes to the delivery schedule shall be communicated in advance to NMOW participants.
11. **Meal cancellations and temporary holds**
12. Information pertaining to meal cancellations or temporary holds for NMOW participants shall be documented.
13. NMOW drivers shall be notified of any cancellations or temporary holds as soon as possible so that adjustments can be made to the delivery route.
14. Follow-up with the temporary holds’ participant must be conducted to determine when meal delivery is to resume.
15. **Meal add-ons**
    * + 1. New NMOW participants will be added to the delivery schedule as determined by contractor.
        2. Contractor shall accept requests for Emergency Adds in limited situations and will make arrangements for a special delivery. Emergency Adds shall be limited to dire emergencies—e.g., when the senior does not have food—and will be determined on an individual basis.
        3. When required, a report for meal add-ons shall be sent to SNP.
16. **Client not at home or non-deliveries** 
    * + 1. If no one answers the door at the time of delivery, the NMOW driver will attempt to contact the participant by the County approved process.
        2. If unable to reach the senior, the meal will not be delivered and will be considered a non-delivery. Leaving a meal or meals unattended, in a cooler or bags, outside the front or back door is not acceptable.
17. **Assistance to participants**
    * + 1. Bedridden or disabled seniors should have a caregiver to receive meals at the door.
        2. Upon request, the NMOW driver can assist in putting the food away in the refrigerator and/or counter.
18. **Signature upon delivery of meals**
    * + 1. The NMOW driver will obtain the signature of the NMOW participant (or representative) on the daily routing slip upon successful delivery of the meal.
        2. Drivers shall not sign for the NMOW participant unless requested by the participant.
19. **Meal delivery person** 
    * + 1. Contractor must ensure that all individuals who deliver meals have passed a background check and TB (tuberculosis) test.
        2. The driver or delivery person shall provide cursory health and safety checks on NMOW participants. Any physical or mental changes observed by the driver shall be documented and reported to site manager.
        3. If a participant is in need of emergency assistance, the driver or delivery person will follow contractor’s protocol. If 9-1-1 is called, Contractor will be notified in all instances.
        4. Drivers or delivery individuals shall not accept gifts or gratuities offered by participants.
        5. When required, drivers shall deliver items such as gifts, emergency meals, contribution envelopes, newsletters, menus, surveys, etc.
20. **Leftover meals**
    * + 1. Extra hot or frozen meals may be distributed to needy clients on the driver route or used for taking temperatures. These meals must meet temperature and/or TPHC guidelines.
        2. Leftover meals maintained in the temperature-controlled cambro may be returned to the NMOW kitchen.
        3. Leftover hot meals shall be discarded.
        4. Contractor shall have a system in place for documenting extra route meals and their disposition.
21. **Program Promotion**
    * + 1. The Santa Clara County logos are to be used whenever possible on delivery trucks, delivery supplies, meal packaging, labels, etc. Logos are available from the Santa Clara County Senior Nutrition Program Office upon request.

## Waiting List Guidelines

It is the goal of the program to serve all NMOW participants. However, if a need arises to establish a waitlist, the following guideline may be established under the guidance of SNP. Contractor shall:

1. Inform eligible clients that they may be put on a waiting list at the initial enrollment.
2. Conduct a complete assessment via phone within one week of referrals.
3. Provide local food resource information to the client.
4. Inform Santa Clara County SNP regarding a need to establish a waitlist.

In partnership with Santa Clara County, contractor shall develop and implement a priority ranking list. The waiting list shall be based on greatest need and/or in accordance with policy established by SNP.

## Emergency and Disaster Plan

NMOW contractor should have a written Emergency and Disaster Plan which can be activated during a disaster, such as flood or earthquake. Where feasible and appropriate, contractor shall ensure meals are delivered to NMOW participants.

Additionally, contractor shall collaborate with County to provide emergency shelf-stable meals to NMOW participants. Each meal shall meet one-third DRI per program requirement. NMOW clients shall be instructed to keep emergency shelf-stable meals in their home. These meals will be replaced annually.

Information on emergency preparedness can be obtained from the following websites.

<http://www.redcross.org/get-help/prepare-for-emergencies/types-of-emergencies>

<http://www.fema.gov>

## Participant Contributions

NMOW participants are requested to make a voluntary financial contribution to offset the cost of the meals. The suggested contribution for home delivered meals will be determined by the organization.

1. NMOW participants shall be provided with written information regarding suggested contributions and procedures for making said contributions.
2. Contributions in the form of checks or cash can be collected by the driver preferably in a sealed envelope. Use of envelopes will ensure the security and confidentiality of contributions made by participants.
3. At no time should participants be asked for contributions by their driver.
4. No person can be denied participation because of failure or inability to contribute.
5. The contractor can keep the contributions collected and use it towards the cost of the meal.

## Termination from Program

Staff and volunteers serving older adults in the community have the right to work in a safe environment and must be treated with courtesy and respect. NMOW participants can be terminated from the neighborhood home-delivered meals program for any of the following reasons:

* + - 1. Threatening behavior and/or offensive language;

1. Inappropriate physical contact;
2. Making unreasonable demands for service;
3. Misrepresenting the need for service such as having someone live with them that is able to purchase their groceries;
4. and Sexual harassment.

If a decision is made to terminate from receiving NMOW meals, a termination letter with the grievance form will be provided to the participant.

## Participant Grievances

Contractor shall establish a Grievance Policy that complies with the terms of the contract with the County. The Grievance Policy shall assure that any participant’s complaints regarding service delivery are promptly addressed and fairly resolved and has specific requirements defined by the county to comply with applicable state and federal requirements. Nothing in the Grievance Policy shall be construed as prohibiting older individuals from seeking other available remedies, such as presenting their complaints to SNP or at an open meeting of the Social Services Agency’s governing board.

Once a policy is established, a procedure to report a grievance will be created by the agency and submitted for approval by the assigned dietitian. This approved procedure will be shared with participants in the attempt they would like to file a grievance. A sample procedure can be found in **Appendix #11**.

At a minimum, the procedure shall include all the following:

* + - * 1. Who to go to file a complaint.
        2. Time frames within which a complaint will be acted upon.
        3. Written notification to the complainant of the results of the review
        4. A statement that the complainant may appeal to a higher body of authority if dissatisfied with the results of the review.

Confidentiality provisions are in place to protect the complainant’s rights to privacy. Only information relevant to the complaint may be released to the responding party without the older individual’s consent.

Complaints may involve, but not be limited to, any or all the following:

* + - * 1. Amount or duration of a service.
        2. Denial or discontinuance of a service.
        3. Dissatisfaction with the service being provided or with the service provider.
        4. Failure of the service provider to comply with any of the requirements set forth by program regulations or in the contract with SNP.

The complainant has a right to remain anonymous but will need to provide an address or email address for written correspondences.

All grievances will be recorded by the site manager on an incident report (**Appendix #12**) and submitted to the assigned dietitian.

## Mandated Reporter Status for Elder Abuse

The provider must comply with California Elder and Dependent Adult Abuse Reporting Law (15630 W&I) to report suspected dependent adult/elder abuse to the local County Adult Protective Services or Ombudsman. Refer to Title 22, 7636.1 (b) 9 and California Elder and Dependent Adult Abuse Reporting Law (15630 W&I).

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

The abuse must be reported immediately or as practically possible by phone, or with a written report following within two working days. Failure to report abuse of an elder or dependent adult, in violation of the mandated reporting law, is a misdemeanor, punishable by law by both that fine and imprisonment.

