

DEPARTMENT OF ELDER AFFAIRS PROGRAMS AND SERVICES HANDBOOK

Chapter 3: Older Americans Act (OAA)

Section III: Service Requirements

Nutrition Program Policies

MENU REVIEW AND APPROVAL:

- A. Menu Planning:** The menus shall be planned and provided to the qualified dietitian for review no less than **six calendar weeks** in advance of implementation.
- B. Menu Approval:** All menus must be approved at least **four calendar weeks** prior to implementation. All menus must be approved in writing by a qualified dietitian. The approving qualified dietitian's signature and date must be documented on each page of the approved and posted menu. The approving signature verifies that all menus comply with DOEA menu standards and applicable supporting nutrient analysis documentation is maintained. The AAA qualified dietitian or the nutrition program Qualified Dietitian may approve the menus. A qualified dietitian employed by the food vendor may not approve the menus, because this is a conflict of interest.
- C. Menu Cycle:** Nutrition Programs may choose to offer two types of menu cycles:
- 1. Preselect Menu:** daily menu offers only one entrée; or
 - 2. Selective Daily Menu:** offers two to three entrée choices.

The preselect menu cycle shall be no less than 4 weeks in rotation of different food combinations to assure variety of colors, flavors, and textures. Preselect cycle menus shall run for a maximum of six months before changing, and food items should not be repeated on consecutive days or consecutive days of the week.

Meal sites offering a selective menu (i.e., buffet style meal service or kiosk) may decrease the menu rotation and the same menu item may be repeated on consecutive days or consecutive days of the week. However, the program must monitor acceptance and ensure menu fatigue is avoided. Selective menus shall run for a maximum of six months before changing.

- D. Menu Revisions:** The AAA or nutrition program qualified dietitian may require menu revisions based upon a review or the results of client satisfaction surveys. Requested menu revisions will be given to the service provider at least two weeks prior to scheduled menu implementation.
- E. Menu Corrections:** Copies of corrected menus must be resubmitted to the AAA or nutrition program qualified dietitian within one week of receipt of comments or as otherwise directed.

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- F. Menu Posting:** Approved preselect menus shall be dated and posted in a conspicuous location at each congregate nutrition site in a font size large enough for easy review by the participants. Nutrition programs that prepare their meals must also post a copy of their menus in the food preparation area.

Select Menu (i.e., buffet style or kiosk) approved menu shall be dated and posted on/near the buffet style serving line and should be printed in font size large enough for easy review.

- G. Menu Retention:** Dated and approved menu with supporting menu related documents must be kept on file, as served for a period of two years for audit purposes.
- H. Menu Adherence:** Approved menus shall be followed as written.
- I. Menu Substitutions:** A comprehensive menu substitution policy and procedure must be developed and approved by the nutrition program's qualified dietitian. The menu substitution policy must be available for the site manager's use. Each meal site shall maintain an on-site record of all substitutions that occur during the calendar year. Menu substitutions shall be minimal, but are allowed under the following conditions:
1. Menu substitutions must be from the same food group and provide equivalent nutritional value. For example, a fruit high in Vitamin C must be substituted with another fruit high in Vitamin C.
 2. Prior to use the nutrition program's qualified dietitian must approve the menu substitution policy and procedures and the menu substitution list. It is encouraged that the menu substitution list be inclusive and thorough.
 3. Documentation of all menu substitutions must be kept on file for at least two years for monitoring purposes. The documentation must include the date of substitution, the original menu item, the substitution made, the reason for the substitution and the signature of the employee authorizing the substitution. Finally, the volume and frequency of substitutions must be justified by the reasons provided. For example, a seasonal fruit may be substituted for a canned fruit.

J. Menu Development:

1. Menus should be developed with consideration for the:
 - a. Special needs of the elderly;
 - b. Religious, ethnic, cultural, and regional dietary practices or preferences of clients, if reasonable and feasible;
 - c. Variety of food and preparation methods including color, combinations, texture, size, shape, taste, and appearance;
 - d. Seasonal availability of foods;
 - e. Availability of equipment for food preparation or meal delivery service; and
 - f. Budget.
2. **Menu Development Methods:** Menus may be developed using two different methods, computer assisted nutrient analysis or component meal pattern.
 - a. The computer assisted nutrient analysis method.
 - b. The component meal pattern menu development method..

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- 3. Nutrient Requirements:** All meals, regardless of development method, will provide each participating older individual with a minimum of 33 1/3 percent of the current Dietary Reference Intake (<http://fnic.nal.usda.gov/dietary-guidance/dietary-reference-intakes>) and comply with the current Dietary Guidelines for Americans. The values required meet the nutritional needs of a moderately active 70+ female, reflecting the predominant state wide demographic. The AAA may authorize a Nutrition Program to alter the nutrient requirements of their menus if most the senior population served by the Nutrition Program differs from the statewide demographic. DOEA must be provided advance notification, in writing of the demographic differences of the site(s) and the exact menu changes.
- 4. Computer Assisted Nutrient Analysis Menu Development:** This method of menu development must comply with the following:

 - a.** DOEA menu development standards ensuring compliance with the most recent edition of the Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture (<http://www.health.gov/dietaryguidelines/>);
 - b.** Providing a minimum of 33 1/3 percent of the Dietary Reference Intake/Adequate Intake (DRI/AI) for moderately active 70+ females as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if one meal is provided per day;
 - c.** Providing a minimum of 66 2/3 percent of the DRI/AI, for a moderately active 70+ female, if two meals are provided per day;
 - d.** Providing 100 percent of the DRI/AI, for a moderately active 70+ female, if three meals are provided per day;
 - e.** Any special dietary needs of program clients to the maximum extent practicable; and
 - f.** Applicable provisions of state or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual. Ref. Chapter 64-E-11-Food Hygiene, F.A.C. (<http://fac.dos.state.fl.us>).

