

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL ____ CONGREGATE 2016 ____ HDML 2015

PROGRAM NAME:	PROGRAM ID
NUTRITIONIST NAME:	DATE:

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-3	Did the Provider and/or the Provider's caterer/s pass its most recent Department of Health and Mental Hygiene (DOHMH) inspection(s), (i.e. had an accumulated score of less than 28 points from critical and/or general violations)? • 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	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), • 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

	<ul style="list-style-type: none"> Indicate date of compliance inspection visit and score. Attach compliance inspection report, if applicable. 				
NUT-5	Did the Provider or Provider's caterer/s correct all "critical violation(s)" in its most recent DOHMH inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-6	Did the Provider or Provider's caterer/s correct all "general violation(s)" in its most recent DOHMH inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-7	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-8	Do all food handlers (paid and unpaid) maintain a high degree of cleanliness during meal preparation and service: <ul style="list-style-type: none"> wash hands as needed, wear hair restraints, wear clean and appropriate attire, use disposable gloves and 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

THE NEW YORK CITY DEPARTMENT FOR THE AGING
BUREAU OF COMMUNITY SERVICES

NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

	<ul style="list-style-type: none"> • use appropriate utensils when handling ready to serve and/or ready to eat foods? 				
NUT-9	Are all rooms in the kitchen and dining room 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

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

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 Exhaust System (Ansul System) tagged with a current date of inspection from a licensed maintenance service provider and is it cleaned, inspected and documented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-17	Is the Fire Extinguishing System tagged with a current date of inspection from a licensed maintenance service provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-18	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

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

NUT-19	Are there indirect drains where required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-20	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
NUT-21	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? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-22	Are food storage, 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-23	Are all garbage cans in the kitchen and dining room/s lined, well maintained and	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

	covered when not in use?				
NUT-24	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-25	Are appropriate measures taken for fly control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-26	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-27	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-28	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-29	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

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

NUT-30	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-31	Does the Provider or Provider's caterer/s 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
NUT-32	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-33	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-34	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

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

NUT-35	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-36	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
NUT-37	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-38	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-39	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-40	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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

	to the items they are replacing?				
NUT-41	Are printed copies of recipes 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-42	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 and volunteers attend? • Was the content appropriate to the work of food service? 	<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 and services get checked for accuracy, signed and dated upon receipt/delivery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-44	Does the Provider solicit and consider participants' comments on meals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

NUT-45	Does the Provider or the Provider's caterer/s record the quantity of food used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-46	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 and Daily Food Use Sheets 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-47	If the Provider's meals are catered, was the food packaged in a way that prevents contamination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-48	If the Provider's meals are catered, do they use appropriate containers for packaging meals (for example, those that are made of non-porous, disposable, recyclable materials that are microwave and oven safe)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

NUT-49	If the Provider's meals are catered, was an adequate number of food/transport carriers used and were they well maintained and properly stored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-50	If the Provider's meals are catered, 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-51	<p>Were all vehicles used in the delivery of meals well maintained, clean, and did they maintain proper temperatures?</p> <p>Please note:</p> <ul style="list-style-type: none"> For meals delivered by foot (walking routes), vans and minivans the 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-52	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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

	that safeguard against contamination?				
	<u>CONGREGATE ONLY</u>				
NUT-53	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
NUT-54	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-55	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-56	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

THE NEW YORK CITY DEPARTMENT FOR THE AGING
BUREAU OF COMMUNITY SERVICES
NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

NUT-57	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-58	<p>Has the Provider been on track with conducting the required nutrition education sessions, and have they been conducted by a qualified person?</p> <ul style="list-style-type: none"> • Indicate number of nutrition education sessions conducted. <p>REMINDER: All nutrition education sessions must be completed by the end of the calendar or contract year.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
	<u>HOME DELIVERED MEAL</u>				
NUT-59	<p>Are all home delivered meals labeled appropriately?</p> <p>1. <u>FOR PROVIDERS PREPARING MEALS ON SITE:</u></p> <ul style="list-style-type: none"> • Were all hot and chilled/cold meals prepared onsite labeled with a “consume by” date? • Were all frozen meals prepared onsite labeled with a “packed/prepared on” and “consume by” date? <p>2. <u>FOR MEALS PREPARED AT COMMERCIAL CATERERS:</u></p> <ul style="list-style-type: none"> • Were all hot and chilled/cold meals prepared by the commercial caterer labeled with a “packaged/prepared on” and “expiration/consume by” date? • Were all frozen meals prepared by the commercial caterer labeled with a “packaged/prepared on” and “expiration/consume by” date? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