**Definitions of Abuse or Neglect:** Abuse of older adults or people with disabilities can be physical, verbal, financial or psychological.

1. Abuse can take many forms, including:
2. Hitting or slapping
3. Withholding food/medication/medical care
4. Use of chemical and/or physical restraints
5. Yelling, insults or threats of violence
6. Misuse of funds
7. Theft
8. Fraud
9. Warning Signs of Abuse or Neglect Include:
10. Injuries incompatible with the explanation given
11. Dramatic weight loss, dehydration or poor hygiene
12. Untreated medical or mental health conditions
13. Unpaid bills despite adequate assets
14. Sudden appearance of new acquaintances
15. Sudden absence of care giver
16. Enforced social isolation
17. Abuse can occur for a variety of reasons, but common contributing factors are:
18. Stress created by the care needs of the senior or person with a disability
19. Inadequate financial resources
20. Isolation and lack of emotional support for people at risk and their caregivers
21. Existing family problems and dynamics
22. Self-Neglect by Older Adults
23. Self-neglect occurs when, by choice or lack of awareness, older adults and people with disabilities live in ways that disregard their health or safety needs, sometimes to the extent that this disregard becomes hazardous to themselves or others.
24. Older adults and people with disabilities who neglect themselves are not willing or able to perform essential self-care tasks such as providing food, clothing or adequate shelter; obtaining adequate medical care; obtaining goods and services necessary to maintain physical and mental health, well-being, personal hygiene and general safety and managing financial affairs.
25. Reporting Procedures
26. Staff is required to immediately report suspected activities identified above to their supervisor.
27. Supervisors receiving reports must contact the Adult Protective Services and document the report.
28. Contact information for Santa Clara County Adult Protective Services:

408-975-4900 or 1-800-414-2002

## Participant Satisfaction Survey

A Participant Satisfaction Survey will be distributed at least once per year in order to obtain the participants’ opinions. The survey will be developed by the County and distributed by the County and/or contractor. The survey data will be used to monitor client satisfaction with meals and delivery service and to assess program outcomes. Survey data will also be used to prepare future menus. NMOW satisfaction surveys are typically distributed in the second half of the contract year.

The SNP obtains feedback on menu preferences, meal satisfaction, and clients’ overall health via the Participant Satisfaction Survey once a year. The participants can provide input using Paper Survey and/or Online Survey. Survey results will help with menu planning and service improvements.

1. **Paper Survey**
2. Hard copies of the survey are provided to the SNP sites to be distributed to participants.
3. Surveys can also be mailed to the clients from the county office which include self-addressed envelopes and instructions to mail back completed surveys to SNP.
4. Each survey is individualized with client’s information, such as registration number, for tracking and follow-up assessment.
5. Paper surveys are available in English, Chinese, Spanish, Vietnamese, Japanese, Korean, and Portuguese.
6. Surveys are available for visually impaired clients in large print (font size 14 to 16).
7. **Online Surveys**
   1. Surveys can also be completed electronically via Qualtrics.com.
   2. Survey link or QR Code will be provided and promoted via a flyer posted on-site and/or distributed during meal service.
   3. Online surveys can be available in languages, such as English, Chinese, Spanish, Vietnamese, Japanese, Korean, and Portuguese.
   4. Surveys can also be available for visually impaired clients in large print (font size 14 to 16).

3. Survey results will be entered in Qualtrics for data analysis and reporting.

4. SNP sites can use survey results for menu planning and service improvements.

## Training, Education, and Evaluations

* + - 1. Training Requirement
         1. Two mandatory trainings are planned each year by the County for all SNP Contractors. The contractor’s designated staff should attend.
         2. The site manager will provide at least two (2) in-service trainings per year to the NMOW drivers. At least one of the training sessions shall be on a Food Safety topic.
         3. All training provided by the County and/or contractor is to be logged and kept on file for a minimum of three (3) years. The log shall include training topic, date of the training, attendees, and the trainer.
         4. A Food Safety Certificate is required for one (1) Management Staff and/or Cook.
      2. Nutrition Education Requirement
         1. Written nutrition education material is to be distributed to NMOW participants four (4) times per year. The educational material will be developed by the County Dietitian(s). Contractor shall assist with distribution of nutrition education materials. Delivery schedule will be determined in coordination with contractor.
         2. Additional handouts developed by County staff will be distributed as needed. Delivery schedule will be determined in coordination with contractor.
      3. Assessments and/or Evaluations

1. County staff have the right to inspect the food production kitchen at any time and without notice.
2. Scheduled annual evaluations and quarterly reviews, will be conducted by the assigned County Dietitian.

## Submission of Required Documents

Permits, reports, and other required items shall be submitted to the County SNP. Items containing participant information must be done in a County-approved secure manner, which may include faxing, mailing, or emailing with encryption.

Submit the following to the assigned dietitian:

1. Participant Intake Form (1367) upon enrollment
2. Nutrition Risk Assessments

Submit California Department of Aging (CDA) Data Privacy Completion Certificate of employees, volunteers, or subcontractors who handle confidential participant information, including 1367 forms.

Permits and/or Inspection Reports from Environmental Health and Fire Departments shall be submitted to SNP upon renewal or receipt.

Reports of meals served shall be maintained weekly and sent to SNP monthly by the 4th working date of the month.

* + - * 1. NMOW Weekly Report (**Appendix #13**)
        2. NMOW Monthly Report (**Appendix #14**)

Contractor shall submit current Certificate of Insurance to SNP and EBIX (countyofsc@ebix.com or fax: (770) 325-3339), the County’s contracted insurance database.

## Data Security Policy & Procedure

Contractors have access to confidential information in the performance of this program but may not use or disclose this information for any purpose other than in the performance of its obligations. Each contractor must establish and maintain information security program and l have operational practices in place to protect confidential information, including County Data, County Confidential Information, and Personal Sensitive and Confidential Information (PSCI). Practices must protect against wrongful access, inspection, use, or disclosure. Operational practices must be provided to all employees, volunteers, or other individuals acting on behalf of Contractor.

**Definitions**

County Data means data and information received by Contractor from County. County Data includes any information or data that is transported across a County network, or that resides in a County-owned information system, or on a network or system under the control and management of a Contactor for use by County.

County Confidential Information includes all material, non-public information (including material, non-public County Data, and Personal, Sensitive and Confidential Information (PSCI)) appearing in any form (including written, oral, or displayed), that is disclosed, directly or indirectly, through any means of communication by County to Contractor or by a participant to Contractor.

PSCI includes but is not limited to:

1. Personal Health Information, including nutrition risk assessment responses
2. Personal Information
3. Information protected under the Health Insurance Portability and Accountability Act (HIPAA)
4. Any personal identifying information, including:
   * Social Security number
   * Date of Birth
   * Home address
   * Medical information
   * Driver License information
   * Information about individuals that relates to their personal life or identifies or describes an individual
   * Any other information that is considered proprietary, a copyright or otherwise protected by law or contract
5. Information protected under other applicable law, regulation, or policy.

**Training Requirements**

Upon entering a new agreement with County, annually by July 31st of each year, or upon assignment to a role that handles PSCI, anyone acting on behalf of Contractor, including employees and volunteers, who handles confidential PSCI, including but not limited to registration forms and participant rosters, must complete the required Security Awareness Training module located at [https://aging.ca.gov/Information\_security](https://aging.ca.gov/Information_security/)/. Upon completion, certificates need to be submitted to Marilyn Picard at [Marilyn.Picard@ssa.sccgov.org](mailto:Marilyn.Picard@ssa.sccgov.org).

