

Senior Center Standards

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CONGREGATE MEALS STANDARDS

Congregate Meals Service is the provision to eligible participants in a group setting of one hot or other appropriate nutritional meal.

Unit of Service: Each complete meal served to an eligible person that meets RDA requirements.

Note: In addition to these standards, all state and city requirements for food service and food service establishments apply to the provision of congregate meals.

SCOPE

STANDARD 1. Each participant is offered a meal that meets 1/3 of the Recommended Daily Dietary Allowance and that adheres to U.S dietary guidelines and DFTA guidelines.

Compliance 1.1. Adherence to DFTA nutritionist-approved menu and DFTA meal guidelines.

- Items and quantities of food served match the menu approved by the DFTA nutritionist.
- The program implements changes required by the DFTA nutritionist for RDA compliance (e.g. food groups represented; required quantities needed for nutritional value).
- Any substitutions made after the menu has been approved are of equivalent nutritional value to the approved menu.
 - If required by the DFTA nutritionist, the program requests approval for a menu substitution before making the change.
- *See also requirements for monitoring caterers to ensure match between bulk food and/or plated meals and approved menu for the day (Compliance 25.2 and 25.3).*

Compliance 1.2.

- Food is served in standardized portions.
- Participants may request that an item not be put on their plate.

Compliance 1.3. Cold meals.

- The program serves hot meals, with no more than two pre-approved cold meals per week (may be fewer than two cold meals, or no cold meals).

Exception: If the program serves more than two cold meals per week, participants have been surveyed to determine their preference within the past six months, and:

- *At least 60% of regular participants responded (based on PDS-generated reports on average number of participants having a meal at the center at least once during a stated time period, or other acceptable methodology);*
- *A majority of those who responded to the survey preferred more than two cold meals per week;*
- *If the program serves home-delivered meals as well, home-delivered meals recipients are also in favor of cold meals (see standards for home-delivered meals service).*
- Cold meals are 1) part of the menu cycle or 2) pre-approved alternate menus for substitution on hot days or days of religious observance.

Compliance 1.4. Special Diets. If special dietary meals (therapeutic) are served, then the following:

- Recipients of special meals or nutrition supplements have a written order from a physician that states the time period.
- Preparation and/or service are feasible.
- A DFTA nutritionist has approved the special meal in accordance with menu submission procedures.
- Nutritional supplements do not replace conventional meals unless a physical disability warrants their sole use.

Opportunity 1.4. The program provides special therapeutic meals to participants in compliance with the four criteria above.

Compliance 1.5. Drinking Water. Unlimited drinking water is available from a water cooler, a water fountain or in a clean, sanitary dispenser at each table.

STANDARD 2. The service is available to as many persons over 60 as funding allows.

Compliance 2.1. The service is available five days a week or the number of days per week specified in the budget (with the exception of approved holiday closings).

Compliance 2.2. Participants are supplied with a list of alternate program sites and/or food pantries in the area when service is unavailable due to a program-related emergency.

Compliance 2.3. The program holds more than one seating when there is insufficient table room for all meal participants.

Compliance 2.4. All persons attending the congregative service are offered a complete meal before seconds are given.

Compliance 2.5. Persons in wheelchairs can be accommodated either at a handicapped-accessible table or through another arrangement that does not preclude their participating in the meal service.

Opportunity 2.5. *Each of the following is a separate opportunity:*

- Volunteers assist persons with disabilities at mealtimes (e.g. assist in cutting up food, and/or pouring liquids; escort to bathroom; etc.)
- Food containers and utensils designed for the blind and handicapped are available.

STANDARD 3. Approved menus are available to participants.

Compliance 3.1. Menu-Posting.

- The day's nutritionist-approved menu is posted in a public and visible place.
- The menu is written in large print.

Opportunity 3.1. In addition to posting daily menus, weekly or monthly menus are included in the center newsletter or copies are available for anyone to take.

STANDARD 4. Participants have the opportunity to offer input on meal planning and meal service.

Compliance 4.1. The program has a demonstrable system for obtaining participant input on menu planning (e.g. menu-planning committee; agenda item at membership meetings).

Opportunity 4.1. The program documents that they have made menu changes in response to participant recommendations within the last year.

STANDARD 5. All senior participants (including senior guests) are offered the opportunity to make a voluntary contribution for meals received.

Compliance 5.1. A posted sign states:

- Recommended contribution amount for meals;
- Contributions are confidential and voluntary;
- Contributions are used to support/expand the program;
- No eligible person will be denied service if they do not contribute.

STANDARD 6. The program requests a payment or a voluntary contribution from all non-participants.

Compliance 6.1. Unless they are designated contributing food handlers, the following persons pay the full cost of raw food and disposables or the caterer's charge per meal:

- Staff less than 60 years of age.
- Volunteers less than 60 years of age.
- Guests less than 60 years of age.
- Home attendants who accompany participants at the congregate meal site and who consume meals are treated as guests under 60, and required to pay the full cost of raw food and disposables for any meal received.

Compliance 6.2. Contributing Food Handlers

- The program may assign contributing status to food handlers who are less than 60 years of age rather than requiring payment of the full cost of raw food and disposables. Contributing food handler status may be assigned to staff, volunteers, and WEP workers under 60 who work primarily in the kitchen or otherwise handle food.
 - If the program requests a contribution from food handlers instead of requiring payment for raw food and disposables, it states this policy in writing.
 - The amount of suggested contribution for contributing foodhandlers is at least the amount of suggested contribution for participants.

STANDARD 7. The center collects the full cost of the meal for persons whose meal costs are covered by another government program.

Compliance 7.1. If the center serves persons who participate in another government-funded program that covers meal costs (i.e. group home, programs that provide adult day services), then the other program reimburses the center for those meals.

- The amount of reimbursement is the full cost of the meal to the center, or the amount the other program receives for providing the meal, if this is lower than the center's cost.

- *Meals paid for by a non-DFTA payer, or by a DFTA-funded social adult day services program whose rate includes meals, are not reported as participant units.*

STANDARD 8. The program serves a variety of appealing food.

Compliance 8.1. Each meal provided to older persons has variety and quality, in terms of color, texture, flavor, aroma and appearance.

Opportunity 8.1. *Each of the following is a separate opportunity:*

- At least weekly, menus incorporate nutritionist-approved food items specifically to expand meal appeal: (e.g. ethnic foods, vegetarian substitutes that meet DFTA meal pattern requirements, etcetera).
- The program develops and serves four or more DFTA-approved meals to celebrate different cultures/ethnic holidays during the fiscal year.

Compliance 8.2. If meals are prepared on-site, the program maintains a file of menu-relevant recipes for serving large groups.

Opportunity 8.2. The program tries at least two new nutritionist-approved recipes for possible addition to their file during the fiscal year.

STANDARD 9. Congregate meals service promotes socialization.

Compliance 9.1.

- Participants may arrive at the program site at least one hour before the lunch or dinner meal is served and may stay at the program site for at least one hour after the lunch meal is served.
- Participants are allowed sufficient time to eat their meal and to socialize.
- Participants appear to be enjoying the opportunity for conversation and social interaction during mealtime.

Compliance 9.2. Except on trips, or when meals are specifically prepared for off-site consumption, participants consume their meals on site.

- Home attendants, home care workers, or other persons acting on behalf of the participant are not allowed to regularly pick up meals for participants to eat at home.

STANDARD 10. Participants who need other nutritional services are identified and assisted.

Compliance 10.1. Nutritional risk information.

- During the year the program makes a specific effort to educate participants about the signs of nutritional risk and what to do if present –e.g. bulletin board display, nutrition education presentation, distribution of a flyer or other printed material, etc.

Opportunity 10.1. *Each of the following is a separate opportunity:*

- The program has administered the Nutrition Screening Questionnaire (DETERMINE) to participants at least once during the year. . *(The Questionnaire may be self-administered or the program may use appropriately qualified students – e.g. nursing students or nutrition students supervised by a registered dietician.)*
- The program has followed up with those scoring at high Nutritional Risk through an appropriate intervention

Compliance 10.2. Temporary meal pick-up.

