

THE NEW YORK CITY DEPARTMENT FOR THE AGING
BUREAU OF COMMUNITY SERVICES
NUTRITION ASSESSMENT TOOL: FY 2017

PROGRAM NAME:	PROGRAM ID:
NUTRITIONIST NAME:	DATE:

KEY

**** Stared Questions** - Not Applicable (NA) for Commercial Caterers (27, 32, 37, 38, 43, 45, 46, 47, 54, 55, 56, 57, 59, 60, 62, 63, 64, 65, 66, 110)

■ **Squared Questions** – (No Impact) Should be answered for all programs and caterers, but for all caterers (Commercial, DFTA to DFTA and/or Subcontractors), the caterers’ answers should not be incorporated into the program’s answer for that question. (16, 17, 18, 28, 29, 35)

All other questions - Answers from all caterers (Commercial, DFTA to DFTA and/or Subcontractors) should be incorporated into the answers in the program’s assessment.

Question #	QUESTIONS				
NUT-1	Does the Provider or Provider's caterer/s have their current Permit to Operate from NYC DOHMH, or have they applied for one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-2	Does the Provider or Provider's caterer/s have at least two (2) Food Handlers with a current NYC Food Protection Certificate/Card issued by the DOHMH? (Copies of certificates/cards are not valid)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

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NUT-3	<p>Did the Provider and/or the Provider's caterer/s pass its most recent Department of Health and Mental Hygiene (DOHMH) initial inspection, (i.e. had an accumulated score of less than 28 points from critical and/or general violations)?</p> <ul style="list-style-type: none"> Indicate date of inspection visit and score. Attach copy of inspection report. 				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-4	<p>If the Provider or the Provider's caterer/s did not pass its Initial DOHMH inspection (i.e. accumulated a score of 28 or more points from critical and/or general violations),</p> <ul style="list-style-type: none"> Did it pass inspection on the subsequent DOHMH "compliance inspection" that was conducted to determine if the Provider or Provider's caterer had made the necessary corrections to comply with the Health Code? Indicate date of compliance inspection visit and score. Attach compliance inspection report, if applicable. 				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-5	<p>Did the Provider or Provider's caterer/s correct all "critical violation(s)" in its most recent DOHMH inspection?</p>				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-6	<p>Did the Provider or Provider's caterer/s correct all "general violation(s)" in its most recent DOHMH inspection?</p>				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-7	<p>Does the Provider or Provider's caterer/s have a policy on "suspected outbreaks of food-borne illness"? If an outbreak of food-borne illness has occurred, have they reported the problem to the NYC DOHMH, DFTA, and Case Management Agency?</p>				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

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NUT-8	<p>Do all food handlers (paid and unpaid) maintain a high degree of cleanliness during meal preparation and service:</p> <ul style="list-style-type: none"> • Wash hands as needed, • Wear hair restraints, • Wear clean and appropriate attire, • Use disposable gloves and • Use appropriate utensils when handling ready to serve and/or ready to eat foods? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-9	Are the kitchen, dining room and preparation areas (including all rooms within those areas) that are used for the preparation, storage and/or serving of food clean and well maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-10	Are doors and windows in the kitchen and dining room well maintained, and do they have screens (except emergency exit doors in such rooms)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-11	Is there adequate ventilation in the kitchen, dining room, and store rooms? In addition, is air circulation in the store rooms adequate to cool the area to 70° F or below?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-12	Are all food items, cleaning supplies and disposables stored separately, and are containers properly covered to preserve quality and safeguard against contamination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

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NUT-13	Are all food service equipment and kitchen utensils used in the preparation, packaging, storage and/or serving of food maintained according to Article 81 of the New York City DOHMH?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-14	Does each refrigerator and/or freezer have an internal working thermometer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-15	Is food placed in refrigerators, freezers, and store rooms, maintained in a manner that preserves quality and safeguards against contamination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-16■	Is the Fire Suppression System (Ansul®): 1. Tagged/and documented with a current date of inspection from a licensed maintenance service provided every 6 months? 2. Is the Hood inspected/cleaned by a licensed maintenance service every 3 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
Ansul System Last Inspection Date: Hood Last Inspection Date:					
NUT-17■	Does the Program have a current Rangehood Annual Inspection Permit from the NYC Fire Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
Permit Expiration Date:					

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NUT-18■	Is/Are the Fire Extinguisher/s inspected and tagged with a current date of inspection from a licensed maintenance service?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-19	Have grease traps been installed and are they well maintained?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-20	Are there indirect drains where required?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-21	Do all kitchen sinks in the food service area have hot/cold running water and are those designated as hand washing sink/s equipped with: <ul style="list-style-type: none"> • Soap filled dispensers, • Paper towel dispensers/ electric hand dryers and • Hand washing signs? 				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