A sample Awareness Training Certificate is included in **Appendix# 15**.

**Timeframe**

Confidential information must remain protected even after termination of the agreement with the county or the closure of a meal site.

**Violation**

Activities by any individual or entity that is suspected of compromising confidential information will be reported to SNP Administration within 24-hours by completing a Incident Report.

Any wrongful access, inspection, use, disclosure, or modification of PSCI is a crime and is prohibited under state and federal laws and may result in termination of the Contract/Agreement with Senior Nutrition Program.

## Frequently Asked Questions (FAQs)

**Am I eligible to get Neighborhood Meals on Wheels?**

To be eligible to receive the Neighborhood Meals on Wheels (NMOW) home-delivered-meals you must:

(1) Be 60 years of age and older, (2) Be homebound, meaning that due to illness or disability you are unable to leave your residence to easily shop for food and/or cook and you do not have someone do so for you on a consistent basis, (3) Live alone or with someone else that is also homebound, and (4) Be a Resident of Santa Clara County. Site manager will conduct a confidential eligibility assessment to determine your eligibility.

**I am disabled; can I get Neighborhood Meals on Wheels?**

You must meet the eligibility requirements previously listed. A disability alone does not automatically qualify you for this program.

**Where do I get an application?**

Applications are available for the POSSO & Yu Ai Kai Neighborhood Meals on Wheels Program. You can contact these sites directly for further information on how to apply and receive an application.

POSSO NMOW Program #: 408-293-0877

Yu Ai Kai NMOW Program #: 408-297-4979

**How much does it cost?**

We encourage all participants to contribute $3.00 per day. This amount only covers a portion of the total cost of the meal. While no one will be denied a meal for not contributing, we ask everyone to contribute what they can afford as the contributions allow us to service more seniors.

**How many days a week can I get meals?**

You will receive a meal delivered every day, Monday through Friday.

**What kind of food do you serve?**

Portuguese hot meals are served through the POSSO NMOW program and Japanese hot meals are served through the Yu Ai Kai NMOW program.

**What if I am on a restricted diet or have food allergies?**

The meals are not specially designed for disease management. However, a registered dietitian develops menus that meet a wide variety of nutritional needs. Our meal plan is well balanced and low in fat, sodium and sugar content. The menu fulfills at least one-third of the daily nutritional requirements for a senior.

**Can I order what I like, or substitute for meals I don’t like?**

No. A fixed menu is designed for each week and changes to accommodate dietary preferences or restrictions cannot be made.

**What time of day will my food be delivered?**

The assignment of the delivery time is based on your address. You must be available ½ hour before and ½ hour after your assigned delivery time to account for traffic fluctuations.

**Can you leave the meals at my doorstep or in a cooler if I am not home?**

No. We cannot risk our clients’ health by leaving food un-refrigerated for an unknown period of time. On occasion, deliveries can be left with a neighbor if you let us know in advance. We will work with you on the best plan for handling these rare exceptions.

**Can I call you to cancel a delivery?**

If you are unable to be at home for any reason like hospitalization or vacation, you may call the provider and cancel the delivery for that day/week.

**Do I pay the driver?**

You can contribute towards your meal either by cash or check. The driver can collect the contribution and submit it to the site manager on your behalf. Alternatively, you can also mail in your contributions to the agency. Check with the site manager if they provide blank envelopes for your contributions.

**How is the program funded? Isn’t Neighborhood Meals on Wheels a government program?**

The Meals on Wheels is not an entitlement program, nor is it means-tested. Santa Clara County only covers part of the total cost. Community donations and participant contributions are an important part of maintaining the program.

Appendix

## Appendix #1: 1367 Registration Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Transaction Type: Date:**  **Home-Visit ( ) - 3 Month ( )**  **Changes ( ) - SOGI Quiz ( )**  **Terminate ( ) - “Q” ( ) Entered?** | | | | | | | | **Home Delivered Meal Program**  **Participant Record** | | | | | | | | | | | | | | | | | | **Intake Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Staff Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Entered “Q”: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | |
| **PART A – IDENTIFICATION –** Confirm Name & Contact – Doctor – Phone Nos. + ADLs & IADL at 3 Month Call | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | |  | | | | | |  | | |  | | |  | **Y** or  **N** | | | | |  | **Y** or **N** | | | | |  | | **Y** or  **N** | | | | |
| Last Name | | | |  | | First Name | | | | | |  | | | MI | | |  | Married? | | | | |  | SSI/SSP? | | | | |  | | Below Poverty Level? | | | | |
|  | | | | |  | |  | | | | | | | | | |  |  | | |  | | | |  | | | |  | | | | | | |  |
| \*What is your gender? Male ( ) Female ( )  ( ) Transgender  ( ) Female To Male  ( ) Male to Female  ( ) Gender Queer/Gender Non-binary  ( ) Not Listed, Specify | | | | | | | | |  | \*What was your sex at Birth? (Check One Only)  ( ) Male  ( ) Female  ( ) Declined/not stated | | | | | | | | | | | | | | |  | \*How do you describe your sexual orientation or sexual identity (check One)  ( ) Straight/Heterosexual  ( ) Bi-Sexual  ( ) Gay/Lesbian/Same Gender Loving  ( ) Questioning/Unsure ( ) Declined / Not Stated  ( ) Not Listed Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| \*SOGI Quiz Asked & Answered & Recorded in “Q” (one-time) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | |  | | |  |  | | | | | | |  |  | | | | |  | |  | | | | |
|  | | | | |  | | **/ /** | | | | | | | | |  | **/** | | | | | | |  | **Y**  or **N** | | | | |  | | **Y** or **N** | | | | |
| Social Security Number | | | | |  | | Date of Birth | | | | | | | | |  | Telephone No. | | | | | | |  | Diabetic? | | | | |  | | Live Alone? | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | |  | | | |  | | | CA | | | |  |  | |  | |  | | | | | | | |  | | **/ /** | | | |
| Address | | | | |  | | City | | | |  | | | State | | | |  | ZIP | |  | | **Rural?** Zip 95023- | | | | | | | |  | | **Date Notified Eligible &**  **HDM Delivery Schedule?** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ethnic Code: | | | ( ) African American  ( ) American Indian/Alaskan ( ( ) Native  ( ) Hispanic  ( ) Caucasian | | | | | | | | |  | | | ( ) Asian Indian  ( ) Cambodian  ( ) Chinese  ( ) Japanese  ( ) Korean | | | | |  | | ( ) Laotian  ( ) Vietnamese  ( ) Filipino  ( ) Guamanian  ( ) Samoan | | | | | |  | | Multiple Race \_\_\_\_\_\_\_\_\_\_\_  Other Asian \_\_\_\_\_\_\_\_\_\_\_  Other Pacific Isl. \_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART B – NUTRITIONAL RISK EVALUATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Circle or Check Number of risk Factors That Apply** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 2 | I have an illness or condition that made me change the kind and/or amount of food I eat. | | | | | | | | | | | | | | | | | | | | | | | | |  | Comments: | | | | | | | | |
|  | 3 | I eat fewer than 2 meals a day | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | |
|  | 2 | 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. | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | |
|  | 4 | I don’t always have enough money to buy the food I need. | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | |
|  | 1 | I eat alone most of the time. | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | |
|  | 1 | I take 3 or more different prescribed or over-the-counter drugs per day. | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | |
|  | 2 | 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. | | | | | | | | | | | | | | | | | | | | | |  | **Is Client at High Nutrition Risk?** | | | | | | | | | | | |
| **ENTER TOTAL POINTS OF CIRCLED/CHECKED-OFF ITEMS**  (If equal to or greater than 6, the client is at high nutritional risk) | | | | | | | | | | | | | | | | | | | | | | | | | Less than 6 points = No | | | | | | | | |  |  | |
| 6 or more points = Yes | | | | | | | | |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART C - ASSESSMENT** | | | | | | | | | | | | |  | **Contact Information** | | | | |
|  | **Registered Programs** | | | |  | **Date** | | |  | **Initial** | |  | **DOCTOR:** | | | | | |
| 01 | | Personal Care | | |  |  | | |  |  | |  |
| 02 | | Homemaking | | |  |  | | |  |  | |  | **TELEPHONE:** | | | | | |
| 03 | | Chore | | |  |  | | |  |  | |  |  | | | | | |
| 04 | | Home-Delivered-Meals | | |  |  | | |  |  | |  | **EMERGENCY CONTACT / RELATIONSHIP:** | | | | | |
| 05 | | Adult Day Care/Health | | |  |  | | |  |  | |  |
| 06 | | Case Management | | |  |  | | |  |  | |  | **TELEPHONE:** | | | | | |
| 07 | | Congregate Meals | | |  |  | | |  |  | |  |  | | | | | |
| 08 | | Nutritional Counseling | | |  |  | | |  |  | |  | **ADDRESS:** | | | | | |
| 09 | | Assisted Transportation | | |  |  | | |  |  | |  |  | | | | | |
| **PART D – KITCHEN APPLIANCES AND FACILITIES** | | | | | | | | | | | | | | | | | | |
| Available and in good repair | | | | | | | | | | | | | | | | | | |
|  | | |  | YES | | |  | NO | | |  | | | |  | YES |  | NO |
| Refrigerator | | |  |  | | |  |  | | | Freezer | | | |  |  |  |  |
| Microwave Oven | | |  |  | | |  |  | | | Stove | | | |  |  |  |  |
| Toaster Oven | | |  |  | | |  |  | | | Storage | | | |  |  |  |  |