Computer-Assisted Menu Development Requirements:

Targeted Nutrients: Table One represents the most current Dietary Reference Intakes and daily compliance range for target nutrients. The following nutrients are required to be analyzed for each component of each menu item: calories, protein, fat, fiber, calcium, zinc, sodium, potassium, vitamin B6, vitamin B12, vitamin C, and vitamin A (vegetable-derived/carotenoid sources). Calories, protein, fat, fiber, calcium, vitamin B6, and vitamin C must be provided in adequate amounts daily. Vitamin A, vitamin B12, zinc, magnesium, sodium, and potassium may be averaged over one week. Sodium may be averaged over one week; however, no one-meal amount may exceed 1000 milligrams. It is recommended that fortified foods should be used to meet vitamin B12 needs. Holidays and birthday celebration meals (two or fewer meal types per calendar month) may be excluded from the nutrient analysis.

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	1 meal/day 33 1/3 % DRI/AI	2 meals/day 67% DRI/AI	3 meals/day 100% DRI/AI
Macronutrients			
Kilocalories (1)	600	1200	1800
Protein grams (1) ~20% of total Kcal >14 grams from entrée per meal	30	60	90
Carbohydrate grams (1) ~50% of total Kcal	75	150	225
Fat grams (1) 20-35% of total Kcal	20	40	60
Saturated fat (1) <10% total Kcal	Limit intake		
Added sugars (1) <10% of total Kcal or 45 grams/day	Limit intake		
Dietary Fiber grams (2)	7	14	21
Vitamins			
A *(ug/d)(2)	233	46	700
C (mg/d) (2)	25	50	75
D (mcg/d) (2)	*6.7	*13.3	*20
E (mg/d) (2)	5	10	15
Thiamine (mg/d) (2)	0.37	0.73	1.1
Riboflavin (mg/d) (2)	0.37	0.73	1.1
B6 (mg/d) (2)	0.5	1.0	1.5
Folate (ug/d) (2)	133	267	400
B12 (mcg/d) (2)	0.8	1.6	2.4
Minerals			
Calcium (mg/d) (2)	400	800	1200
Copper (ug/d) (2)	300	600	900
Iron (mg/d) (2)	2.7	45.3	8
Magnesium (mg/d) (2)	106.7	213.3	320
Zinc (mg/d) (2)	2.7	5.3	8
Potassium (mg/d) (1))	1567	3134	4700
Sodium (mg/d) (1)	<767	<1533	<2300

RDA's are in bold type and AI's are in ordinary type followed by an asterisk ().

- (1) Value for 70 +, moderately active female, USDA interpretation of the Dietary Guidelines for Americans 2015 U.S. Department of Agriculture. U.S. Department of Health and Human Services. <http://www.health.gov/dietaryguidelines/2015/guidelines/appendix7/>
- (2) Used highest DRI value for ages > 70-year-old female by Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, includes the 2015 updated recommendations for calcium and vitamin D.

Component Meal Pattern Requirements for Menu Development: This method of menu development must comply with the following:

- A.** DOEA menu development standards ensuring the most recent edition of the Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture (<http://fnic.nal.usda.gov/dietary-guidance/dietary-reference-intakes/dri-tables>).
- B.** Provide the minimum meal servings of the 1800-calorie component meal pattern to reflect the current Dietary Guidelines for Americans and USDA Food Intake Pattern calorie levels for a moderately active 70+-year-old female;
- C.** Provide a minimum of two times the minimum meal servings of the 1800-calorie component meal pattern, if two meals are provided per day;
- D.** Provide a minimum of three times the minimum meal servings of the 1800-calorie component meal pattern, if three meals are provided per day;
- E.** Any special dietary needs of program clients to the maximum extent practicable; and
- F.** Applicable provisions of state or local laws regarding the safe and sanitary handling of food, equipment and supplies used in the storage, preparation, service, and delivery of meals to an older individual. Ref. Chapter 64-E-11- Food Hygiene, F.A.C. (<http://fac.dos.state.fl.us>).

The 1800-calorie component meal pattern has been developed to reflect the current Dietary Guidelines for Americans and USDA Food Intake Pattern calorie levels for a moderately active 70+-year-old female (requirements for those programs that are not using computerized nutrient analysis). Holidays and birthday celebration meals (two or fewer meal types per calendar month) may be excluded from the component meal pattern requirement. The component meal pattern may be deficient in vitamin E, vitamin B12, and Zinc, therefore additional nutrition education for participants on the selection of foods that are good sources of these nutrients shall be provided.

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Items that provide the following target nutrients should be identified on the menu.

Vitamin C – must provide at least 25 mg per meal.

Vitamin A – must provide at least 233 ug at least three times per week,

Menu Focus: Whole grains and high fiber foods should be included as much as possible. It is recommended that fortified foods should be used to meet vitamin B12 needs. The use of nutrient dense foods, as well as fortified and enriched products, should be a priority.