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NUT-22	Are the bathrooms used by food service staff and participants equipped with: <ul style="list-style-type: none"> • Hot and cold running water, • Soap filled dispensers, • Paper towel dispensers/ electric hand dryers and • Hand washing signs? • Are the bathrooms and the windows in the bathrooms clean and well-maintained? • Do the windows have screens to protect against the entrance of insects and rodents? • Are the vents free from dust? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-23	Are food storage, food preparation and utensil washing areas restricted to food service use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-24	Are all garbage cans in the kitchen and dining room/s lined, well maintained and covered when not in use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-25	Is the facility free of roach/vermin activity and does the Provider or Provider's caterer/s utilize the services of a licensed exterminator monthly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-26	Are appropriate measures taken for fly control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

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NUT-27**	Does the Provider secure the equipment, supplies and food from vandalism/theft?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-28■	Does the Provider or Provider's caterer/s conduct monthly self-inspections?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-29■	Are written cleanup schedules posted and routinely followed?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-30	Does the Provider or Provider's caterer/s use a probe thermometer to take the temperature of both hot and cold foods and is said thermometer cleaned and sanitized between each use?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-31	On the day of the visit and throughout the contract year, is food prepared and served at temperatures required to inhibit bacterial growth and kept safe for consumption?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUTM-32**	Does the Provider serve meals within two hours of the completion of cooking?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

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NUT-33	Are breads, uncooked vegetables and fruits with edible skins, prepared and served individually wrapped or placed in a plate/bowl in a manner that prevents contamination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-34	Are milk cartons labeled with the manufacturer's recommended " <u>sell by date</u> "?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-35■	Is the menu for the day appropriately displayed: <ul style="list-style-type: none"> • In the kitchen or preparation/distribution areas? • In the dining room/s? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-36	Are leftovers handled appropriately to prevent contamination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-37**	Did the Provider visit or contact the caterer/preparation site if: <ul style="list-style-type: none"> • There were substantial or repeated Participant complaints or, • Noted problems, and • Were the problems and their resolutions properly documented? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

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NUT-38**	Does the Provider submit all menus via Simple Servings to their DFTA Nutritionist for review and approval by the required deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-39	Are printed copies of recipes currently used available? Is the Provider or Provider's caterer/s following recipes as indicated in their approved menus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-40	Does the Provider or the Provider's caterer/s record the quantity of food used, including leftovers? Do catered programs record the quantity of meals, ordered, consumed and leftover?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-41	Does the Provider or the Provider's caterer/s actual meals match their approved menu, and if not, are the menu substitutions clearly documented and equivalent to the items they are replacing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-42	Do all meals <u>meet one-third of the Dietary Reference Intakes</u> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-43**	Do Invoices for all purchased goods, services and catered meals get checked for accuracy and are they signed and dated upon receipt/delivery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

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NUT-44	Are meals acceptable in terms of appearance, color, texture, variety, and arrangement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-45**	Does the Provider solicit and consider participants' comments on meals? (For HDML programs, this should include participant surveys)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-46**	Has the Provider been on track with providing quarterly food service training and was the training provided by a qualified staff member? <ul style="list-style-type: none"> • Did staff, drivers/deliverers and volunteers attend? • Was the content appropriate to the work of food service and delivery of meals? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-47**	Does the Provider or Provider's caterer/s retain the following for one (1) year after the end of the calendar or contract year: <ul style="list-style-type: none"> • DOHMH Inspection Records • DFTA Program assessment reports • Food Temperature Records • End of Route Temperature logs • Nutrition Education Records including handouts, outlines and sign-in sheets • Quarterly documentation (handouts and attendance) in-services training for kitchen staff and drivers, deliverers and volunteers. • Participants surveys • Food Cost, Inventory Records for all services rendered by caterers and Daily Food Use Sheets. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

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NUT-48	<p>Are the Provider's meals, catered meals and/or meals catered for any DFTA funded program, packaged, in a way that prevents contamination?</p> <ul style="list-style-type: none"> • Are the pans/trays properly sealed? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-49	<p>For the Provider's meals, catered meals and/or meals catered for any DFTA funded program, are the containers used appropriate for packaging meals? For example:</p> <ol style="list-style-type: none"> 1. For Home Delivered Meal Providers, does the Provider use: trays that are made of non-porous, disposable, recyclable materials that are microwave and oven safe? 2. For Congregate Meal Providers, does the Provider use: <ul style="list-style-type: none"> • Shallow metal or aluminum pans for bulk foods or, • Appropriate containers for pre-plated meals? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-50	<p>If meals were transported,</p> <ol style="list-style-type: none"> 1. Were an adequate number of food/transport carriers (for Hot & for Cold) available to transport/distribute the meals? 2. Were additional hot/cold devices used? (if needed) 3. Were all the food/transport carriers and hot/cold devices well maintained, sanitized and properly stored? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-51	<p>If meals were transported, were food items at the correct temperatures at time of departure and/or receiving, and were they transported in a manner that ensured their correct temperature is maintained until at destination?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