*Soft copies are available at SNP office.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART E – SOCIAL NETWORK** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |  | Yes | |  | No | |  | | | Comments: | | | | | |
| 1. | Does the client live alone? | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | |  | | |  | | | |  | |
|  | If not, with whom? | | | | | | |  | | | | | | | | | | | | | | | |  |  | | | | |  | | |  | | | |  | |
| 2. | Is client physically and mentally able to prepare or reheat a meal? | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | |  | | |  | | | |  | |
| 3. | Does client have one or more regular visitors? | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | |  | | |  | | | |  | |
|  | If yes, who? | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | |  | | |  | | | |  | |
|  | How often? | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | |  | | |  | | | |  | |
| 4. | Can any of the above do a visit daily to serve a meal? If yes, complete below: | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  | |  | | |  | | | |  | |
|  | Name: | | | |  | | | | | | | Address: | | | |  | | | | | | | | | | | |  | | | | |  | | | |  | |
|  | Phone: | | | |  | | | | | | | Relationship: | | | |  | | | | | | | | | | | |  | | | | |  | | | |  | |
| 5. | Does client need homemaker services or help with personal care? | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | |  | | |  | | | |  | |
| 6. | Does client need assistance with anything else? | | | | | | | | | | | | | | | | | | | | | | | |  | |  |  | |  | | |  | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART F – ASSISTANCE NEEDED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Activities for Daily Living (ADL) | | | | | | | | | | | | | | | | |  | | Instrumental Activities of Daily Living (IADL) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | |
|  | |  | | Bathing | | | | | | |  | | | | | |  | | | |  | Transportation | | | | | | |  | | | Managing Money | | | | | | |
|  | |  | | Dressing | | | | | | |  | | | | | |  | | | |  | Using Telephone | | | | | | |  | | | Medication Management | | | | | | |
|  | |  | | Toileting | | | | | | |  | | | | | |  | | | |  | Shopping | | | | | | |  | | | Laundry | | | | | | |
|  | |  | | Transferring in/out Bed | | | | | | |  | | | | | |  | | | |  | Preparing Food | | | | | | |  | | |  | | | | | | |
|  | |  | | Eating | | | | | | |  | | | | | |  | | | |  | Light Housework | | | | | | |  | | |  | | | | | | |
|  | |  | | Walking | | | | | | |  | | | | | |  | | | |  | Heavy Housework | | | | | | |  | | |  | | | | | | |
|  | |  | | **Total ADL’s** | | | | |  | | | | | | | |  | | | |  |  | | | | | | | **Total IADL’s** | | | | |  | |  | | |
| Rating Scale: Independent (1), Verbal Assistance (2), Some Human Help (3), Lots of Human Help (4), Dependent (5), Declined to State (6) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART G – MEAL PREPARATION PLAN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | | Yes | | |  | No | | | |  | | NOTES: | | | | | | | | | | | | | | |  | | | |
|  | | | Self | | | |  | | |  | | |  |  | | | |  | |  | | | | | | | | | | | | | | |  | | | |
|  | | | Relative/Neighbor | | | |  | | |  | | |  |  | | | |  | |  | | | | | | | | | | | | | | |  | | | |
|  | | | Volunteer | | | |  | | |  | | |  |  | | | |  | |  | | | | | | | | | | | | | | |  | | | |
|  | | | Hot Meal | | | |  | | |  | | |  |  | | | |  | |  | | | | | | | | | | | | | | |  | | | |
|  | | |  | | | |  | | |  | | |  |  | | | |  | |  | | | | | | | | | | | | | | |  | | | |
|  | | | Referral(s) Made: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  | | | | |  | | | | | | | | | | | | | | |  | | | |
|  | | | Completed By: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  | | | | | | |  | |
| Reassessment Due Date (Three Months): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

## Appendix #2: Component Meal Pattern

**Santa Clara County Senior Nutrition Program**



**PRODUCTION MENU – Week 1 (October 2021 – January 2021)**

Site Name:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DAY** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** [https://upload.wikimedia.org/wikipedia/commons/thumb/d/da/Gluten_free_SVG.svg/2000px-Gluten_free_SVG.svg.png](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwie9r2wqb7JAhUJgj4KHQWeB9QQjRwIBw&url=https://commons.wikimedia.org/wiki/File:Gluten_free_SVG.svg&bvm=bv.108538919,d.cWw&psig=AFQjCNFpvOgrujfQDY17IuIY8-hxX_Iw9A&ust=1449185092608216) | **FRIDAY** [http://thebulldognortheast.com/wp-content/themes/bulldog/images/bdg_icon_veggie_green@2x.png](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0CAcQjRxqFQoTCMvM_N-MlccCFU46iAodR_MKew&url=http://www.thebulldognortheast.com/food&ei=KqnDVcuPCM70oATH5qvYBw&bvm=bv.99804247,d.cGU&psig=AFQjCNGUNY6DD5KtdXIpVIkpxNGM6npVuQ&ust=1438971657102725) |
| **DATE** |  |  |  |  |  |
| **MEAT OR**  **EQUIVALENT**  **3 oz. cooked (edible portion) OR 15 g protein** |  |  |  |  |  |
| **DO NOT** cook with butter or margarine. Use oil sparingly. **LIMIT** fat by using lean meats and lower fat products.  Use **No-Salt Seasonings** such as herbs, garlic, vinegar, lemon, black/red pepper, ginger or curry. | | | | | |
| **BREAD/GRAIN**  **1 – 2 servings**  **(60% should be whole grain for the week)** |  |  |  |  |  |
| **VEGETABLES**  **1 – 2 servings**  **(1/2 cup per serving OR**  **1 cup per serving if raw leafy vegetables)** |  |  |  |  |  |
| Use **Low-Sodium** salad dressings (1 Tsp/cup salad), sauces and canned vegetables. Rinse canned vegetables thoroughly. | | | | | |
| **FRUIT 1 serving**  **(1 medium Fresh OR**  **1/2 cup Canned)** |  |  |  |  |  |
| **MILK 8 oz. serving**  **Fat-Free OR Low-Fat** |  |  | **\*→** |  |  |