- The staff person overseeing meal service may approve having the meal sent home (or picked up) on a one-time basis for a participant who is ill or has a medical appointment or other urgent business during meal service.
- Any participant allowed to have meals picked up or sent home on an ongoing basis or sequence of days has the director's (or meal supervisor's) written approval and has provided an acceptable reason (e.g. illness or other health reasons).
 - The reason and date of initial approval are documented in writing.
 - The initial approval is for a period no longer than three weeks.
- Any participant allowed to have meals picked up or sent home on an ongoing basis beyond the initial three-week authorization has the director's (or supervisor's) written approval for an extension (or authorization noted as an event in PDS), based on a documented phone call with the client to determine that extension is justified and that client plans to return to the center.
 - Only two three-week documented extensions (extensions may be for a shorter period than three weeks) are allowed for participants who plan to return to the center. If participants are incapacitated for longer than 9 weeks from initial approval, a referral is made for in-home assessment for home-delivered meals (or temporary pick-up/delivery is terminated).

Compliance 10.3. If a participant will not be returning to the center due to an incapacity that is expected to be long-term, or if it is apparent that the client will need home-delivered meals before extensions have been granted, the participant is referred as soon as possible to a case management agency (or to the program's own case assistance staff if they are allowed by DFTA to conduct client assessments).

- If there is a waiting list for assessment or for home-delivered meals, the program may continue to send meals home for the client or have them picked up until home-delivered meals start. Continued approval because client is on a waiting list is documented.
 - The waiting list client is contacted at least once every two months to reauthorize /discontinue congregate meals service.

- Continued approval is documented.

LEVEL OF SERVICE

STANDARD 11. The program provides the number of meals specified in the budget.

Compliance 11.1. The number of units of service provided by the program is within the variance allowed by DFTA.

Opportunity 11.1. The program delivers more than 100% of budgeted units.

Compliance 11.2. The program counts participant meals using the correct unit definition.

- Only one meal per participant is counted.
- Each meal meets the RDA requirement.
- Participant meals do not include meals for staff less than 60 years of age.
- Participant meals do not include meals for guests less than 60 years of age.
- Participant meals do not include meals for contributing food handlers (see Compliance 15.2)
- Participant meals do not include meals sold to non-DFTA agencies, or meals for which the program is reimbursed (e.g. social adult day programs).

STAFF APPROPRIATENESS AND CONTINUITY

(Note: “Food Production Staff” includes paid staff, volunteers, and WEP workers who work in the kitchen or assist with meal service)

STANDARD 12. There is an appropriate number of staff to provide food service.

Compliance 12.1. The service is staffed with the number of persons in the position titles specified in the program’s response to DFTA’s RFP or the current budget.

Compliance 12.2. If the use of volunteer assistance to provide the service was proposed in the program’s response to DFTA’s RFP, the program’s current volunteer resources match what was proposed.

STANDARD 13. Food production staff are in good health.

Compliance 13.1. Health.

- Food handlers are free from communicable diseases.
- Food handlers who are suffering from sneezing, coughing, diarrhea, open sores, or other communicable or contagious conditions are removed from food service tasks and areas.

STANDARD 14. Food production staff and volunteers are appropriately trained and supervised.

Compliance 14.1. Food Protection Training Course.

- A food handler who has successfully completed the Food Protection Training program offered by the Department of Health is present every day that service is provided.
 - The food service supervisor (or the program director) has a Food Protection Training Certificate.
 - If meals are prepared on site, the cook has a food Protection Training Certificate. (*Note: the cook may also be the food service supervisor.*)
- A certificate indicating that a currently employed food handler successfully completed the Food Protection Training Program provided by the Department of Health is posted in a food preparation area.

Compliance 14.2. The program conducts an orientation (for new food service staff and volunteers) or training (for all staff, or particular position titles) at least quarterly. (Training may be provided by a food services supervisor, the program director, or consultants/invited speakers).

- Training agenda, schedule, and attendance are documented.

Compliance 14.3. Food service staff receive on-going supervision from the food service supervisor, director, or other persons qualified to provide supervision.

PROCEDURES AND METHODS

STANDARD 15. Appropriate procedures are followed for menu approval.

Compliance 15.1. The program submits three copies of each planned menu cycle (includes a 4 or 6 week cycle menu, and any cold meal, trip, or special celebration menus being submitted for pre-approval) on the required form to the assigned DFTA nutritionist for written approval.

Compliance 15.2. Menus are submitted quarterly (unless nutritionist requires monthly submission) and at least four weeks before the cycle begins.

Compliance 15.3. Any substitutions that are made after the menu is approved (including the substitution of a pre-approved cold meal), and the date of the substitution, are clearly documented.

STANDARD 16. Regular meal participants are registered at the center.

Compliance 16.1. *See General Center Standards.*

- Eligible persons who regularly participate in meals are registered. Until they are registered, seniors sign-in for services as senior guests.

STANDARD 17. The program has appropriate procedures for signing in meals participants and documenting meals served.

Compliance 17.1. Programs with PDS use the software to manage meal sign-in and documentation.

Compliance 17.2. Sign-In – PDS Users.

- A trained staff member or volunteer oversees attendance.
- A bar code reader is used to scan the personalized ID card issued by PDS to registered participants.
 - Each participant is scanned in only once regardless of the amount of food that the participant receives.
- Any person with a non-personalized ID card (e.g. guest, staff, contributing food handlers) signs in. This is handled in one of the following two ways:
 - The program scans in a category card (e.g. Senior Guest, Guest/Staff Under 60, Contributing Food handler) for each person without a personalized ID card as they enter, and utilizes the Daily Attendance/Income Record to document signatures.
 - Any person without a personalized ID card signs on the Daily Attendance/Income Record and a staff person scans the barcodes the appropriate number of times after the meal.

- Any member who forgets his/her card signs in. After the meal, the program searches those members' barcodes and enters the meals manually. Alternatively, the program maintains an alphabetized rolodex with a copy of each regular participant's barcode which can be located and quickly scanned in.
- Any persons picking up a meal for a participant who has been approved for Temporary Pick Up signs on a dated PDS-generated Activity sheet that has the barcodes of participants authorized for Temporary Pick Up. Barcodes are scanned in after the meal.

Note: Smaller programs may choose to use an Activity Sheet rather than a barcode reader, if this is more practical.

Compliance 17.3. Sign-In – Paper.

- A trained staff member or volunteer monitors attendance.
- Each meal recipient signs on the appropriate section of the Daily Attendance/Income Record.
- Any participants unable to sign signs with an X and the attendance monitor fills in their name and initials the entry.
- If a person other than the attendance monitor signs for a participant (including temporary meal pick-up), the attendance monitor initials the entry.
- Each participant signs in only once regardless of the amount of food that the participant receives.
- The DFTA Daily Attendance/Income Record is completed daily, with two signatures.
- The Daily Attendance/Income Records clearly distinguishes categories of recipients.
- On a daily basis, each category of meal is totaled accurately and accurately transferred to the Monthly Meals/Income Summary to facilitate final totals.
- The person who prepares the Monthly Meals/Income Summary initials it to indicate that it is accurate.

STANDARD 18. The program has appropriate procedures for contributions/payment collection and documentation.

Compliance 18.1. Participants.

- Procedures ensure that each participant's decision whether to make a contribution, and the amount of contribution to make, is private.
 - The program provides a slotted box or other secure receptacle for contributions.
 - No coercion is used by contribution monitors.

- Two persons (minimum of one staff) count the total contributions from participants each day and co-sign the Daily Summary section of the Lunch Attendance/Income Record.
- PDS users enter contribution amounts into PDS.

Compliance 18.2. Non-Participants.

- The amount of payment received from each non-participant is recorded next to the person's name on the Daily Summary Section of the Meals Attendance/Income Record.
- The amount of contribution received from each food handler (may be \$0) is documented next to her/his name on the Daily Attendance/Income Record.

Compliance 18.3. Contributions are safely stored until deposited in the bank.

STANDARD 19. Food service is efficient and organized.

Compliance 19.1. The following is observable:

- There are no avoidable delays or long waits for food.
- The method of serving food is well organized.
- Food servers are efficient.
- There is appropriate and adequate dinnerware for the number of participants served.

STANDARD 20. Participants are discouraged from taking food home.

Compliance 20.1. The program posts a sign in a visible place warning participants that it is a health hazard to take home left-over food without proper insulation, and stating participant responsibility for any food-borne illness.

Opportunity 20.1 The program supplements its posted sign with at least two additional efforts annually to heighten awareness of the need for proper precautions if food is removed from the premises – e.g. through hand-outs, educational presentations, etc.

STANDARD 21. Food emergencies are handled appropriately.

Compliance 21.1. Choking.

- A Choking/First Aid poster is posted in each dining room.
- At least one staff member present during meal service knows how to do the Heimlich Maneuver.

Compliance 21.2. Food Poisoning.