NUT-60	Did the Provider maintain <u>END OF THE ROUTE</u> temperature log(s) on <u>ALL delivery routes</u> for the current contract/calendar year? <ul style="list-style-type: none"> • 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-61	Did the Provider test the temperature of: <ul style="list-style-type: none"> • <u>The LAST hot/chilled/cold/frozen meal on EACH route MONTHLY?</u> (Note: A sample meal should be included for the purpose of testing each route.) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-62	Does the Provider MAINTAIN the temperature of the: <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
NUT-63	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
NUT-64	Does the Provider document monthly visits to the caterer's/sub contractor's preparation sites, of which: at least four of these visits shall be unannounced, and to observe whether bulk and/or individual plated meals are prepared, packaged and handled in accordance with health codes, basic sanitary requirements, and DFTA policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

	NEW YORK CITY FOOD STANDARDS COMPLIANCE:				
NUT-65	All products have "0 grams" trans fat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-66	Does the Provider or Provider's Caterer/s use all individual items that contain \leq 360 mg sodium per serving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-67	If the Provider or Provider's Caterer/s serves juice, is all juice 100% juice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-68	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-69	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

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

NUT-70	If the Provider or Provider's Caterer/s serves beverages, do all beverages contain ≤ 25 calories per 8 ounces (except 100% juice and milk)?	<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 milk, is all milk non-fat or 1%?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-72	If the Provider or Provider's Caterer/s serves yogurt, is all yogurt non-fat or low-fat?	<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 sliced bread do all the products contain ≤ 180 mg sodium per serving and 2 grams fiber per serving? Is whole wheat or whole grain?	<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 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-75	If the Provider or Provider's Caterer/s serves other baked goods (for example: 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

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL _____ CONGREGATE 2016 _____ HDML 2015

NUT-76	All canned fruit is packed in unsweetened juice or water (no syrup)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-77	All canned and frozen vegetables and beans contain ≤ 290 mg sodium per serving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-78	All canned and frozen seafood (e.g. tuna, salmon) contain ≤ 290 mg sodium per serving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-79	All canned and frozen poultry contain ≤ 290 mg sodium per serving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-80	All canned beef and pork contain ≤ 360 mg sodium per serving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL _____ CONGREGATE 2016 _____ HDML 2015

NUT-81	All luncheon meats contain ≤ 360 mg sodium per serving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-82	All salad dressings contain ≤ 290 mg sodium per serving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-83	Do all sauces contain ≤ 360 mg sodium per serving (except soy sauce)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-84	Do all portion-controlled items and other convenience foods (e.g. breaded chicken, veal patties, and frozen toast and waffles) contain ≤ 360 mg sodium per serving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

NUT-85	Do all frozen whole meals contain 525mg or less sodium per meal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-86	Does the Provider or Provider's Caterer/s serve \leq 1500mg sodium per day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-87	Does the Provider or Provider's Caterer/s serve \leq 450mg sodium per breakfast?	<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 \leq 525mg sodium per lunch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

NUTM-89	Does the Provider or Provider's Caterer/s serve ≤525mg sodium per dinner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUTM-90	Does the Provider or Provider's Caterer/s serve 1800-2000 calories per day?	<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 450-660 calories per breakfast?	<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 540-770 calories per lunch?	<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 540-770 calories per dinner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

NUT-94	Is total Fat is $\leq 30\%$ of total calories?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-95	Is saturated Fat is $< 10\%$ of total calories	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-96	Does the Provider or Provider's Caterer/s serve meals that contain $\geq 28\text{g}$ Fiber per day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-97	Does the Provider or Provider's Caterer/s serve meals that contain $\geq 7\text{g}$ of fiber per breakfast?	<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 contain $\geq 8.4\text{g}$ of fiber per lunch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

NUT-99	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
NUTM-100	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
NUT-101	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-102	If the Provider or Provider's Caterer/s serves 3 meals per day 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-103	If the Provider or Provider's Caterer/s serve meals 3-5 days per week, are non-starchy vegetables served at least 3 times per week at lunch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

THE NEW YORK CITY DEPARTMENT FOR THE AGING
 BUREAU OF COMMUNITY SERVICES
 NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

NUT-104	If the Provider or Provider's Caterer/s serve meals 3-5 days per week, are non-starchy vegetables served at least 3 times per week at dinner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUTM-105	If the Provider or Provider's Caterer/s serve meals 6-7days per week are non-starchy vegetables served at least 5 times per week at lunch?	<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 6-7 days per week, are non-starchy vegetables served at least 5 times per week at dinner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA
NUT-107	Are all meals prepared without deep frying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No But	<input type="checkbox"/> NA

THE NEW YORK CITY DEPARTMENT FOR THE AGING
BUREAU OF COMMUNITY SERVICES

NUTRITION ASSESSMENT TOOL CONGREGATE 2016 HDML 2015

NUT-108	During special occasion 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

THE NEW YORK CITY DEPARTMENT FOR THE AGING
BUREAU OF COMMUNITY SERVICES
NUTRITION ASSESSMENT TOOL _____ CONGREGATE 2016 _____ HDML 2015