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NUT-52	<p>Were all meals transported in a well maintained, clean, manner that ensured appropriate temperatures? Please note:</p> <ul style="list-style-type: none"> • For meals delivered by foot (walking routes), vans and minivans: meals should be appropriately placed in individual insulated food/transport carriers. Appropriate temperature control devices are used to maintain meals within the temperature ranges specified for hot, cold, and frozen. • For meals delivered by hot shot vehicles: all vehicles should be pre-heated or pre-chilled with working digital temperature devices and hanging thermometers in the heated and refrigerated units. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-53	For frozen meals, were they delivered frozen or reheated within 60 days of production? If meals were frozen, defrosted and reheated, was this done in a way that safeguards against contamination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-54**	<p>Does the Provider document two (2) visits per year to their Meal Preparer (commercial/outside sponsor) for observations including but not limited to:</p> <ul style="list-style-type: none"> • Basic sanitary conditions, • Whether bulk and/or individual plated meals are prepared, packaged and handled in accordance with health codes, requirements and DFTA policies? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
<u>CONGREGATE ONLY</u>					
NUT-55**	Does the Provider advise participants of the policy concerning taking part or all of their meal home for later use, and their responsibility for any resulting food-borne illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

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NUT-56**	Is drinking water available at all meals?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-57**	Is a Heimlich Maneuver poster visibly posted in all dining rooms?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-58	Does the Provider or Provider's caterer/s follow all food safety rules in handling and packing the 6 th and/or 7 th congregate take home meal?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-59**	For Innovative Senior Center (ISC) Providers, are meals served as proposed? If not have they taken a different innovative approach?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-60**	Has the Provider been on track with conducting the required nutrition education sessions, and have they been conducted by a qualified person? Indicate number of nutrition education sessions conducted. REMINDER: All nutrition education sessions must be completed by the end of the calendar or contract year.			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

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<u>HOME DELIVERED MEAL ONLY</u>						
NUT-61	<p>Are all home delivered meals labeled appropriately?</p> <ul style="list-style-type: none"> Were all hot, chilled/cold and frozen meals labeled with a “prepared on” and “expiration/consume by” date? For meals rethermed by the Provider or Caterer, were labels updated with a new “expiration/consume by” date? Does the Provider or Provider's caterer/s include directions and clear instructions, on each meal, regarding proper food handling, heating and storage if not eaten promptly? Are the meal components listed? Has the Nutrition Facts Label been provided? Is the information on the label easy to read? 		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-62**	<p>Did the Provider maintain <u>END OF THE ROUTE</u> temperature log(s) on <u>ALL</u> delivery routes for the current contract/calendar year?</p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-63**	<p>Did the Provider test the temperature of:</p> <ul style="list-style-type: none"> <u>The LAST hot/chilled/cold/frozen meal on EACH route MONTHLY?</u> <p>(Note: A sample meal should be included for the purpose of testing each route.)</p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-64**	<p>Does the Provider MAINTAIN the temperature of the:</p> <ul style="list-style-type: none"> Last hot meal on the route at A MINIMUM of 140°F? Last chilled/cold meal on the route at A MAXIMUM OF 40°F? Last frozen meal on the route at 0°F? 		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

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NUT-65**	Did the total delivery time from pick up to delivery of the last meal not exceed two hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-66**	Did the Provider train the deliverers, staff and volunteers, in the following responsibilities: <ul style="list-style-type: none"> • Temperature maintenance • Proper meal assembly 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NEW YORK CITY FOOD STANDARDS COMPLIANCE:					
NUT-67	Does the Provider or Provider's Caterer/s products have "0 grams" trans-fat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-68	Does the Provider or Provider's Caterer/s use all individual items that contain ≤ 480 mg sodium per serving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-69	If the Provider or Provider's Caterer/s serves juice, is all juice 100% fruit juice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-70	If the Provider or Provider's Caterer/s serves juice, is all juice served in 6 ounce portions or less?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-71	If the Provider or Provider's Caterer/s serves juice, is juice served no more than one time per day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