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DIETARY GUIDELINE MEAL PATTERN REQUIREMENT FOR ONE MEAL PER DAY

Food Group	Servings/Meal	Daily Dietary Guideline Recommendations
Grains	2 servings: (1/2 cup (cooked) pasta or rice, 1 cups cereal, 1 slice of bread (1 ounce each)	6-ounce equivalent servings daily. Include 3-ounce equivalent of whole grain high fiber foods
Vegetable	1.7 servings: 3/4 cup cooked or 1-1/2 cups raw equivalent measure (may serve an additional fruit instead of a vegetable)	2 ½ cups (5 servings daily). Serve a variety of vegetables, including those that are dark green, red, and orange.
Fruit	1 serving: ½ cup (4 ounces) or equivalent measure	1.5 cups (4 servings daily) Focus on whole fruits and include those that are deeply colored fruits such as oranges.
Dairy	1 serving: 1 cup (8 ounces) or equivalent measure	3, 1-cup equivalent servings daily. Select low-fat products
Protein Foods	1.7 serving: 2-ounce edible portion or equivalent measure	5 ounce-equivalent servings daily
Fat	1 serving: 1 teaspoon or equivalent measure is optional	Select foods lower in fat and saturated fat. Limit total fat to 30%, saturated 10% (20%)
Dessert	Optional	Select foods high in whole grains, low in fat and sugar
Optional Beverages: Water, coffee, tea, decaffeinated beverages, fruit juices.	8 ounces, minimum, per seasonal preferences	

*Limit saturated fat, sodium, and added sugar

The Dietary Guideline Meal Pattern is based on the DRI for energy. It provides approximately 600 calories per meal. The number of servings for each food group is based on the USDA's ChooseMyPlate.gov for food groups and. These profiles represent the quantities of nutrients and other components that one can expect to obtain on average from one serving of food in each group. Serving sizes are based on the MyPlate (<http://www.choosemyplate.gov>). Although this meal pattern is based on food servings recommended in the Dietary Guidelines and Choose My Plate, it does not ensure that meals meet 1/3 of the DRI/AI and Dietary Guidelines.

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Food Group Components and Serving Sizes: Serving size shall meet or exceed the guidelines listed in this section. Some foods are classified in more than one food group. However, a serving of a food can only be counted in one food group within the same meal. For example, dried beans may be counted as either a meat alternate serving or as a vegetable serving, but not both in the same meal. Likewise, cottage cheese may be counted as either meat alternate serving or milk alternate serving, but not both.

- A. Grains:** A serving of bread is generally 1 slice (1ounce); ½ cup pasta or grain product, or 1 ounce of ready-to-eat cereal. A variety of enriched and/or whole grain bread products, particularly those high in fiber are recommended. Serving sizes are:

Grains		Amount that counts as 1-ounce equivalent of grains	Common Portions and ounce equivalents
Bagels	WG*: whole wheat RG*: plain, egg	1 "mini" bagel	1 large bagel = 4-ounce equivalents
Biscuits	(baking powder/buttermilk- RG*)	1 small (2" diameter)	1 large (3" diameter) = 2-ounce equivalents
Breads	WG*: 100% whole wheat RG*: white, wheat, French	1 regular slice 1 small slice French 4 snack-size slices rye bread	2 regular slices = 2-ounce equivalents
Bulgur	Cracked wheat (WG*)	1/2 cup cooked	
Cornbread	(RG*)	1 small piece (2 ½" X 1 ¼" X 1 ¼")	1 medium piece (2 ½" X 2 ½" X 1)¼") = 2-ounce equivalents
Crackers	WG*: whole wheat, rye, RG*: saltines, snack crackers	5 whole wheat crackers 2 rye crisp breads 7 square or round crackers	
English muffin	WG*: whole wheat RG*: plain, raisin	1/2 muffin	1 muffin = 2-ounce equivalents

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Grains		Amount that counts as 1 ounce equivalent of grains	Common Portions and ounce equivalents
Muffins	WG* whole wheat RG* bran, corn, plain	1 small (2 ½ "diameter)	1 large (3 ½" diameter) = 3-ounce equivalents
Oatmeal	(WG)	½ cup cooked 1 packet instant 1 ounce (1/3 cup) dry (regular or Quick)	
Pancakes	WG*: whole wheat, buckwheat RG*: buttermilk, plain	1 pancake (4 ½ "diameter) 2 small pancakes (3" diameter)	3 pancakes (4 ½ "diameter) = 3-ounce equivalents
Ready-to-eat breakfast cereal	WG* toasted oat, whole wheat flakes RG* corn flakes, puffed rice	1 cup flakes or rounds 1 ¼ cup puffed	
Rice	WG*: brown, wild RG*: enriched, white, polished	½ cup cooked 1 ounce dry	1 cup cooked = 2 ounce equivalents
Pasta- spaghetti, macaroni noodles	WG*: whole wheat RG*: enriched, durum	½ cup cooked 1 ounce dry	1 cup cooked = 2-ounce equivalents
Tortillas	WG*: whole wheat, whole grain corn RG*: flour, corn	1 small flour tortilla (6" diameter) 1 corn tortilla (6" diameter)	1 large tortilla (12" diameter) = 4-ounce equivalents

*WG = whole grains, RG = refined grains. This is shown when products are available both in whole grain and refined grain forms. Source: ChooseMyPlate.gov.