- Any suspected outbreaks of food-borne illness are reported promptly to the City Health Department Bureau of Field Services and a DFTA nutritionist.
- Food poisoning procedures are followed when several participants complain about an upset stomach, diarrhea, or feeling ill within 3 to 36 hours after consuming a meal at the site.
- If possible, half cup portions of all meal items are saved on an appropriate receptacle covered with plastic wrap and frozen for later laboratory tests by the Food Poisoning Unit of the Health Department.
- The program contacts affected persons to determine if they are under medical supervision or require medical assistance. Follow up is provided until the total incident has been resolved.
- The incident is documented in the program's incident file.

STANDARD 22. Preparation sites maintain food accountability.

Compliance 22.1. Inventory.

- At the preparation site, an inventory of food and supplies is completed accurately each month on the *Month End Inventory of Food and Supplies*, signed and dated by the director or designee, and submitted to DFTA.
- The inventory is conducted on the last working day of the month or the first working day of each new month.

Compliance 22.2. Food Use.

- The amount of all food used and daily meal attendance is recorded daily on the *Daily Food Used Record*.
- All daily food used is costed out and calculated correctly at least one week per month or until all menus in the cycle have been costed out.
- Per meal food costs are calculated monthly and submitted to DFTA on *The Monthly Food Cost Report* by the 10th of the following month.

Opportunity 22.2 The program costs out their menu every day.

STANDARD 23. Food purchases are appropriate and nutritionally safe.

Compliance 23.1. Purchases.

- All food is purchased from sources that comply with federal, state and local regulations related to food and food handling.
- All milk is pasteurized and purchased in half-pint containers for senior consumption.

- All meat, poultry, and fish purchased are government-inspected.
- Food delivery invoices/receipts are signed and dated upon delivery by the person receiving the food.
- Purchased food is carefully inspected and checked against the market order to ensure:
 - delivery matches the order;
 - price is correct;
 - quantity and weight are correct;
 - quality and grade are acceptable;
 - food is at required temperature;
 - food is in original packaging, which is free from swelling, bulges, dents, mold, leaks, and odors.
- Rejected foods are removed and arrangements made for immediate return and credit. (Spoiled goods are removed, and stored separately until they are returned.)

Compliance 23.2. Donated food.

- The program accepts only appropriate donated foods.
- The program does not serve foods prepared or canned in the home, road-killed game, wild game, or fresh/frozen fish donated by sportsmen.
- The program does not serve donated canned foods when:
 - Dates on packing cases or cans are expired, or cases or cans are missing labels;
 - Cans are rusted, mouldy, leaky, swollen or severely dented.

STANDARD 24. Food is dated and stored or disposed of in a sanitary manner.

Compliance 24.1. Prepared and fresh foods.

- Prepared food that is to be stored in refrigerators, freezers, or in storerooms is placed in food grade containers, covered, labeled, and dated.
- Stored foods are protected against cross-contamination (e.g. raw meat, chicken and fish are kept apart from raw fruits and vegetables).
- Cooked food is stored above raw food.

Compliance 24.2. Storage of dry food and supplies.

- Items are stored in an organized fashion so that they can be rotated on a first-in/first-out basis.
- Food and supplies are stored at least 6-10 inches above the floor.

- Precautions are taken to protect dry foods from dust, dirt, dampness, rodents, insects, pests, and foreign materials.
- Cartons are dated on receipt if contents are maintained in cartons.
- Individual containers are dated with month and year if removed from cartons.
- Cans or other individual items are dated on receipt.
- Canned goods are not stored longer than one year.
- Spoiled foods (dented, leaking, or rusted containers), outdated foods (received more than one year ago) and expired foods (past expiration date on original packaging) are discarded.

Compliance 24.3. Food storage temperatures.

- Dry storage areas are maintained at a temperature between 50°F and 70°F and well-ventilated.
- Refrigerators are maintained at a temperature between 35°F and 40°F.
- Freezers are maintained at a temperature between 0°F and –10°F.
- Perishable foods are refrigerated, except during necessary preparation.
- Commercially frozen foods are maintained in freezers.

Compliance 24.4. Food Disposal.

- Food that needs to be disposed of is promptly discarded.
- Food that needs to be disposed of is denatured by the addition of a disinfectant, removed from cans, and marked condemned. The label of the can is defaced, and marked condemned.
- Food that needs to be discarded (or returned to vendor because it is spoiled) is held separate and apart from foodstuff offered for consumption.

STANDARD 25. Leftover food is appropriately managed.

Compliance 25.1. Same day use.

- Catered sites dispose of leftovers on the day they are first served (by offering second at the end of meal service, or by increasing portion size or by discarding food).
- Meal preparation sites dispose of leftovers in the same way as catered sites, or store food in a sanitary fashion for next day (or second day) use. *See 24.2 and 24.3.*
- Leftovers are unplanned and occur infrequently.
- The program may at its discretion request a contribution for a full second meal.
- The program appropriately plates and packages (with proper insulation) any leftover meals that seniors take home for in-home consumption.

Compliance 25.2. Leftover Storage (at meal preparation sites only).

- Leftovers are rapidly cooled in shallow containers (not more than 2” deep) to 40°F, using the proper chill-down methods.
- When internal temperature reaches 40°F, the containers are covered, labeled, and dated.
- Leftovers are not frozen.

Compliance 25.3. Re-serving Leftovers (at meal preparation sites only).

- Leftovers not consumed on the day of preparation may be offered as an alternate choice up to two days following the date of preparation.
- Appropriate miscellaneous leftovers less than 48 hours old can be added to soup stock.
- Leftover food that requires heating is reheated to an internal temperature of 165°F, or held to a boil for at least 15 seconds.
- Leftover food that requires heating is reheated and served only once.

STANDARD 26. Caterers comply with DFTA standards for food preparation, food transportation, storage and sanitation.

Compliance 26.1. Caterer Responsibilities. The caterer complies with sanitary requirements set forth in the contract and DFTA’s standards for food preparation, storage, and sanitation, including the following:

- Temperatures are taken with a probe thermometer before portioning and/or packaging each day.
- Hot foods are packaged at a minimum of 160°F.
- Cold foods are packaged at a temperature below 40°F.
- Hot and cold foods are packed separately.
- All foods are packed for transportation in insulated carriers.
- Insulated carriers are in good condition and sanitarily maintained.
- Food is ready or delivered on time.
- Food is ready or delivered at the correct temperature.

Compliance 26.2. Program’s Responsibilities/Non-DFTA caterer.

- If the program is catered by a non-DFTA program, a Catering Agreement appropriate to the meals arrangement is signed by both parties and approved by DFTA.
- The program monitors delivery of catered food on the following items on a daily basis and documents recurring problems and follow-up:
 - Arrival of food at agreed upon time.

- Agreed upon number/quantity of food items.
- Meals appropriately and safely packaged.
- Food arrives at required temperatures (food is quickly reheated or chilled if not at required temperature, caterer is notified, and notification documented).
- Food matches approved menu.
- The food service supervisor or director makes a documented visit to the caterer's preparation site at least once a year to observe that bulk and/or individual plated meals are prepared in accordance with the terms of the Agreement and basic sanitary requirements.
- The food service supervisor or director visits the caterer/preparation site as often as necessary if there are any substantial or repeated deviations/problems, and documents the problem and its resolution.
- Persistent problems with the caterer are brought to DFTA's attention.

Compliance 26.3. Program Responsibilities/DFTA-to-DFTA or main site/satellite.

- The program monitors delivery of catered food on the following items on a daily basis and documents recurring problems and follow-up:
 - Arrival of food at agreed upon time.
 - Agreed upon number/quantity of food items.
 - Meals appropriately and safely packaged.
 - Food arrives at required temperatures (food is quickly reheated if not at required temperature, and caterer is notified).
 - Food matches approved menu.
- Any problems with the caterer are documented, and efforts made to resolve them.
- Persistent problems with the caterer are brought to DFTA's attention.

STANDARD 27. Food is prepared according to principles of nutritional health and safety.

Compliance 27.1. Conservation of nutrient value and flavor.

- Food is not overcooked.
- Food is prepared as close as possible to the serving time.

Compliance 27.2. Appropriate and safe temperatures.

- Perishable or potentially hazardous foods requiring cooking are cooked to an appropriate temperature and maintained at an internal temperature of at least 140°F.