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NUT-72	If the Provider or Provider's Caterer/s serves beverages do all beverages contain ≤ 25 calories per 8 ounces (except juice, milk, coffee, tea and not including special occasions)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-73	If the Provider or Provider's Caterer/s serves milk, is all milk non-fat or 1%, and unsweetened? Require fluid milk substitutes (e.g. soymilk) be unflavored.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-74	If the Provider or Provider's Caterer/s serves yogurt, is all yogurt non-fat or low-fat, and plain or contain ≤ 30 g sugar per 8 oz. equivalent (e.g. ≤ 15 g sugar per 4 oz., ≤ 23 g sugar per 6 oz.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-75	If the Provider or Provider's Caterer/s serves sliced sandwich bread do all the products contain ≤ 180 mg sodium per serving and contain 2 grams fiber per serving? Is it whole wheat /whole grain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-76	If the Provider or Provider's Caterer/s serves cereal, does it all contain ≤ 215 mg of sodium, ≤ 10 grams of sugar, and ≥ 2 grams of fiber per serving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-77	If the Provider or Provider's Caterer/s serves other baked goods (for example but not limited to: dinner rolls, muffins, bagels, tortillas, etc.), do the products contain ≤ 290 mg of sodium per serving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

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NUT-78	All canned fruit is packed in unsweetened juice or water. Fruit should not be packed in syrup.				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-79	Do all canned/frozen vegetables and beans contain \leq 290 mg sodium per serving?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-80	Do all canned/frozen seafood (e.g. tuna, salmon and other seafood) contain \leq 290 mg sodium per serving?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-81	Do all canned/frozen poultry contain \leq 290 mg sodium per serving?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-82	Do all canned beef or pork contain \leq 480mg sodium per serving?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-83	Do all luncheon meats contain \leq 480mg sodium per serving?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-84	Do all salad dressings contain \leq 290mg sodium per serving?				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

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NUT-85	Do all sauces contain ≤ 480mg sodium per serving? (Note: Soy sauce is exempt)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-86	Do all portion-controlled items and other convenience foods (for example but not limited to: breaded chicken, veal patties, and frozen French toast and waffles) contain ≤ 480mg sodium per serving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-87	Do all frozen whole meals contain ≤ 35% of the daily sodium limit (adults and seniors: ≤ 805 mg)? (This does not included pre-plated, catered meals)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-88	Does the Provider or Provider's Caterer/s serve ≤ 2300 mg sodium per day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-89	Does the Provider or Provider's Caterer/s serve ≤ 690mg sodium per breakfast?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-90	Does the Provider or Provider's Caterer/s serve ≤ 690mg sodium per lunch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-91	Does the Provider or Provider's Caterer/s serve ≤ 690mg sodium per dinner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-92	Does the Provider or Provider's Caterer/s serve 2000 calories per day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-93	Does the Provider or Provider's Caterer/s serve 500-600 calories per breakfast?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

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NUT-94	Does the Provider or Provider's Caterer/s serve 600-700 calories per lunch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-95	Does the Provider or Provider's Caterer/s serve 600-700 calories per dinner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-96	Is total Fat \leq 35% of total calories?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-97	Is Saturated Fat \leq 10% of total calories?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-98	Does the Provider or Provider's Caterer/s serve meals that total \geq 28g Fiber per day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-99	Does the Provider or Provider's Caterer/s serve meals that contain \geq 7g of fiber per breakfast?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-100	Does the Provider or Provider's Caterer/s serve meals that contain \geq 8.4g of fiber per lunch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-101	Does the Provider or Provider's Caterer/s serve meals that contain \geq 8.4g of fiber per dinner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-102	Does the Provider or Provider's Caterer/s serve a minimum of 2 servings of fruits and vegetables for lunch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

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NUT-103	Does the Provider or Provider's Caterer/s serve a minimum of 2 servings of fruits and vegetables for dinner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-104	If the Provider or Provider's Caterer/s serves breakfast, lunch and dinner does the program serve a minimum of 5 servings of fruits and vegetables per day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-105	If the Provider or Provider's Caterer/s serve meals 5 days per week or less, are non-starchy vegetables served ≥ 3 servings per week at lunch? (If program serves take home/weekend meals, this question is NA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-106	If the Provider or Provider's Caterer/s serve meals 5 days per week or less, are non-starchy vegetables served ≥ 3 servings per week at dinner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-107	If the Provider or Provider's Caterer/s serve meals 6-7days per week are non-starchy vegetables served ≥ 5 servings per week at lunch? (If program serves take home/weekend meals, answer YES/NO for this question)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-108	If the Provider or Provider's Caterer/s serve meals 6-7 days per week, are non-starchy vegetables served ≥ 5 servings per week at dinner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-109	Are all meals prepared without deep frying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-110**	During special occasions does the Provider make healthy options available (for example: fresh fruits or leafy green salads)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

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PROGRAM NAME: _____ PROGRAM'S ID#: _____

DATE: _____

EXIT CONFERENCE INFORMATION

Topic of Discussion:

Participants:

Program Director/Agency Representative Name

BCS Nutrition Consultant's Name

Program Director/Agency Representative Signature

BCS Nutrition Consultant's Signature