1. Increase servings of whole grain, wheat, bran, rye bread, and cereal products, to provide adequate complex carbohydrates and fiber.
2. Limit high-fat bread and bread-alternate selections such as biscuits, quick bread, muffins, cornbread, dressings, croissants, fried hard tortillas and other high fat crackers to limit total fat as well as saturated fat.
3. Bread alternates do not include starchy vegetables such as potatoes, sweet potatoes, corn, yams, or plantains. These foods are included in the vegetable food group.

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- B. Vegetables:** A serving of vegetable, including dried beans, peas, lentils, lima beans, potato, plantains, sweet potato, and corn is generally the following:

	Amount that counts as 1 cup of vegetables	Amount that counts as ½ cup of vegetables
Dark Green Vegetables		
Broccoli	1 cup chopped or florets 3 spears 5" long raw or cooked 1 cup cooked	
Spinach	1 cup cooked 2 cups raw is equivalent to 1 cup of vegetables	1 cup raw is equivalent to ½ cup of vegetables
Raw leafy greens: spinach, romaine, watercress, dark green leafy lettuce, endive, escarole	2 cups raw is equivalent to 1 cup of vegetables	1 cup raw is equivalent to ½ cup of vegetables
Red and Orange Vegetables		
Carrots	1 cup, strips, slices, chopped, raw, or cooked 2 medium 1 cup baby carrots (about 12)	1 medium carrots About 6 baby carrots
Tomatoes	1 large raw whole (3") 1 cup chopped, sliced, raw, canned, or cooked	1 small raw whole (2 ¼" diameter) 1 medium canned
Tomato juice	1 cup	½ cup
Sweet potato	1 large baked (2 ¼" or more diameter) 1 cup sliced or mashed, cooked	
Winter squash (acorn, butternut, hubbard)	1 cup cubed, cooked	½ acorn squash, baked = ¾ cup
Beans and Peas		
Dry beans and peas (such as black, garbanzo, kidney, pinto, soy bean beans, black eyed peas, or split peas)	1 cup whole or mashed, cooked	

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	Amount that counts as 1 cup of vegetables	Amount that counts as ½ cup of vegetables
Starchy Vegetables		
Corn, yellow, or white	1 cup 1 large ear (8" to 9" long)	1 small ear (about 6" long)
Green peas	1 cup	
White potatoes	1 cup diced, mashed 1 medium boiled or baked potato (2 ½" to 3" diameter) French fried: 20 medium to long strips (2 ½" to 4" long) (Contains added calories from solid fats.)	
Other Vegetables		
Cabbage, green	1 cup, chopped or shredded Raw or cooked	
Cauliflower	1 cup pieces or florets raw or cooked	
Celery	1 cup, diced or sliced, raw or cooked 2 large stalks (11" to 12" long)	1 large stalk (11" to 12" long)
Cucumbers	1 cup raw, sliced, or chopped	
Green or wax beans	1 cup cooked	
Green peppers	1 cup chopped, raw, or cooked 1 large pepper (3" diameter, 3 ¾" long)	1 small pepper
Lettuce, iceberg or head	2 cups raw, shredded, or chopped = equivalent to 1 cup of vegetables	1 cup raw, shredded, or chopped Equivalent to ½ cup of vegetables
Onions	1 cup chopped, raw, or cooked	
Summer squash or zucchini	1 cup cooked, sliced, or diced	

Source: <http://www.ChooseMyPlate.gov>

1. Fresh or frozen vegetables are preferred.
2. Vegetables as a primary ingredient in soups, stews, casseroles, or other combinations dishes should total ½ cup per serving.

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C. **Fruits:** A serving of fruit is generally the following:

	Amount that counts as 1 cup of fruit	Other amounts (count as ½ cup of fruit unless noted)
Apple	½ large (3.25" diameter) 1 small (2.5" diameter) 1 cup sliced or chopped, raw or cooked	½ cup sliced or chopped, raw or cooked
Applesauce	1 cup	1 snack container (4 oz.)
Banana	1 cup sliced 1 large (8" to 9" long)	1 small (less than 6" long)
Cantaloupe	1 cup diced or melon balls	1 medium wedge (1/8 of a medium melon)
Grapes	1 cup whole or cut-up 32 seedless grapes	16 seedless grapes
Grapefruit	1 medium (4" diameter) 1 cup sections	½ medium (4" diameter)
Mixed fruit (fruit cocktail)	1 cup diced or sliced, raw or canned, drained	1 snack container (4 oz.) drained = 3/8 cup
Orange	1 large (3-1/16" diameter) 1 cup sections	1 small (2-3/8" diameter)
Orange, mandarin	1 cup canned, drained	
Peach	1 large (2 ¾" diameter) 1 cup sliced, diced, raw, cooked, or canned, drained 2 halves, canned	1 small (2" diameter) 1 snack container (4 oz.) drained = 3/8 cup
Pear	1 medium pear (2.5 per lb.) 1 cup sliced, diced, raw, cooked, or canned, drained	1 snack container (4 oz.) drained = 3/8 cup
	Amount that counts as 1 cup of fruit	Other amounts (count as ½ cup of fruit unless noted)
Pineapple	1 cup chunks, sliced or crushed, raw, cooked, or canned, drained	1 snack container (4 oz.) drained = 3/8 cup
Strawberries	About 8 large berries 1 cup whole, halved, or sliced, fresh or frozen	½ cup whole, halved, or sliced
Watermelon	1 small wedge (1" thick) 1 cup diced or balls	6 melon balls
Dried fruit (raisins, prunes, apricots, etc.)	1/cup dried fruit is equivalent to 1 cup fruit. ½ cup raisins; ½ cup prunes; 1/cup dried apricots	¼ cup dried fruit is equivalent to ½ cup fruit 1 small box raisins (1.5 oz.)
100% fruit juice (orange, apple, grape, grapefruit, etc.)	1 cup	½ cup

Source: <http://www.ChooseMyPlate.gov>

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1. Frozen or canned fruit must be packed in juice or water.
2. Title III funds may only pay for full strength fruit juices. The only exception to this requirement is cranberry juice.