- When cooked perishable food falls below 140°F, it is reheated quickly to 165°F or higher, then held at 140°F minimum.
- Poultry, poultry stuffing, stuffed meats and stuffing containing meat or poultry are cooked to an internal temperature of at least 165°F, with no interruption of the cooking process.
- Pork, ground beef and food containing pork or ground beef, are cooked to an internal temperature of at least 155°F.
- Frozen food is thawed in the refrigerator at 40°F, or under potable running water at 70°F, or as part of the cooking process. *(Note: If item weighs more than 3 lbs, it is not thawed by cooking.)*
- Cold food is held at 40°F or below until it is served and during service.
- Perishable food that is not served immediately after it is delivered or prepared is refrigerated.

Compliance 27.3. Sanitary practices.

- Food that requires no further cooking or is ready to eat is protected from bare hand contact by the use of appropriate utensils (e.g. long-handled tongs) or disposable gloves.
- Food is free from spoilage, filth, mold, odors, and contamination.
- Proteins and foods containing milk and egg products are handled with particular caution.
- Raw fruits and vegetables are washed thoroughly in potable water before they are served, including those with removable skin, such as bananas and oranges.
- Food preparation takes place only when there is hot and cold running water.

STANDARD 28. Quick chill methods (or specialized equipment approved by the nutritionist) are used when food is not prepared and delivered on the same day.

Compliance 28.1. Initial cooling. Cooked bulk food is allowed to cool at room temperature in shallow pans for approximately 30 minutes to bring internal temperature down to 120° F.

Compliance 28.2. Rapid chilling (non –freezer). Once the food has been brought down to 120 °F, it is rapidly cooled to 70 °F. within the next 2 hours, and to 40° within another 4 hours.

Compliance 28.3. Rapid chilling (freezer method – recommended).

- Shallow pans containing food cooled down to 120°F are distributed to all available freezers.
- Sufficient space is left for cold air circulation between pans.

- Food in freezers set to operate at 0° to –10 °F chills to an internal temperature of 70° F within one hour.

Compliance 28.4. Refrigerating/plating chilled meals. Chilled meals are transferred to the refrigerator and kept at 40 °F and/or portioned and packed as cold meals.

STANDARD 29. Food handlers follow basic sanitary procedures.

(Note: Food Handlers includes staff, volunteers, and WEP workers.)

Compliance 29.1. Attire.

- Food handlers wear clean and washable outer garments (e.g. aprons, smocks) or disposable outer garments.
- Food handlers wear hair restraints. *(Note: Hair spray is not an acceptable alternative to hair restraints. Note also: Long beards must be protected.*
- Food handlers have clean and trimmed fingernails, free of polish and artificial nails (or wear gloves at all times).
- Food handlers wear a minimum of jewelry.
- Food handlers have clean personal habits

Compliance 29.2. Basic Sanitary Procedures.

- Food handlers wash their hands with soap and warm water before beginning work, after each visit to the toilet, and as required by the sanitary code.
- Handwash signs are posted near handwash sinks in the kitchen and bathroom. The signs direct food handlers to wash their hands after use of the toilet.
- Food handlers do not use any tobacco products in designated food storage, service and preparation areas.
- “No Smoking” signs are posted in the food preparation, storage and service areas.
- “No Spitting” signs are posted in the food preparation, storage and service areas.
- Food handlers consume food only in designated dining areas where it will not result in contamination of food, equipment, or other items needing protection.
- Food handlers keep personal belongings outside of the food preparation, service and storage areas.

STANDARD 30. Food is served in a sanitary fashion.

Compliance 30.1. Temperatures.

- Food temperatures are taken with a sanitized probe thermometer at the beginning of each meal and periodically during meal service.
- If the program is catered, meal temperatures are taken with a probe thermometer upon delivery and at meal service.
- Cold food is maintained and served at 40°F or below.
- Hot food is maintained and served at 140°F or above.

Compliance 30.2. Sanitary Practices.

- No more than two hours elapse between the time potentially hazardous foods that require cooking are cooked and the time they are served.
- Sneeze guards or other appropriate means protect food placed out for service.
- Food is served restaurant style (e.g., waiter, cafeteria).
- Participants do not touch food with their bare hands before it is on their plates.
- Food (including cut fruits and fruits with edible skin) and serving utensils are placed on dishes or wrapped (cannot touch the table).
- Common drinking cups are not used.
- Straws for drinking are completely enclosed.
- Milk is served in unopened half-pint containers.

Compliance 30.3. Single Service Disposables.

- When adequate facilities for cleaning and sanitizing cookware and utensils are unavailable, single-service disposables are used.
- Single-service utensils and cookware (e.g. aluminum pans) are discarded after use.

STANDARD 31. Food storage, preparation and service areas are kept clean.

Compliance 31.1. A cleaning schedule is posted in food preparation areas.

Compliance 31.2. All areas are clean and well maintained including: floors, walls, ceilings, windows, doors, skylights, light fixtures, vent covers, fans, mats, duckboards and decorative materials.

- Push type brooms and dust arresting sweeping compounds are employed.

Compliance 31.3. Utensils, tableware, equipment, and work surfaces used for food preparation and service are kept clean and sanitized.

- Hot and cold running water are available in food service areas.
- Food contact surfaces are cleaned using cloths that are free of metal.
- Utensils and work surfaces are cleaned with soap and hot water and sanitized whenever they are used and in accordance with the cleaning schedule.
- All multi-use receptacles and other containers used in food preparation, service or transportation of food are cleaned before and after each use, sterilized or sanitized.
- New bottles, receptacles, and utensils are thoroughly cleansed, sanitized, and rinsed before use.
- Utensils for handling food and containers for storing food that are chipped, cracked, rusted, corroded, or badly worn are discarded.
- Grease is not poured down sinks but disposed of as garbage.
- The following cleaning and wiping cloths are kept separately:
 - Clean, dry cloths used for wiping food spills from tableware;
 - Moist cloths used for wiping food spills on kitchenware and food-contact surfaces;
 - Moist cloths for cleaning of non food-contact surfaces (e.g. counters, walls, dining tables).
- Moist cloths used for cleaning are stored in a sanitizing solution between uses.

STANDARD 32. The program conducts routine self-inspections.

Compliance 32.1. Self- inspections are conducted monthly.

Compliance 32.2. The program takes action to correct unsanitary or unclean conditions noted at self-inspection, and documents date and actions taken.

PHYSICAL ENVIRONMENT AND EQUIPMENT

STANDARD 33. The congregate meal facility and/or meal preparation site complies with all applicable federal, state and city codes.

Code compliance includes NYC Health Code, Article 81 for food preparation and food establishments, and the NY State Sanitary Code Subpart 14.1.

Compliance 33.1. Health Department Permit to Operate.

- The program has a current Permit to Operate from the Department of Health.
- If the Health Department has not inspected the site within the last year, the program requests an inspection.

Compliance 33.2. Response to Health Department Citations.

- The program responds to the Department of Health within the required time frame when cited for a violation of sanitation requirements.
- A copy of any response to a violation is forwarded to the assigned DFTA nutritionist and the Borough Director within one month of the response.

Compliance 33.3. Physical structures.

- Floors are made of a smooth, non-slip, and hard material.
- Floors, which are frequently wet or require frequent washing, are made of a hard, non-absorbent, watertight material.
- Walls and ceilings in food preparation areas are made of a hard, light-colored material.
- Walls and ceilings in contact with steam or vapor are made of smooth cement, glazed tile, glazed brick, or other non-absorbent material.
- Windows and doors in food preparation and service areas that open into outer air (with the exception of emergency exits) are equipped with fine mesh screens.

Compliance 33.4. Plumbing.

- Floors, refrigerators, cooking kettles, and steam tables have proper drains.
- Dishwashers have indirect drains and boosters for sanitizing temperatures.
- Indirect drains are installed where required by sanitary code, including in all food preparation and ware washing sinks.
- Sinks for food preparation and for the sanitizing of utensils, equipment, or the premises, are an adequate size, and have boosters where required by sanitary code.
- Sinks have running hot and cold water.

- Plumbing and plumbing fixtures are properly connected, vented, and drained.
- Each water supply outlet or connection is protected from back flow into the water system.
- Grease traps are installed in any cooking facility designed after 1997.

Compliance 33.5. Food Storage, Preparation, and Service Areas.

- If food is stored and prepared in areas not used solely for that purpose, the space has been adapted to fit food and safety requirements.
- Food storage, preparation and utensil-washing areas are restricted to those involved in food service.
- All three areas are well lit and adequately ventilated.
- Food storage areas contain no exposed or unprotected sewer lines.
- Toilet rooms are not used as storage areas for food and cooking supplies.
- There is a designated hand washing area in the food preparation area.
- The designated hand washing area is equipped with a hand wash sign, dispensed single-use towels, and soap or detergent.
- Lighting fixtures in all three areas have protective shields or shatterproof light bulbs.
- Fans in all three areas are shielded.