Meal contains more than 1000 mg sodium **\***Vitamin A source: 233 µg (3X per week) \_\_ Vitamin C source**:** 25 mg Daily [http://thebulldognortheast.com/wp-content/themes/bulldog/images/bdg_icon_veggie_green@2x.png](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0CAcQjRxqFQoTCMvM_N-MlccCFU46iAodR_MKew&url=http://www.thebulldognortheast.com/food&ei=KqnDVcuPCM70oATH5qvYBw&bvm=bv.99804247,d.cGU&psig=AFQjCNGUNY6DD5KtdXIpVIkpxNGM6npVuQ&ust=1438971657102725) Vegetarian meal [https://upload.wikimedia.org/wikipedia/commons/thumb/d/da/Gluten_free_SVG.svg/2000px-Gluten_free_SVG.svg.png](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwie9r2wqb7JAhUJgj4KHQWeB9QQjRwIBw&url=https://commons.wikimedia.org/wiki/File:Gluten_free_SVG.svg&bvm=bv.108538919,d.cWw&psig=AFQjCNFpvOgrujfQDY17IuIY8-hxX_Iw9A&ust=1449185092608216) Gluten Free mealNOTE: Do not substitute **bolded**, asterisked (**\***) and underlined (\_) items. Contact SNP Dietitian for approval of menu substitutions. Document changed items on the Food Temp Log.

Each meal has ~750 to 900 mg sodium. All persons aged 60 and above are eligible without regard to race, national origin, gender or disability.

Menus are written by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ staff and approved by Senior Nutrition Program’s Registered Dietitian. SC 239.

## Appendix #3: Summary of Menu Requirements for Meal Pattern Component

Summary of Menu Requirements 2018

1. **Protein (meat, fish, seafood, poultry, legumes, eggs, beans, peas, soy products, nuts, seeds and cheese)**
   1. Minimum **3 oz.** of lean meat, fish, seafood, poultry (without bone and/or skin), reduced fat cheese OR 15 grams protein.
   2. Extra lean beef and pork (total fat ≤ 5%) and at least 90% lean ground beef is recommended.
2. **Breads/Grains**
   1. At least one (1) serving of 100% whole grain per meal.
   2. Starchy vegetables such as potatoes and yams CANNOT be counted as breads or grains.
3. **Vegetables**
   1. One to two servings per meal (1/2 cup each).
   2. Raw leafy vegetables must be 1 cup per serving.
   3. 100% vegetable juice (low sodium) is limited to a maximum 8 ounce container per serving.
4. **Fruits**
   1. One (1) serving per meal.
   2. One (1) serving is equal to:
      1. 1 medium sized whole fruit, the size of a tennis ball.
      2. 2 small sized whole fruits.
      3. 1/2 cup fresh, chopped, cooked, frozen or canned, drained fruit.
      4. 1/2 cup 100% fruit juice.
5. Milk
   1. Each meal shall include 8 ounces of fortified fat free milk, low fat milk, buttermilk, calcium fortified soy milk OR calcium fortified orange juice.
   2. No flavored milk will be served.
6. **Vitamin A**
   1. (retinol equivalent) per meal, three (3) times per week for a 5 day meal program
7. Vitamin C
   1. 25mg each meal.
8. **Dessert (Optional)**
   1. Use fruit as dessert; Limit sweets to 1 small serving per week.
   2. Angel food cake, sorbet, frozen 100% fruit bars are specifically considered by the County as dessert.
   3. When dessert contains ½ cup of fruit, it may be counted as a serving of fruit (such as fruited gelatin).
   4. When dessert contains a serving of whole grain such as oatmeal, it may be counted as a serving of whole grain.
9. **Kilocalories (Kcal)**
   1. An average of at least 533 kcal per meal.
10. **Fat**
    1. Fat is ***optional***. May use vegetable oil such as olive or canola oil.
    2. Choose lean meats, low fat and fat free products such as cheeses, gravies and salad dressings.
    3. Baking, roasting, boiling, steaming, grilling, poaching, and stir frying are recommended.
    4. Deep fat frying and pan frying are not allowed except when approved by a SNP dietitian in order to retain the authenticity of an ethnic recipe; once a month may be allowed.
    5. SHOULD NOT use: shortening, lard, butter or other hydrogenated fats.
11. **Sodium**
    1. Omit or limit the use of salt in cooking. Use iodized salt if salt is used or offered.
    2. Only use low sodium products such as soup and gravy bases or dilute soy sauce with water to produce low sodium soy sauce.
    3. Only use herbs, spices and seasonings without added salt for flavoring.
    4. Rinse food items packaged with sodium as a preservative (e.g. beans).
    5. Sodium content goal for a meal should be less than 800 mg.
    6. Limit high sodium foods. May offer ONE (1) high sodium meal every two weeks.
    7. If a meal contains more than 1000 mg sodium, an icon (noting a high sodium meal) must be placed on the menu including all menus published in newsletters.
    8. A meal must not exceed 1200 mg sodium.
    9. Sodium content goal for portioned controlled items and other convenience foods (e.g. fish fillets, pork chops, stuffed peppers and cabbage, lasagna, chile relleno) is ≤480 mg.
    10. Sodium content goal for individual frozen, whole meals is ≤700 mg (Meals on Wheels).
    11. Sodium content goal for canned and frozen tuna, salmon and other seafood is ≤290 mg.
    12. Sodium content goal for canned meat is ≤480 mg.
    13. Sodium content goal for a serving of bread and baked goods is ≤ 215 mg.
    14. Sodium content goal for a serving of canned vegetables is ≤ 290 mg.
    15. Use low sodium items wherever possible.
    16. Limit the use of preserved foods.
12. **Condiments**
    1. Condiments should be “served on the side.”
    2. Only serve lower sodium and lower fat versions of salad dressings, mayonnaise; ketchup, soy sauce, mustard, etc.
13. **Miscellaneous**
    1. No soda or alcohol beverages will be served.
    2. When foods are donated, whenever feasible, accept only minimally processed foods that are made or produced without added sugar and with less sodium.
    3. All donated foods used in the production of a senior nutrition meal must meet the established nutrition requirements.
    4. Sugar substitutes may be made available.