D. Dairy:

1. One cup low-fat, fat-free, buttermilk, low-fat chocolate milk, soy milk, or lactose-free milk fortified with Vitamins A and D should be used. Milk should be served from its original container, usually 8 ounces in size. Any deviations from this policy should be submitted in writing to the AAA's qualified dietitian for approval.
2. Low-fat or fat-free milk is recommended for the general population.
3. Powdered dry milk or evaporated milk may be served at congregate meal sites, but not for the main meal except for cultural or religious reasons. Each powdered milk or evaporated milk serving size must be equivalent to one cup of milk. Powdered milk may be used with frozen home-delivered meals and emergency meals.
4. Dairy alternates, listed in the chart below, may be provided in place of milk (for the equivalent of one cup of milk).
5. All milk containers must have a clearly labeled expiration date.
6. Policies and procedures shall be developed, and implemented, to address instances when milk is received, e.g., without an expiration date, past the expiration date, past the sell-by date, past the best-by date, or past the use by date.

Dairy Alternates
1 cup yogurt
1 ½ ounce hard cheese (Cheddar, Monterey, Provolone, Colby, American Mozzarella, Swiss, Parmesan) or 2 ounces processed cheese (American)
8 ounces tofu (processed with calcium salt)
1 ½ cup ice milk/ice-cream
1 ½ cup cottage cheese 1% fat
1 ½ cup custard

Source: <http://www.ChooseMyPlate.gov>

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- E. Protein Foods:** Two to three ounces edible portion of meat, poultry, fish, or meat alternate (or a combination of) should be provided for the lunch or supper meal. Meat serving weight is the edible portion, not including skin, bone, or coating. A one-ounce equivalent of a meat alternate includes:

	Amount that counts as 1 ounce equivalent in the Protein Foods Group	Common portions and ounce equivalents
Meats	1 ounce cooked lean beef 1 ounce cooked lean pork or ham	1 small steak (eye, round, or filet) = 3 ½ to 4-ounce equivalents 1 small lean hamburger = 2 to 3-ounce equivalents
Poultry	1-ounce cooked chicken or turkey, without skin 1 sandwich slice of turkey (4 ½" x 2 ½ x" 1/8")	1 small chicken breast half = 3-ounce equivalents ½ cornish game hen = 4-ounce equivalents
Seafood	1-ounce cooked fish or shell fish	1 can tuna, drained = 3 to 4-ounce equivalents 1 salmon steak = 4 to 6-ounce equivalents
Eggs	1 egg	3 egg whites = 2-ounce equivalents 3 egg yolks = 1-ounce equivalents
Nuts and seeds	½ ounce of nuts (12 almonds, 24 pistachios, 7 walnut halves) ½ ounce of seeds (pumpkin, sunflower, or squash seeds, hulled, roasted) 1 Tablespoon of peanut butter or almond butter	1 ounce of nuts or seeds = 2-ounce equivalents
Beans and peas	¼ cup of cooked beans (black, kidney, pinto, or white beans) ¼ cup of cooked peas (chickpeas, cowpeas, lentils, or split peas) ¼ cup of baked beans, refried beans ¼ cup (about 2 ounces) of tofu 1 oz. tempeh, cooked ¼ cup roasted soybeans 2 Tablespoons of hummus	1 cup split pea soup = 2-ounce equivalents 1 cup lentil soup = 2-ounce equivalents 1 cup bean soup = 2-ounce equivalents 1 soy or bean burger patty = 2 ounce equivalents

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1. A one ounce serving or equivalent portion of meat, poultry, or fish may be served in combination with other high protein foods.
2. Except to meet cultural and religious preferences and for emergency meals, avoid serving dried beans, peas or lentils, peanut butter or peanuts, and tofu for consecutive meals or on consecutive days.
3. Cooked dried beans, peas, or legumes intended as the meat alternative for any meal may not also count toward the fruit/vegetable requirement for the same meal.
4. Nuts and seeds may be used to meet no more than one-half of the meat alternative meal requirements, and must be appropriately combined with other meats/meat alternates to fulfill the requirement.
5. Cured meat products, such as ham, smoked or polish sausage, corned beef, dried beef, luncheon meats, and hot dogs are very high in sodium and the use of these type products must be limited to no more than once a week. Bacon is not considered a meat alternate, since it provides primarily fat, sodium, and few other nutrients.
6. Vegetable protein products or textured vegetable protein (VPP or TVP) are low cost alternatives and are effective in increasing the protein intake of program clients. The recommended ratio of protein product to meat is 20:80.
7. Imitation cheese (which the Food and Drug Administration defines as one not meeting nutritional equivalency requirements for the natural, non- imitation product) cannot be served as meat alternates.