Compliance 33.6. Ventilation and Fire Protection Systems.

- The DFTA Facilities Unit and the Bureau of Fire Prevention are consulted before the purchase of a new ventilation and/or fire protection system (includes optional range hoods, exhaust fans, ductwork, filters).
- All contracts for new systems must guarantee that the systems meet applicable code requirements.
- The Fire Department inspects extinguishing systems for cooking equipment upon installation.
- Exhaust systems and filters are inspected, and cleaned, and filters are changed at least once every three months by a qualified employee or an approved cleaning service.
- Only “baffle” filters are used.
- Operating and cleaning instructions for cooking exhaust and the fire extinguisher system are posted under glass at the entrance to the kitchen.
- A sketch on 8-1/2 x11 inch paper showing the origin, run, and terminus of the grease duct is posted over the grease duct.
- A sufficient number of A:B:C portable fire extinguishers are strategically placed throughout food service areas.

- Portable fire extinguishers and fire extinguishing systems have been inspected, tested, and tagged with a current date of inspection.
- Fire extinguishing devices are inspected annually by a licensed maintenance service.

Compliance 33.7. Pest control.

- Extermination service is provided at least monthly or more frequently if necessary.
- The exterminator is certified by the State Department of Environmental Conservation.
- The exterminator uses only closed bait stations in food storage, service, and preparation areas and in utensil washing and storage areas.
- The program does not use or store pesticides.
- Exterminator services are used for fly and pest control (e.g. the program does not hang fly paper/strips in food storage, preparation or serving areas).

STANDARD 34. Equipment/utensils complies with all applicable federal, state and city codes.

Compliance 34.1. Equipment/Utensils.

- Equipment, unless easily movable, is:
 - sealed to the floor; or
 - installed on a raised platform of concrete or other smooth masonry; or
 - elevated at least 6 inches on legs.
- Equipment and utensils used for food preparation and service are lead and cadmium-free.
- Equipment and utensils used for food preparation and service are easily cleaned and inspected (e.g. easily disassembled).
- Cutting blocks and boards are smooth, clean, and constructed of hard maple or an equivalent non-absorbent material.

Compliance 34.2. Equipment Maintenance.

- All major equipment receives routine maintenance.
- Dish washing machines are maintained in good repair and operated in accordance with manufacturer's instructions. (*Recommended temperature for washing is 140-150 °F; 170-180 °F for final rinse.*)
- Refrigerators and freezers are equipped with accurate inside thermometers to register temperatures.
- Precautions are taken to prevent machinery, exposed pipes and equipment from entrapping foreign materials (For example dusting.)

- An equipment inventory is maintained and updated annually.
- Equipment is appropriately tagged to correspond with inventory lists.

Compliance 34.3. Garbage containers.

- Garbage receptacles are sufficient in size and number, and lined.
- Garbage receptacles are constructed of an appropriate material.
- Garbage containers hold contents without leakage and have tight-fitting covers.
- Garbage receptacles are rodent proof and fire proof.
- Filled garbage receptacles weigh less than 100 pounds.
- Garbage receptacles are emptied before garbage and waste materials accumulate and become a nuisance.
- Garbage receptacles and covers are properly cleansed after emptying.
- Garbage receptacles are covered when not in use, and maintained in a sanitary condition in the building or at the rear of the premises until the time of garbage removal.
- All waste is sorted according to recycling requirements (papers bundled, etc.).

ADHERENCE TO TARGET POPULATIONS AND TARGET AREAS

STANDARD 35. Congregate meal service is targeted to eligible persons, with particular emphasis on low-income minority persons 60 years of age or older.

Compliance 35.1. The following persons are eligible to receive meals:

- Members, guests and staff who are 60 years of age and older.
- The spouse of any person under 60 who accompanies her/his age-eligible spouse.
- Non-elderly physically or cognitively disabled individuals who live in the household with and accompany an eligible participant.
- Disabled persons who reside in a primarily senior housing facility where the center is housed.

Compliance 35.2. The program serves ineligible persons (e.g. guests and staff under 60, contributing food handlers) only if it is apparent that there is sufficient food for all eligible participants.

RECORDKEEPING AND REPORTING

STANDARD 36. There is on-site documentation to support the number of units and the amount of income reported to DFTA on the monthly invoice.

Compliance 36.1. An accurate count of documented meals is reported to DFTA.

Compliance 36.2. The number of reported units for each type of meal served (participant, guests and staff under 60, contribution food handlers) is supported by the following on-site documentation.

Meal Attendance Records – PDS Users.

- Monthly Summary Report by Service (Congregate Lunch or Breakfast).
- Monthly Summary Report by Date.
- Daily Attendance/Income Records
- Temporary Meal Pick-Up Sheets.

Meal Attendance Records – Paper.

- Daily Meal attendance records are correctly totaled in each category of meals served and the amount correctly transferred to a Monthly Summary of Meals and Contributions.
- Daily totals for each category of meals entered on the Summary of Meals and Contributions are correctly added and the amount matches the number of meals reported for the month in each category.

Compliance 36.3. An accurate count of contributions and payments collected is reported to DFTA.

- Daily Attendance/Income Records and PDS totals of contributions/payments collected support the amount reported, if program has PDS.
- Daily Attendance/Income Records and the Monthly Summary of Meals and Contributions supports the amount collected, if program does not have PDS.

STANDARD 37. Menu planning is correctly documented and reported.

Compliance 37.1. The original copy of the approved menu, with the nutritionist's signature, is kept on file for one year after the closing date of the fiscal year in which the menu was served.

Compliance 37.2. Copies of menus actually served, with documented substitutions, are kept on file one year after the closing date of the fiscal year in which the menu was served.

Compliance 37.3. Consumer surveys are kept on file for one year after the date of the survey, including surveys on cold meal preferences.

STANDARD 38. Food supplies and costs are documented correctly and reported.

Compliance 38.1. Signed food delivery invoices/receipts are kept on file.

Compliance 38.2. The program submits its most recent *Monthly Physical Inventory of Food and Supplies* and its *Monthly Food Cost Report*, properly dated and signed, to the assigned DFTA nutritionist by the 10th of each month.

Compliance 38.3. *Daily Food Used Records*, *Monthly Food Costs Reports*, and *Physical Inventories* are maintained on file for six years after the closing date of the fiscal year in which they were completed.

STANDARD 39. Compliance with other requirements for nutrition services is correctly documented.

Compliance 39.1.

- Food temperature records are maintained for one year after the closing date of the fiscal year in which the temperature is recorded
- Self-inspection checklists are kept on file for one year after the closing date of the fiscal year in which the inspection was completed.

Compliance 39.2. Orientation and Training.

- Documentation (may be an Event generated in PDS Employee file) of orientations and training for food service staff and volunteers include the names of participants, names of persons providing training, and date and time of training.
- Orientation and training documentation is kept on file for one year after the closing date of the FY in which the training occurred.

Compliance 39.3. Equipment and service maintenance.

- The program maintains bills for quarterly exhaust system cleaning and inspection for one year after the close of the fiscal year in which the cleaning was done.

- Extermination service bills or reports specify the provider's name, address, certification number, date, and the form of service provided.
- The program maintains bills/reports for monthly extermination service for one year after the closing date of the FY in which the extermination service was provided.
- The Equipment Inventory is updated and maintained.
- All fire extinguisher tags are current.
- Service documents for other major equipment servicing are maintained for one year after the closing of the fiscal year in which the servicing was done.

Compliance 39.4. Health Department and DFTA Monitoring and Inspection.

- The Permit to Operate issued by the Health Department is kept on file.
- Health Department Sanitary Inspection Reports are kept on file for one year after the close of the fiscal year in which the inspection took place.
- If the most recent Health Department Inspection Report on file is not dated within the past year, a letter to the Department of Health requesting an inspection is on file.
- Any communication with the Health Department in response to a citation is copied to the assigned nutritionist and Borough Director and kept on file for one year after the closing date of the FY in which the communication took place.
- DFTA assessment and monitoring correspondence is kept on file for one year after the closing date of the fiscal year in which the correspondence was generated.