## Appendix #4: Lean & Healthy Protein Sources

1. The leanest beef cuts include round steaks and roasts (eye of round, top round, bottom round, round tip), top loin, top sirloin, and chuck shoulder and arm roasts.
2. The leanest pork choices include pork loin, tenderloin and center loin.
3. Boneless skinless chicken breasts and turkey cutlets are the leanest poultry choices.
4. Choose seafood rich in omega-3 fatty acids, such as salmon, mackerel, tuna, and halibut.
5. Alternate protein sources such as beans, peas, grains, and soy products are healthy choices in the planning of vegetarian menu. Alternate proteins suitable for meeting the 15-gram protein requirement include the following:

|  |  |  |
| --- | --- | --- |
| **Alternate Protein** | **Serving size** | **Grams of Protein** |
| Hummus | 1 cup | 19 |
| Edamame | 1 cup | 17 |
| Tempeh | 3 ounces | 16 |
| Lentils | 1 cup | 18 |
| Nuts | ½ cup | 15 |
| Tofu | 1 cup | 15 |
| Cheese | 3 ounces | 21 |
| Beans (Garbanzo, Kidney, Black and Lima Beans) | 1 cup | 15 |
| Quinoa | 2 cups | 16 |

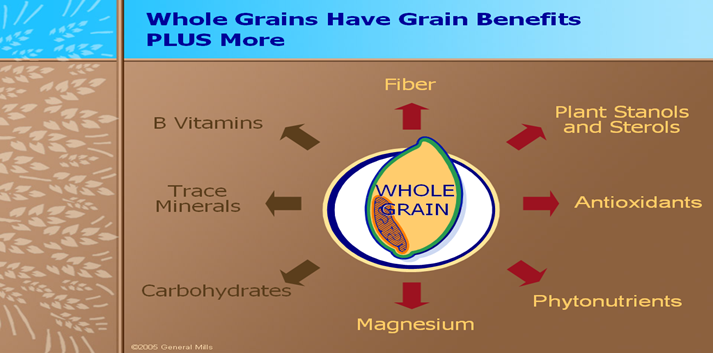
1. Some vegetarian menu choices are:
   1. Chili with kidney or pinto beans
   2. Stir-fried tofu
   3. Split pea, lentil, minestrone, or white bean soup
   4. Black bean or cheese enchiladas
   5. Garbanzo or kidney beans on a chef’s salad
   6. Rice and beans
   7. Veggie burgers
   8. Hummus (chickpeas spread) on pita bread
   9. Cottage cheese and fruit
   10. Greek yogurt with granola and fruit
   11. Quinoa salad with nuts and beans

***Sources:*** <http://www.todaysdietitian.com/pdf/webinars/ProteinContentofFoods.pdf>

<http://www.choosemyplate.gov/ten-tips-with-protein-food-variety-is-key>

*Soft copies are available at SNP office.*

## Appendix #5: Whole Grains



**Definition and List of Whole Grains**Whole grains or foods made from them contain all the essential parts and naturally-occurring nutrients of the entire grain seed.  If the grain has been processed (e.g., cracked, crushed, rolled, extruded, and/or cooked), the food product should deliver approximately the same rich balance of nutrients that are found in the original grain seed.  
The following, when consumed in a form including the bran, germ and endosperm, are examples of generally accepted whole grain foods and flours.

* Barley
* Corn, including whole cornmeal and popcorn
* Oats, including oatmeal
* Quinoa
* Rice, both brown rice and colored rice, wild rice
* Rye
* Whole wheat couscous
* Wheat, including varieties such as spelt, emmer, farro, einkorn, Kamut®, durum and forms such as bulgur, cracked wheat and wheatberries

Oilseeds and legumes (such as flax, sunflower seeds, soy, chickpeas, etc.) are not considered whole grains.

***Source:*** <https://wholegrainscouncil.org/sites/default/files/atoms/files/WGC-WholeGrainsAtoZ2017.pdf>

*Soft copies are available at SNP office.*

## Appendix #6: Base Reference for Sodium Content of Commonly Served Foods in the SNP

**Foods listed are “as is” with “no salt added”**

|  |  |  |
| --- | --- | --- |
| **Food Item** | **Amount** | **Sodium Range** **(in milligrams)** |
| Cheese, processed, American | 1 oz. | 180 – 450 |
| Cottage cheese, low fat | ¼ cup | 230 |
| Bread, whole grain or white | 1 slice | 125 to 300 |
| Bread, French, Sourdough | 4” x 2-1/2 “ x 1-3/4” | 400 |
| Dinner Roll, white or whole grain | 1 average size | 130 – 150 |
| Tortilla, flour | 1- 8” diameter | 250 – 300 |
| Tortilla, corn | 1-6” diameter | 10 |
| Salad Greens, no dressing | 1 cup | 40 |
| Vegetables, frozen | ½ cup, cooked | 10 – 40 |
| Vegetables, canned | ½ cup | ≥100 |
| Au gratin Potatoes, Sysco | ½ cup, cooked | 580 |
| Refried Beans, canned | ½ cup | 380 |
| Baked Beans, canned with pork | ½ cup | 525 |
| Baked Desserts (cake or cookie) | 1 small serving size | 50 – 400 |
| Pie, pumpkin, commercial | 1/8 of a pie | 300 |
| Milk, nonfat, reduced fat | 1 cup | 120 – 140 |
| Milk, buttermilk | 1 cup | 210 |
| Margarine | 1 tsp | 40 - 90 |
| Catsup | 1 pkt | 70 |
| Mustard | 1 pkt | 60 |
| Salad Dressing, regular | 1 tsp | 130 – 200 |
| Table Salt | 1 tsp | 2325 |
| Gravy, dry mix | 6.7g or 1 serving | 300 – 350 |
| Mushroom gravy, canned | ¼ cup | 340 |

***Source:*** USDA Food Composition Database at <https://ndb.nal.usda.gov/ndb/search/list>

## Appendix #7: Vitamin A – Vegetables & Fruits

Required Vitamin A = 233 μg per meal

|  |  |  |
| --- | --- | --- |
| **Food Item** | **Portion** | **Amount (µg)** |
| Apricot, Canned (3-4 halves) | ½ cup | 119 |
| Apricot, Raw | 3 Medium | 102 |
| Cantaloupe | ½ cup | 135 |
| Carrots, boiled, sliced | ½ cup | 665 |
| Carrots, raw, grated | 2 Tbsp. | 386 |
| Chard, Swiss, boiled | ½ cup | 268 |
| Greens, Collards | ½ cup | 722 |
| Greens, Kale, boiled, raw | ½ cup | 443 |
| Greens, Mustard boiled, frozen | ½ cup | 433 |
| Lettuce, Romaine | 1 cup | 205 |
| Mixed Vegetables, frozen | ½ cup | 389 |
| Peas & Carrots, frozen | ½ cup | 381 |
| Peppers, Sweet, Red | ½ cup | 125 |
| Persimmon, Japanese | 1 item | 136 |
| Potato, Sweet | ½ cup | 471 |
| Pumpkin, Canned | ½ cup | 953 |
| Pumpkin, Mashed, boiled | ½ cup | 247 |
| Spinach, boiled | ½ cup | 472 |
| Spinach, Raw, chopped | 1 cup | 141 |
| Squash (Butternut or Hubbard), baked | ½ cup | 1144 |

***Source:*** [**http://www.nal.usda.gov/fnic/foodcomp/search/**](http://www.nal.usda.gov/fnic/foodcomp/search/)

*Soft copies are available at SNP office.*

## Appendix #8: Vitamin C – Vegetables & Fruits

Required Vitamin C = 25 mg per meal

|  |  |  |
| --- | --- | --- |
| **Food Item** | **Portion** | **Amount (mg)** |
| Apple w/ skin | 1 medium | 8 |
| Banana | 1 medium | 10 |
| Broccoli | ½ cup | 50 |
| Brussels Sprouts | ½ cup | 48 |
| Cabbage | ½ cup | 28 |
| Cantaloupe, fresh | ½ cup | 20 |
| Cauliflower | ½ cup | 27.5 |
| Green Pepper | ½ cup | 102 |
| Honeydew Melon | ½ cup | 15 |
| Kiwi | 1 medium | 64 |
| Kale | ½ cup | 26 |
| Mandarin Oranges, juice pack | ½ cup | 24 |
| Mandarin Oranges, light syrup | ½ cup | 25 |
| Mango | ½ cup | 30 |
| Orange | 1 medium | 60-80 |
| Papaya | ½ cup | 43 |
| Persimmon, fresh | 1 medium | 13 |
| Pineapple, fresh or canned | ½ cup | 12 |
| Strawberries | ½ cup | 42 |
| Tangerine | 1 medium | 20 |
| Tropical Fruit Salad, canned, light syrup | ½ cup | 13 |
| Watermelon | ½ cup | 8 |