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Portion Control Guide—Protein Foods	
Food Item	Required Portion Size = 3 ounces
Cottage cheese—2 ounces by weight = ¼ cup	6 ounces by weight = ¾ cup
Chicken	1 drumstick and 1 thigh or ½ breast = 3 ounces
Chili, soups	Must serve at least 1 ½ cup containing 3 ounces of meat or meat alternate to provide one meal
Cooked dried beans and peas	1 ½ cup
One egg = 1 ounce	3 eggs
Lasagna, Macaroni and Cheese, Beef or other Meat Stew, Meat Casseroles	1 ½ cup
Meat Loaf 1 slice 2" x 4" x 2" = 4 ounces	4 ounces (yield from a 20" x 12" x 2" pan = 33 servings)
Pizza 3 ¼ "x 7" = 3 ounces M/MA	10 servings per 18" x 26" pan or 5 + servings from 12" x 20" pan
Roast Meats	3 ounces
Sandwiches, sliced meats/cheese Salad type fillings	3 ounces 3 ounces = ¾ cup filling
Spaghetti sauces with ground beef	1 cup
Tofu	4 ounces

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F. Prepared Fish Products:

Fish Product	Serving or Portion Size
Fish sticks, Frozen Fried Breaded, 60 percent fish	Six 1-ounce sticks = 3 ounces cooked fish
Fish sticks, Frozen Raw Breaded, 72 percent fish	Six 1-ounce sticks = 3 ounces cooked fish
Fish portions, Frozen, Fried Battered. There is no standard portion for this product. Specify 45 percent fish and require a certificate of inspection	9-ounce portion = 3 ounces cooked fish
Fish portions, Frozen, Fried Breaded	6-ounce portion = 3 ounces cooked fish
Fish portions, Frozen, Raw Breaded 75 percent fish	6-ounce portion = 3 ounces cooked fish
Fish portions, Frozen, Unbreaded	4-ounce portion = 3 ounces cooked fish

G. Additional Menu Development Considerations:

- Canned Soups:** Most canned soups do not contain enough meat to make a substantial contribution to the meat requirement. For example: Bean soup or Pea Soup: A 1-cup serving of soup contains $\frac{1}{2}$ cup beans or peas. This is equivalent to one ounce of Meat/Meat Alternative. It would take 3 cups to provide the required 3 ounces of Meat/Meat Alternative.
- Hot Dogs/Frankfurters:** Red meat (beef, pork, etc.) and poultry (turkey, chicken) hot dogs that do not contain meat by products, cereals, binders, or extenders:
 - 1 ounce of product provides 1 ounce of cooked lean meat. Look for products labeled "All Meat", "All Beef", "All Pork", etc. If a single hotdog equals 2 ounces, it will take one and a half hot dogs to equal a 3-ounce portion.
 - Hot dogs containing meat by-products, cereals, binders, or extenders are not acceptable on an ounce-for-ounce basis. Product labeling will indicate the presence of any such ingredients.

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- c. If using hotdogs containing extenders or binders, only the cooked or lean meat portion of the product can be used toward the Meat/Meat Alternatives requirement. Obtain product information from the manufacturer if necessary.

H. Accompaniments, Condiments, and Product Substitutes:

1. Include traditional meal accompaniments as appropriate, e.g., condiments, spreads, and garnishes. Examples include: mustard and/or mayonnaise with a meat sandwich, tartar sauce with fish, salad dressing with tossed salad, and margarine with bread or rolls. Whenever feasible, provide reduced fat alternatives.
2. Salt substitutes shall **not** be provided. Sugar substitutes, pepper, herbal seasonings, lemon, vinegar, non-dairy coffee creamer, salt, and sugar may be provided, but shall not be counted as fulfilling any part of the nutritive requirements.
3. Sugar, condiments, seasonings or dressings intended for self-service use shall be provided only in individual packages or from dispensers that protect their contents.

I. Fat:

1. Minimize use of saturated fat in food preparation. Fats should be primarily monounsaturated and polyunsaturated vegetable oils, such as olive, peanut, corn, safflower, canola, cottonseed, and soybean oils.
2. The use of butter or fortified margarine as a spread for the bread is optional because of the emphasis on reducing fat content of the meals.

J. Desserts:

1. Dessert may be provided as an option to satisfy the caloric requirements or for additional nutrients. However, effort must be made to limit the amount of added sugar in the food preparation.
2. Preferred desserts include fresh, frozen, or canned fruit packed in their own juice, and low-fat products made with whole grains and/or low-fat milk.

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3. Pudding made with low-fat milk, low-fat ice cream, ice milk, or frozen yogurt may be served where feasible due to the increased calcium needed by the elderly.
 4. High-fat baked goods such as brownies, cakes, cobblers, cookies, and pies should be limited to once a week.
- K. Beverages:** In addition to beverages listed on the posted menu, drinking water should be available at all times. .
- L. Functional Foods:** Functional foods are foods in which the concentrations of one or more ingredients have been manipulated or modified to enhance their contribution to a healthy diet. Examples include everything from fruits, vegetables, grains and legumes, to fortified or enhanced foods. Nutrition programs are encouraged to use functional foods in menus whenever possible. Additional information regarding functional foods can be found at <http://www.eatright.org>.
- M. Dietary Supplements:** Dietary supplements encompass a wide range of products, including but not limited to vitamins, minerals, amino acids, and herbs. Although some older adults may need dietary supplements for health enhancement and/or to assist in meeting daily nutrient needs, they cannot be included in nutrition program meals.
- N. Modified Diets:** Modified or therapeutic medical diets may be provided as required by the client's special needs and medical condition.
1. **Documentation:** A written or documented verbal order must be on file for everyone receiving a modified diet, and the order should be reviewed annually with the client's healthcare provider.