Compliance 39.5. Temporary Meal Pick-Up. Written documentation is in the client record for the following events:

- **Initial 3-Week Authorization.** May be a Case Note or a PDS Event
- **3-Week Follow-Up:** Case note or PDS Event documents one of the following:
 - Referral for Assessment
 - On Waiting list for HMDL or for Assessment
 - Specific cut-off date (agreed upon with participant)
- **Extension of cut-off date:** Case note or PDS event.
- **2-Month Follow-Up Phone Call** to clients waiting to receive home-delivered meals. Case Note or PDS Event.

EDUCATION/RECREATION STANDARDS

Education/Recreation service consists of scheduled and organized activities that offer varied and diverse opportunities for (1) satisfying use of leisure time; (2) physical exercise and other types of health-related activities or education; (3) social interaction; (4) enjoyment of interests, skills, creativity, and talents; and (5) participant leadership. Note: Programs are “general focus” unless they have proposed that they will have a specialized focus only (e.g. is a program for teaching a special subject/skill only, or does not serve a general senior center population) it is a “general focus” program.

Unit: Each session of a scheduled activity.

SCOPE

STANDARD 1. The education/recreation activities program offers varied and diverse opportunities to participants.

Compliance 1.1. General focus programs. Each month the education/recreation program provides at least the monthly minimum number of different* activities proposed for each site in the program’s response to DFTA’s RFP, or in DFTA-approved updates. *Note: Does not apply if site is budgeted for fewer than 150 units of education/recreation service, and/or if funds are earmarked by the City Council for a specific purpose.*

Compliance 1.2. General focus programs. At minimum, the different activities offered include:

- at least one physical exercise sessions weekly (e.g. Tai Chi, stretch, muscle building, aerobics, dance, yoga, chair exercises, walking group, swimming, etc). *Note: The Program is exempt from this requirement if physical exercise is provided as an activity under contracted Health Promotion Service.*
- at least two different educational, instructional, or creative activities weekly (e.g. classes or workshops; trips or visits of a cultural nature; discussion groups; mental “stretch” activities).

**Note: The number of different activities offered is the measure of variety. Whether the same activity is offered only once during a period, or five times, it is still one activity.*

Opportunity 1.2. Each of the sub-bullets is a separate opportunity.

- The education/recreation program at the site:
 - provides more than the monthly minimum number of different activities during four or more months of the year.

- offers more than one physical exercise session during each week, or offers at least one blood pressure monitoring session monthly, in addition to its weekly exercise session.
- offers more than two different activities that are educational, instructional, or creative a week.
- offers at least one highly popular or innovative activity (and that is not a birthday party) at least two times during the year. Popularity/innovation may be demonstrated by large number of people participating/attending, and/or a story about the program and this activity in the local press, and/or agreement by program participants that the activity is creative and unusual in concept and has not been offered before.
- offers at least one special event per year, or one activity that is scheduled at regular times throughout the year, that is led by a volunteer participant in the program (initiated, organized, and/or instructed by the participant).

Compliance 1.3. Programs with specialized focus only.

- If the program has proposed a specialized rather than a general focus in response to DFTA’s RFP (e.g. a program addressed to a special population, or a program for teaching a particular skill only), there is a written description of the program’s specialized intent and objectives, and the type(s) of activities it provides.
- If the program has proposed a specialized focus only, it provides at least the number and type(s) of activities or sessions monthly that it proposed in its response to DFTA’s RFP or subsequent updates.

Opportunity 1.3 *Each of the following is a separate opportunity.*

- If the program has a specialized focus only, during at least four months of the year it exceeds the monthly minimum number and/or types of activities proposed.
- If the program has a specialized focus only, it organizes at least two educational “special events” during the year. To qualify as a “special event,” at least one of the following applies: special publicity was created for this event; increased participation in the event; special resources were devoted to the event.

Compliance 1.4. Participants feel that they have a variety of interesting activities to choose from, taking into account space and size limitations.

Compliance 1.5. Trips for which money is charged to offset the expense are not the program’s predominant activity, and are balanced by non-cost activities.

STANDARD 2. The program meets the interests and preferences of persons it intends to serve.

Compliance 2.1. The monthly average of individuals who attend at least one activity session at the site does not fall below the minimum monthly average proposed in response to DFTA’s RFP (or in DFTA-approved updates).

Opportunity 2.1. **During at least four months of the year, the number of participants who have attended (or participated in) at least one activity session at/by the site during the month was more than the monthly minimum average proposed in response to the RFP (or in negotiated updates).**

Compliance 2.2. At least once during the year, members who have attended an activity during the past six months are asked for their feedback (either on the program as a whole, or on each activity they attended) in a formal satisfaction survey.

STANDARD 3. The program publicizes its education/recreation activities in the community.

Compliance 3.1. Programs budgeted for more than 200 units. The program’s outreach activities in the community (see general standards) include publicity for its activities program.

Opportunity 3.1. At least one special event or activity session during the year drew older people from the community who were not members of the center at the time. Minimum attendance: 15. Minimum non-center members: at least 1/3 of those attending. *Not accepted for this opportunity: trips that require fees to be paid, or that are not sponsored by the program.*

STANDARD 4. The program assures the availability of service to all interested participants.

Compliance 4.1. Any eligible person may participate in an education/recreation activity, within the limits of space (e.g. room limitations), specific health requirements, or stated proficiency levels. *See General Program Standards for Senior Centers.*

- *See General Program Standards (non-exclusion policy) for trips or other activities with out-of-pocket costs to participants.*

LEVEL OF SERVICE

STANDARD 5. The program provides the number of budgeted units yearly.

Compliance 5.1. The number of units of service provided by the program is within the variance allowed by DFTA.

Opportunity 5.1. The program provides more than 100% of its budgeted units.

STANDARD 6. The correct unit definition is used in reporting the level of education/recreation service.

Compliance 6.1. Units are reported only for scheduled education/recreation sessions that are planned, structured, and organized (see Standard 9). Continuous or spontaneous, unplanned activities are not be counted as units.

Compliance 6.2. Activities counted as education/recreation units are not counted toward another service - for example, activities are not reported as both education/recreation and health promotion.

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 7. Staffing is appropriate for the service.

Compliance 7.1. The service is provided and supervised by the number of persons and the position titles (including consultants and volunteers) designated in the program's response to DFTA's RFP or in the current budget.

Compliance 7.2. Consultants (see Fiscal Manual for requirements).

- Contracts or written agreements specifying rates, and number of sessions to be provided are on file.
- Resumes are on file.
- References are on file.
- Consultant schedules are on file.

Compliance 7.3. Volunteers.

- If volunteers are used to provide the service:
 - They are consistently available.
 - Records of interviews with each volunteer to establish interest and reliability are on file.
 - Schedule of each volunteer is on file.
 - All volunteers have a designated supervisor who meets with them individually or in a group for regularly scheduled supervision.

STANDARD 8. Instructors/leaders are appropriately qualified.

Compliance 8.1. Persons providing instruction, or hands-on contact with participants (for example, hair or beauty treatments; massage; physical exercise) or having other special responsibilities, are appropriately qualified (e.g. licensure, if applicable; education, training, or experience).

- Where an appropriate level of qualification to instruct or lead an activity is appropriate or necessary, the program maintains documentation that the leader meets the qualifications.

PROCEDURES AND METHODS

STANDARD 9. All activities are planned, structured, and organized.

Compliance 9.1. Each activity has a planned beginning and ending time.

Compliance 9.2. A posted calendar or schedule lists each activity, with its name and starting time at least one day before the activity is scheduled to occur.

Opportunity 9.2. **In addition to posting the activities schedule, the program makes the schedule available for participants to have at home (e.g. a flyer; announcement in the center newsletter, etc.)**

Compliance 9.3. The posted calendar or schedule is current.

Compliance 9.4. Each group activity has at least one person who is responsible for keeping the activity organized – for example, getting supplies, checking attendance or overseeing sign-in, beginning or ending the activity, instructing or leading the activity.

STANDARD 10. The program has a planning process for education/recreation.

Compliance 10.1. There is a demonstrable annual (or more frequent) planning process that involves participants.

- The senior center can demonstrate that members who do not participate in the current education/recreation program are invited to give their input regarding activities that might interest them.

Opportunity 10.1. **The program can demonstrate that a new activity was added to its program as a result of suggestions from participants.**

STANDARD 11. Participants in education/recreation activities are registered.

Compliance 11.1. Regular participants in education/recreation activities are registered. *See General Standards for registration procedures and requirements.*

STANDARD 12. Participant attendance at education/recreation activities is documented.