**JUICES:** Most citrus fruit juices provide 25 mg (or more) Vitamin C for 4 oz. or ½ cup portion. Some juices are fortified with Vitamin C. These should meet the Vitamin C requirement for one meal. Please check the nutrition label on the canned or packaged product. ***Source:*** [**http://www.nal.usda.gov/fnic/foodcomp/search/**](http://www.nal.usda.gov/fnic/foodcomp/search/)

*Soft copies are available at SNP office.*

## Appendix #9: Meal Evaluation

**Santa Clara County Senior Nutrition Program**

**Meal Evaluation by Registered Dietitians**

**Site: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Menu Items Evaluated |  |
| Soup (when available): | |
| Meat / Meat Alternate: | |
| Bread/Grain: | |
| Vegetable: | |
| Vegetable: | |
| Fruit: | |
| Milk: | |
| Miscellaneous item | |

**Below are some questions about the different qualities of the Main Meals and Alternate Meals. Please rate them on a scale of 1 to 5 (1 = poor, 5 = excellent).**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Poor** | **Fair** | **Average** | **Good** | **Excellent** |
| **Main Meal /**  **Alternate Meal** | Taste | 1 | 2 | 3 | 4 | 5 |
| Temperature | 1 | 2 | 3 | 4 | 5 |
| Appearance  (color) | 1 | 2 | 3 | 4 | 5 |
| Aroma | 1 | 2 | 3 | 4 | 5 |
| Variety | 1 | 2 | 3 | 4 | 5 |
| Portion Size | 1 | 2 | 3 | 4 | 5 |

**Additional Comments:**

**Meal Evaluated by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Appendix #10: Refrigerator & Freezer Storage Chart

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Food** | **Refrigerator (40 °F or below)** | **Freezer (0 °F or below)** |
| **Salads** | **Egg, chicken, ham, tuna & macaroni salads** | 3 to 5 days | Does not freeze well |
| **Luncheon meat** | **opened package or deli sliced** | 3 to 5 days | 1 to 2 months |
| **unopened package** | 2 weeks | 1 to 2 months |
| **Bacon & Sausage** | **Bacon** | 7 days | 1 month |
| **Sausage, raw — from chicken, turkey, pork, beef** | 1 to 2 days | 1 to 2 months |
| **Hamburger & Other Ground Meats** | **Hamburger, ground beef, turkey, veal, pork, lamb, & mixtures of them** | 1 to 2 days | 3 to 4 months |
| **Fresh Beef, Veal, Lamb & Pork** | **Steaks** | 3 to 5 days | 6 to 12 months |
| **Chops** | 3 to 5 days | 4 to 6 months |
| **Roasts** | 3 to 5 days | 4 to 12 months |
| **Fresh Poultry** | **Chicken or turkey, whole** | 1 to 2 days | 1 year |
| **Chicken or turkey, pieces** | 1 to 2 days | 9 months |
| **Soups & Stews** | **Vegetable or meat added** | 3 to 4 days | 2 to 3 months |
| **Leftovers** | **Cooked meat or poultry** | 3 to 4 days | 2 to 6 months |

**Source:** [**www.foodsafety.gov**](http://www.foodsafety.gov)

*Soft copies are available at SNP office.*

## Appendix #11: Grievance Procedure

**GRIEVANCE PROCEDURE**

The purpose of the grievance procedure is to ensure an orderly method to fairly deal with complaints:

**Step 1** – If a participant/representative/family member has a concern about the program or staff, they are welcomed to discuss their concern with the Nutrition Manager. Comments and Suggestions for improvements are welcome at any time.

**Step 2** – If the concern cannot be resolved, the client/representative/family member can discuss with (Insert name of Agency Representative)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. You may also choose to write a letter explaining your grievance to We will review your letter and provide a written notification to you including the results of the review within 10 business days. Letter can be dropped off at or mailed to: \_(Insert address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Step 3** – If the participant would like to file a grievance with the Senior Nutrition Program, they may choose to write a letter explaining the grievance to Santa Clara County Senior Nutrition Program. Senior Nutrition Program Manager will review the letter and provide a written notification to the participant and/or representative/family member including the results of the review within 10 business days. Grievances can be mailed to:

Santa Clara County Senior Nutrition Program

353 W. Julian Street, 4th Floor

San Jose, CA 95110

Attn: Senior Nutrition Program Manager

**Step 4** – If the participant is dissatisfied with the results of the review, the participant may appeal in writing or e-mail to Sourcewise. Written communication can be addressed to Sourcewise at 3100 De La Cruz Blvd #310, Santa Clara, CA 95054, attention Elizabeth Brown. E-mail communication can be submitted to ebrown@mysourcewise.com. A response will be provided within 10 business days of this appeal.

Your confidentiality and right to privacy will be protected. Only information relevant to the complaint may be released to the responding party. Nothing in this grievance policy shall be construed as prohibiting older individuals from seeking other available remedies, such as presenting their complaints at an open meeting of (Insert Name of agency) governing board.