Compliance 12.1. If PDS has been made available to the program:

- The name of each activity is entered into PDS.
- Each participant in an activity is scanned into PDS during or after the session (program uses a bar code scanner or activity sheet to record attendance).

Compliance 12.2. If the program does not have PDS, attendance at each session is checked off on a list of names, or each participant signs in for the activity.

RECORD KEEPING AND REPORTING

STANDARD 13. The program correctly reports documented units of service to DFTA.

Compliance 13.1. An accurate count of documented education/recreation sessions is reported to DFTA.

Compliance 13.2. Reported units are supported by on-site documentation.

- **PDS.** If PDS has been made available to the program, PDS-generated monthly unit reports match service units reported to DFTA.
- **Paper:** If PDS has not been made available to the program, the total of activity sessions recorded on education/recreation logs for the month (documenting the name of each session, the date it occurred, and the leader's name or name of person responsible for the activity) matches units reported to DFTA.

STANDARD 14. The program maintains other required documentation.

Compliance 14.1. Documentation of Attendance – PDS

- Record of each participant's participation (actual service delivered to the participant) in PDS.

Compliance 14.2. Documentation of Attendance – Paper

- Attendance record for each session.

Compliance 14.3. Documentation of Types of Activities

- PDS records if program has PDS.
- Attendance Sheets and posted calendars if program does not have PDS.

Compliance 14.4. Documentation of Surveys and Planning

- Satisfaction surveys.
- Planning process.

HEALTH PROMOTION STANDARDS

Health Promotion services promote good health, avoidance of accidents, and a better understanding and awareness of healthy life style habits and current issues in health care. Services consist of educational, supportive, and preventive activities. They do not include medical diagnosis and/or tests for the purpose of identifying the cause of an individual's health problems. Nor do they include treatment for conditions (for example, foot care, eye care, dental care, etcetera).

Health Promotion Unit: each scheduled group activity or scheduled administration to a group of persons of a vaccine or test.

SCOPE

STANDARD 1. The program provides the service in accordance with its service proposal to DFTA.

Compliance 1.1. The program provides each of the following types of health promotion that it proposed in response to DFTA's RFP or DFTA-approved updates:

- educational presentations (for example, on accident prevention, diet and nutrition, etc).
- consumer education presentations related to health (for example, on Medicare, Health Care Proxy/Living Will, long term care insurance, medications management, tips for finding a doctor, etc.).
- classes or other activities that promote health, including exercise or stretch classes, yoga classes, swimming groups, walking groups, stress reduction workshops, etc.
- support groups (e.g. weight maintenance, widowed persons, arthritis self-help, smoking cessation, etc.).
- screening tests to detect health problems.**
- blood pressure monitoring.
- Flu shots (if administered by the Department of Health).
- One-on-one medications review for the purpose of educating the senior about medication management and adverse drug reactions.

****Health Screening tests do not involve:**

- *invasive procedures, including but not limited to incisions, surgical procedures, injections.*
- *the collection of blood, stool, or urine on site.*
- *the use of sedatives.*

STANDARD 2. The screening service includes participant education, feedback on results, and counseling and referral.

Compliance 2.1. Education. Before an individual receives a type of screening for the first time, screening personnel provide the following information to the individual (may be in a group lecture or presentation):

- What the test involves and what to expect from it;
- The nature of the problem(s) the test detects;
- The importance of ongoing attention to the problem;
- Preventive measures that can be taken by an individual to lower risk (where applicable to the screening tests);
- Warning signs associated with the problem;
- Genetic factors and lifestyle influences.

Compliance 2.2. Feedback. After each screening, screening personnel inform each individual about test results.

- The feedback occurs in private sessions at the program. Exception: when results cannot be determined on the same day as screening, results may be mailed.
 - If results are mailed, a standard form letter (with blanks for confidential information about results to be inserted) is used which has been approved by the program director or her/his delegate.
 - The program maintains a copy of any standard form letter used to inform participants about test results.
- Wherever appropriate, the individual receives a written record of the test results e.g. for screening tests which are repeated at regular intervals, such as blood pressure).
- Participants are informed in person (on site, or by telephone if necessary) when tests results are abnormal or tentative.

Compliance 2.3. Counseling. Personal counseling by screening personnel is provided to all individuals whose tests results are tentative or abnormal.

- Counseling includes an explanation of the significance of the results and a discussion of appropriate courses of action.

Compliance 2.4. Referral. When test results are abnormal or tentative, screening personnel refer the individual to their own primary physician, or ophthalmologist, podiatrist, optometrist, etc.

- If the individual requests the name of a health care provider, she/he is provided with the phone number of the local hospital's referral services, or given the names of at least three qualified providers in the community.

- If the participant is provided with names of a health care provider, she/he is informed in writing that the DFTA-funded program does not endorse any name provided, nor is the individual obligated to choose any name provided.

Opportunity 2.4. The program follows up on persons referred due to an abnormal or tentative screening result to determine whether the suggested referral (including referral to their own doctor) was pursued or any other action was taken.

STANDARD 3. All service provision is non-commercial, non-coercive, and free of charge.

Compliance 3.1. The program does not endorse, either orally or in writing, any product or health care provider.

Compliance 3.2. Health care providers and health product companies that provide health education, health screening, or health support activities at the program do not use these activities to find clients or buyers for their services or products.

Compliance 3.3. Organizations or individuals providing services do not obtain social security or Medicare numbers for personal or professional use (*see compliance 3.8 below for exceptions*).

- Agencies or individuals administering screening tests may request participant names, addresses and telephone numbers only for the purpose of providing test results to the participant.

Compliance 3.4. Product presentations (for example, on private insurance plans, health products, home improvement products, private nursing homes, private housing options, etc.) are presented only in panel or health fair format where other sellers of the same item are represented.

Opportunity 3.4. The program invites the Health Insurance Information, Counseling, and Assistance Program (HIICAP) to present on Medicare or managed care options (panel or health fair format not necessary). *Programs can call the Department's Information and Referral Service to find the nearest HIICAP location.*

Compliance 3.5. Participation in the service is free of coercion.

Compliance 3.6. All health promotion services are delivered free of charge to participants, including health screening tests or examinations. ***See exceptions below.*

- No third party reimbursement is claimed for services provided on site.
- If the screening provider bills an insurance carrier for treating an individual at her/his place of business following diagnosis by the screening test, the provider assumes all risks of non-reimbursable claims.

Compliance 3.7. Participants are not required to disclose their Medicare, Medicaid, or personal insurance identification numbers, or social security numbers. ***See exceptions below.*

Compliance 3.8. No third party reimbursement (including Medicare or Medicaid) is claimed for services provided on site. ***See exceptions below.*

Organizations that are exempt from the above requirements are:

- Hospitals, clinics, or other institutions, if the location where they are providing services is covered by an Article #28 Certificate from the Department of Health (covering medical services) or an Article #31 Certificate from the State Office of Mental Health (covering mental health services). The Certificate must name the site where services are provided as an “extension site” of the hospital, clinic or institution.
- Government agencies that provide services (such as the Department of Health provision of flu shots) or the Department of Mental Health or organizations that contract with these agencies and are on their approved list to provide services such as flu shots, etc.)
- Government-sponsored demonstration projects (e.g. the Community Nursing Organization of VNS) that have a waiver agreement with DFTA, or other government approved projects.

LEVEL OF SERVICE

STANDARD 4. The program provides the number of number of budgeted units yearly.

Compliance 4.1. The number of units of service provided by the program is within the variance allowed by DFTA.

Opportunity 4.1. The program provides more than 100% of its budgeted units.

STANDARD 5. The correct unit definition is used in reporting the level of health promotion service.

Compliance 5.1. The program uses the correct unit definition of each session (presentations; classes; screening series, etc.) for reporting purposes.

Compliance 5.2. Activities counted as health promotion units are not also counted as another service – for example, activities are not reported as both health promotion and education/recreation, or as health promotion and nutrition education.

Compliance 5.3. Units are not counted for screenings provided at health fairs by participating organizations such as hospitals or health care organizations.

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 6. Staffing is appropriate to the service.

Compliance 6.1. The service is staffed (employees and volunteers, where applicable) as proposed in the program's response to DFTA's RFP or in negotiated updates.

Compliance 6.2. Oversight responsibility. The service is overseen by a person who has at minimum a BSW degree, or a Bachelors degree and one year experience in health or social services provision, or an AA degree and two years health or social service experience, or four years of direct health or social service experience.

Compliance 6.3. Adequate program personnel or designated volunteers are available to assure the smooth flow of screening activities when offered.

Compliance 6.4. Persons providing testing are directly supervised by center staff or by hospital or agency personnel.

STANDARD 7. All service providers are appropriately qualified.

Compliance 7.1. Health promotion services (education, exercise group, support groups, health screening tests, blood pressure monitoring, medications review, etc.) are provided only by persons in the following categories:

- Staff or paid consultants (resumes listing suitable qualifications are on file, including licensure where applicable).
- Trained seniors (DFTA's Health Promotion Unit).
- Student nurses, medical technicians, or others in a health sciences training program approved by New York State, and under the supervision of their instructor.
- Employee representatives of health care organizations that designate the program as a site where they provide community service (including doctors or nurses employed by hospitals or clinics, or other health professionals working for health product manufacturers, insurance companies, etc.).
- Professional health care consultants who are either paid by the program or who provide free community service (resumes listing suitable qualifications are on file, including licensure where applicable).
- Employees of government agencies mandated to assist in the promotion of public health or the prevention of diseases and epidemics, such as the Department of Health and the Department of Mental Health.
- Employees of organizations or institutions with which DFTA has a waiver agreement (e.g. Community Nursing Organization of VNS).

Compliance 7.2. At least some staff or consultants who provide screenings are able to provide counseling to clients on health issues.

- Non-professional screeners are cautioned not to give advice or information outside their narrowly defined task.

Compliance 7.3. To the extent possible, programs check the qualifications of persons or organizations proposing to perform health screening tests with the appropriate County Medical Society or specialty professional organizations.

Phone numbers are as follows:

Manhattan Medical Society	212-684-4670
Brooklyn Medical Society	718-467-9000
Queens Medical Society	718-268-7300
The Bronx Medical Society	718-548-4401
Staten Island Medical Society.....	718-442-7267
NYS Dept. of Health.....	212-613-2440
NYS Dept. of Education, Professional Licensing/Certification	518-474-3817

PROCEDURES AND METHODS

STANDARD 8. Each participant in health promotion services is registered.

Compliance 8.1. The program registers each participant in health promotion services. *See General Program Standards.*

- If PDS has been made available to the program, the participant is registered in PDS.
- If PDS is not available, a Participant Information Form is completed on the participant if one does not already exist.

STANDARD 9. Clients give written consent to participate in health screening services.

Compliance 9.1. All clients who participate in a health screening (or group of health screenings) sign Consent and Disclaimer Forms (DFTA form or Consent Form used by the health screening administrator (outside agency)).

- The consent form names the type of screening or screenings.
- If an outside agency administers and retains the client consent forms, a copy of the form used is provided to the program for its records, with a statement that the participants from the program have completed the forms.
- Repeated screenings for the same condition do not require new forms.

STANDARD 10. External organizations, and paid or volunteer consultants, sign a written Agreement with the program before providing health screening services.

Compliance 10.1. All non-employees (employees include staff of the program or the sponsoring agency) who provide screening/examination services sign and comply with a Non-Reimbursable Health and/or Medications Screening/Examination Agreement (DFTA form). This Agreement holds the outside provider to the requirements that apply to program and/or sponsor employees.

Exception: In addition to program or sponsor employees, the following do not have to sign an Agreement: DFTA-trained senior volunteers, representatives of government agencies, organizations that provide screening under the terms of an Article #28 or Article #31 Certificate – *see General Standards.*

STANDARD 11. The program appropriately schedules and documents service provision.

Compliance 11.1. Each session is scheduled and publicized to program members.

Compliance 11.2. If PDS has been made available to the program:

- The name of each session is recorded in PDS.
- Each participant is scanned into PDS for the appropriate session name during or after each session (program uses a bar code scanner or activity sheet to record attendance).

Compliance 11.3. If the program does not have PDS, the program uses health promotion logs that document: Date of the screening or other health promotion activity

- Name of the session or nature of the screening or health promotion activity.
- Name of the service provider for the activity (screening organization or instructor, etc.)
- Date of the activity.
- Name of each person attending the activity.

ADHERENCE TO TARGET POPULATIONS AND TARGET AREAS

STANDARD 12. Services are provided to the appropriate population.

Compliance 12.1. The service is provided to persons 60 years of age or older.

Compliance 12.2. The program serves the population it has identified in its response to DFTA's RFP or DFTA-approved updates - for example, center members only; older persons in the general public; homebound clients, etc.

PHYSICAL ENVIRONMENT AND EQUIPMENT

STANDARD 13. Services are provided only in an appropriate setting.

Compliance 13.1. Health screening tests are conducted only in conditions that are sanitary and ensure privacy

RECORD KEEPING AND REPORTING

STANDARD 14. The program correctly reports documented units of service to DFTA.

Compliance 14.1. PDS. If PDS has been made available to the program, PDS-generated monthly unit reports match reported health promotion sessions.

- **Paper:** If PDS is not available for use by the program, the total of sessions documented on logs matches units reported to DFTA for the month.

STANDARD 15. The program maintains other required documentation.

Compliance 15.1. Health Screening

- Signed Agreements with providers of screening services who are not employees.
- Signed Client Consent Forms (or copy of generic form used by providers of screening services external to the program).
- A record of persons referred to a health care provider as the result of a screening test administered by a staff person or consultant to the program.
 - Confirmation that counseling and referral of participants with abnormal or tentative results occurred.

Compliance 15.2. Participation Records

- If PDS is used to document service, there is a record of actual participation for each participant in the service.
- If paper is used to document the service, the paper form includes the following:
 - Number of persons participating in the activity.
 - Names of persons participating in the activity.

NUTRITION EDUCATION STANDARDS

Nutrition Education provides instruction or information to participants regarding nutrition and dietary requirements for good health, the relationship of diet to illness, proper purchasing, preparation and storage of food, etc.

Unit: Each session of nutrition education.

SCOPE

STANDARD 1. The program provides educational events that teach participants the principles of good nutrition.

Compliance 1.1. The program provides nutrition and consumer education to groups of participants on topics such as planning nutritious meals, maximizing the use of food dollars, being a wise purchaser, and understanding the reason for good dietary practices.

Opportunity 1.1. *Each of the following is a separate opportunity:*

- Each session is devoted to a single topic covered in depth rather than covering several topics superficially.
- More than one session is devoted to some topics.

Compliance 1.2. Nutrition education sessions may be offered in a classroom format, or as demonstrations, presentations, showing of films, field trips, etc.

Compliance 1.3. When audio-visual materials are utilized, they do not promote specific products and are from a reliable source approved by an official agency.

STANDARD 2. The service reaches as many persons as possible.

Compliance 2.1. To the extent possible, the program schedules nutrition education sessions when a large number of participants will be available.

Opportunity 2.1. At least 30% of the average monthly number of persons attending meals also attended at least one nutrition education session.

LEVEL OF SERVICE

STANDARD 3. Units are counted appropriately.

Compliance 3.1. The program uses the appropriate unit definition for nutrition education – e.g. each session provided to participants.

Compliance 3.2. Activities reported as nutrition education are not also reported as another service – e.g. education/recreation.

STANDARD 4. The program provides the number of budgeted units annually.

Compliance 4.1. The program provides 6 units of nutrition education annually.

Opportunity 4.1. The program provides more than 6 units annually.

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 5. Staffing is appropriate to the service.

Compliance 5.1. Persons providing nutrition education are appropriately qualified (for example, registered dietitians; nutrition students supervised by a registered dietitian; other licensed or credentialed professionals with knowledge of nutrition (e.g. Doctor, RN, LPN, PT, OT) as appropriate to the subject addressed).

PROCEDURES AND METHODS

STANDARD 6. The program appropriately schedules and documents service.

Compliance 6.1. Attendance at nutrition/education sessions is recorded in PDS, if PDS has been made available to the program.

- If PDS has not been made available, the program uses sign-in sheets that also indicates the topic covered.

STANDARD 7. The program appropriately documents content of nutrition education provided.

Compliance 7.1. The program maintains documentation on the content of each nutrition education session (e.g. outline; copy of handouts, a class curriculum, etc.).

RECORD KEEPING AND REPORTING

STANDARD 8. The program correctly reports documented units of service to DFTA.

Compliance 8.1. An accurate count of documented sessions of nutrition education is reported to DFTA.

- Reported units are supported by on-site documentation.

STANDARD 9. The program maintains other required documentation.

Compliance 9.1. The credentials of persons providing nutrition education are on file at the program.

Compliance 9.2. Nutrition Education outlines, syllabi, or other appropriate content descriptions are on file.