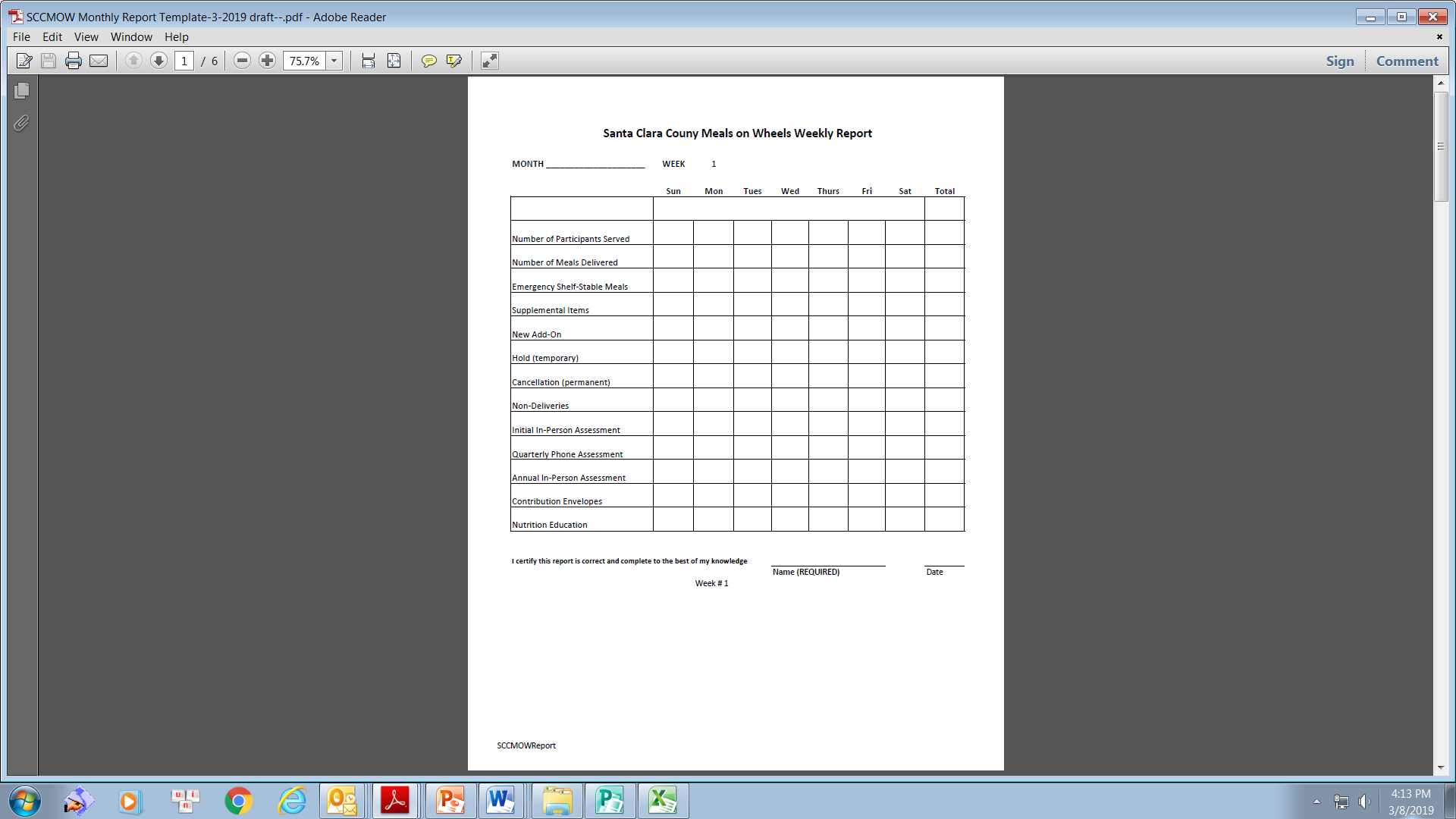
## Appendix #12: Incident Report

**INCIDENT REPORT – SANTA CLARA COUNTY SENIOR NUTRITION PROGRAM**

**COMPLETE IMMEDIATELY FOR EVERY INCIDENT AND SEND TO SNP ASSIGNED DIETITIAN**

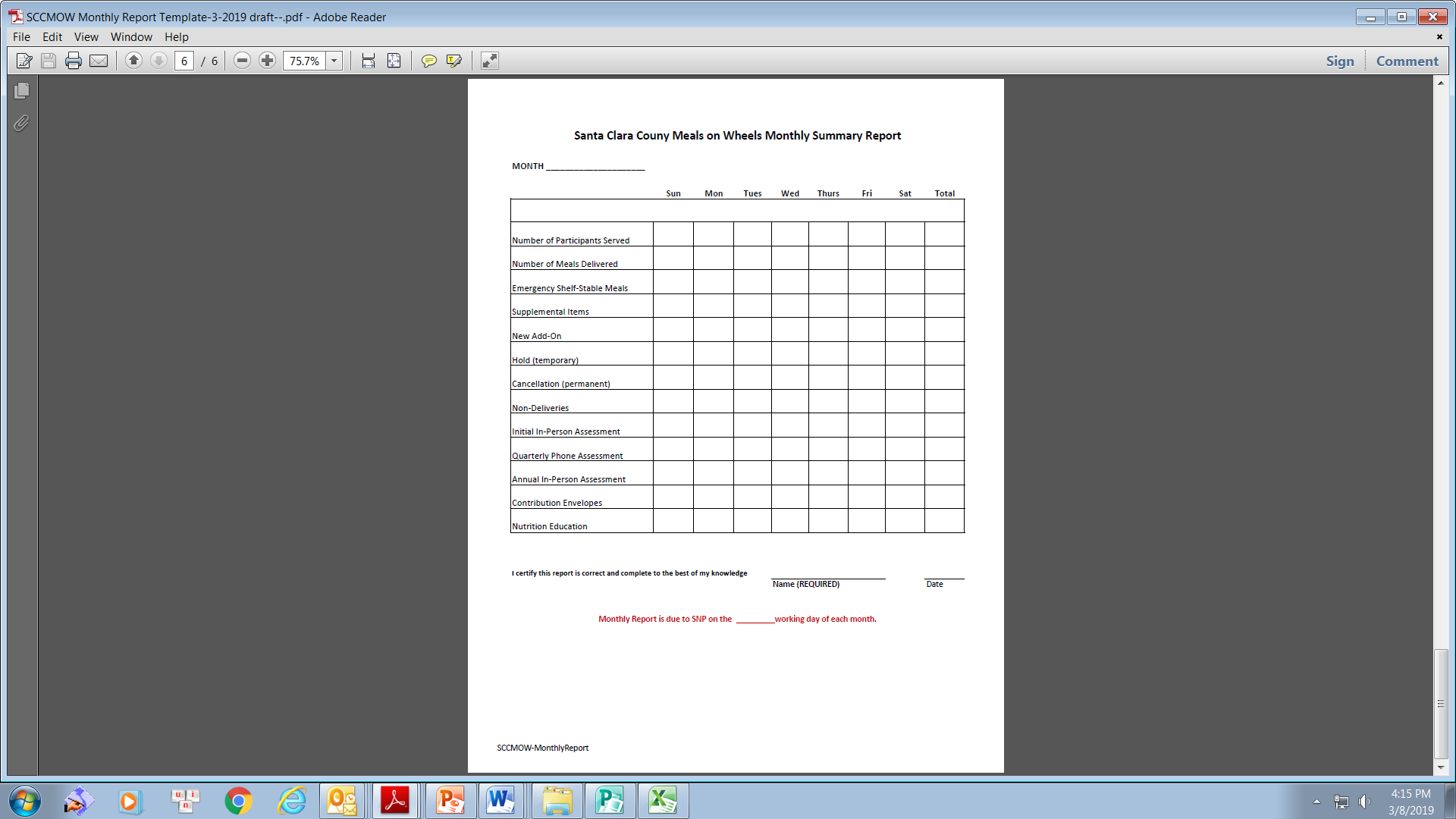
|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Site:** | | | **City** | | |
| **Name of Person Involved (Last, First)** | | | ** MaleFemale** | | **Age** |
| **Exact Location of Incident** | | | **Date of Incident** | | **Time of Incident**  **AM**  **PM** |
| **Property Involved **  ** YesNo** | **Equipment Involved**  ** YesNo** | | **Describe Property Involved** | | |
| **Description of incident by person involved:** | | | | | |
|  | | | | | |
| **Describe exactly what happened—why and/or how it happened. If there is an injury, state injured body part(s). If damaged to property or equipment, describe the damage:** | | | | | |
|  | | | | | |
| **Name, address, and phone number of witness(es) or person(s) familiar with details of incident:** | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| **Was person involved seen by a physician?**  ** YesNo** | | **Time Seen:**  **\_\_\_\_AM \_\_\_\_\_PM** | | **Where?** | |
| **Physician’s Name:** | | | | | |
| **Physician’s Address and Phone Number** | | | | | |
| **Statement of Physician:** | | | | | |
| **Date of Report** | | **Title and Signature of Person Preparing Report** | | | |
| **GENERAL COMMENTS:** | | | | | |

## Appendix #13: NMOW Weekly Report



*Sample copy only*

## Appendix #14: NMOW Monthly Report



*Sample copy only*