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2. **Therapeutic Diet:** A therapeutic diet is an individualized diet prescription written by a medical professional that defines the client's daily intake for specific nutrients, i.e., an insulin-controlled diabetic diet would specify grams of carbohydrates, protein, fat and calories. For each client requiring a therapeutic diet, it is the responsibility of the qualified dietitian to develop an individual diet plan that provides the exact prescription of the prescribing medical professional and is adapted to the individual's food preferences as much as possible. Therapeutic diets require in-depth planning, counseling, and on-going supervision by a qualified dietitian.
3. **Modified/Therapeutic Menu:** Modified or therapeutic menus must be planned and prepared under the supervision of a Qualified Dietitian.
4. **Malpractice Insurance:** It is recommended that any dietitian providing therapeutic diet instruction be covered by malpractice insurance.
5. **Manual of Medical Nutritional Therapy:** A current Florida Manual of Medical Nutritional Therapy must be used as the basis for therapeutic or modified menu planning.
6. **Feasibility/Appropriateness of Modified/Therapeutic Diet:** In determining feasibility and appropriateness, the provider must determine whether:
 - a. There are sufficient numbers of persons needing special menus to make their provision practical.
 - b. The food and skills necessary to prepare the special menus are available in the AAA.
7. **Texture Modified Meals:** Modifying food texture and consistency may help older adults with chewing and swallowing problems. Chopping, grinding, pureeing, or blending foods are common ways to modify food textures. Texture modified food has the same nutritive value of solid foods and can be just as tasty and appealing. Serving sizes should account for any dilution to the food item during the preparation process. Thickened liquids are often required for individuals with dysphagia. The provision of such foods should be planned and prepared under the advice of a qualified dietitian.
8. **Adaptive Equipment:** When feasible and appropriate, reasonable attempts will be made to provide appropriate food containers and utensils for clients with disabilities.

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- O. Emergency Meals:** Nutrition programs are required to develop and have available written plans for continuing services for congregate and home delivered meals during weather-related or other emergencies including food procurement. Programs may offer shelf- stable meals to clients for later use. In accordance with NOI 020520-1-I-SWCBS, Emergency Home Delivered Meals (EHDM) must be reported in CIRTS with the aggregate number of meals received by the Nutrition Provider (after receipt).

Client specific information shall be maintained by the Nutrition Provider for audit purposes. This information must include the following:

- Client Name
- Client Signature
- Client ID Number
- Date of meal received by client

In the event there are no emergencies requiring the distribution of EHDM, Nutrition Providers are responsible for having a distribution plan for these meals.

The guidelines for shelf stable meals are:

9. Nutrient content of the meal must meet all requirements of the program and be approved by the AAA or nutrition program qualified dietitian.
10. Only top-grade, non-perishable foods in intact packages shall be included.
11. Cans are to be easy open, with pull tabs whenever possible.
12. All individual foods packages are to be labeled with expiration dates. All foods must be shelf stable. (Note: Meals with a multiple year shelf life, if stored properly, can be retained from one year to another and may help contain costs.)
13. Fruit and vegetable juices are to be 100 percent pure juices.
14. Dried fruit must be packed in an airtight container.
15. When applicable, easy-to-read preparation instructions should be included.

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- O. Holiday Meals:** Nutrition programs are required to develop and have available written procedures that address congregate meal site holiday closures including, but not limited to, the following items:
- 1.** Holiday closing schedule - The State of Florida recognizes the following holidays for employees: New Year's Day, Martin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, Friday after Thanksgiving Day, and Christmas Day. Providers must receive prior written authorization from the AAA for any additional planned closing dates. Also, providers must ensure that planned holiday closings do not result in the closure of a congregate meal site for more than four (4) consecutive day meal service days, which may or may not include weekend days.,
 - 2.** Requirements for provision of meals - The provision of congregate services during site closures must be addressed in the AAA/provider contract. Providers must meet all requirements of the program and be approved by the AAA or nutrition program qualified dietitian.
 - 3.** Reporting of meals - Nutrition programs must meet all requirements for reporting of service units

FOOD PURCHASING/PREPARATION STANDARDS:

Food Purchasing and Preparation Standards:

- A. Food Purchasing:** All food purchasing shall be transacted in accordance with DOEA policies and procedures, F.A.C. 64E-11 (Food Hygiene code), state, and federal regulations and food service contract provisions.
- B. Quality, Sanitation, and Safety:** Nutrition programs shall purchase food from sources that comply with all federal, state, and local laws relating to food quality, labeling, sanitation, and safety. Food shall be safe for human consumption, sound and free of spoilage, filth or contamination. Food from unlabeled, rusty, leaking, broken containers or cans with side seam dents, rim dents, or swells shall not be used.
1. Food in hermetically sealed containers shall be processed in an establishment operating under appropriate regulatory authority.
 2. All milk products used and served must be pasteurized. Fluid milk shall meet Grade A quality standards, as established by law.
 3. All meats, poultry, and shellfish shall be obtained from a source that is licensed under a state or federal regulatory program.
 4. Only clean eggs with shells intact and without cracks or checks, pasteurized liquid, frozen, or dry eggs or pasteurized dry egg products shall be used except for commercially prepared and packaged peeled hard-boiled eggs. Pasteurized liquid, frozen, or dry eggs or egg products shall be substituted for shell eggs in the preparation of recipes calling for uncooked eggs, such as Caesar salad, hollandaise or béarnaise sauce, noncommercial mayonnaise, eggnog, ice cream, and egg fortified beverages.
 5. All ready-to-eat, or drink, foods shall have an expiration date, use-by date, sell-by date, or best-by date. All food and drinks must be received prior to the expiration date, use-by date, sell-by date, and/or best-by date.
- C. Commercial Processors of Food:** All foods the provider purchases and uses in a nutrition program for the elderly must meet standards of quality for sanitation and safety applying to commercially processed foods.

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- D. Use of Donated Food:** Nutrition programs may use contributed and discounted foods only if they meet the same standards of quality, sanitation, and safety as apply to foods purchased from commercial sources. Acceptable items include:
1. Fresh fruits and vegetables received clean and in good condition; and
 2. Food collected from a food bank, which can be prepared and served before the expiration date, use-by date, sell-by date, or best-by date.
- E. Unacceptable Food Items:** In accordance with the Florida Food Code, unacceptable items include:
1. Food that has passed its expiration date, use-by date, sell-by date, or best-by date;
 2. Home canned or preserved foods;
 3. Food cooked or prepared in an individual home;
 4. Prepackaged unpasteurized juice (including unpasteurized apple cider);
 5. Any road-kill;
 6. Wild game donated by hunters; and
 7. Fresh or frozen fish donated by sportsmen.
- F. Frozen Foods:** Foods, which are frozen for later consumption by clients, must meet applicable local, state, and federal standards. Equipment and methods for freezing must also meet these standards.
- G. Group Food Purchasing:** Providers are encouraged to participate in group food purchasing or regional or local power buying coalitions provided this method can efficiently and responsibly meet the cultural and/or ethnic culinary needs of congregate and home-delivered meal participants.

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Meal Cost Analysis: Calculation of the full cost of a meal is an essential food service management practice. This information is important for determining a suggested donation per meal and for informing clients of the full cost of the meal.

Meal Cost Calculation: Each program that prepares its own meals shall calculate the component cost of meals provided per the following categories:

- A. **Raw food:** All costs of acquiring foodstuffs to be used in the program.
- B. **Labor:**
 - 1. **Food service operation:** All expenditures for salaries and wages, including valuation of volunteer hours for personnel involved in food preparation, cooking, delivery, serving, and cleaning of dining centers, equipment, and kitchens.
 - 2. **Project management:** All expenditures for salaries and wages, including valuation of volunteer hours for non-food service operations of the program.
- C. **Equipment:** All expenditures for purchase and maintenance of items with a useful life of more than one year or with an acquisition cost of greater than \$1,000.
- D. **Supplies:** All expenditures for items with a useful life or less than one year and an acquisition cost of less than \$1,000.
- E. **Utilities:** All expenditures for gas, electricity, water, sewer, waste disposal, etc.
- F. **Other:** Expenditures for all other items that do not belong in any of the above categories (e.g., rent, insurance, fuel for vehicles) to be identified and itemized.

FOOD PREPARATION AND SAFETY STANDARDS:

- A. Regulations:** In all phases of the food service operation (storage, preparation, service, and delivery of meals), nutrition programs shall adhere to the state and local fire, health, sanitation, and safety regulations applicable to the types of food preparation and meal-delivery systems used by the program. State regulations to the hygienic preparation and serving of food are stated in the Chapter 64E-11, Food Hygiene, F.A.C. (<http://fac.dos.state.fl.us/>). F.A.C. 64E-11 is referenced as the guidelines for all food handling referenced in the “Food Preparation and Safety Standards” section.

If applicable, the current food permits and/or inspection report, issued by the Department of Health or the Department of Business and Professional Regulation shall be posted or on file.

- B. Sanitation Program:** All Title III central kitchens and vendors must maintain a written, formal sanitation program that meets or exceeds the minimum requirements of state, federal, municipal, or other agencies authorized to inspect or accredit the food service operation.
- C. Food Handling, Preparation and Service:** All staff working in the preparation of food must be under the supervision of a Certified Food Protection Manager (see Planning for Nutrition Services, Part C.) Food shall be prepared, plated, and transported with the least possible manual contact, with suitable utensils, and on surfaces that, prior to use, have been cleaned, rinsed, and sanitized to prevent cross contamination.

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- D. Cleaning and Sanitizing:** Effective procedures for cleaning and sanitizing dishes, equipment, food contact surfaces, work areas, serving and dining areas shall be written, posted or readily available, and followed (refer to 64E-11, FAC.)
- E. Safety:** Material Safety Data Sheets (MSDS) must be readily available on all chemicals used by the nutrition program. Employees must be informed about potentially dangerous chemicals used in the workplace and how to safely use them (<http://www.msdssearch.com>). Toxic materials, such as cleaners and sanitizers, shall be maintained in the original container or transferred to a clearly labeled appropriate container. Toxic materials must be stored separate from food, food equipment or single-service articles. Sanitizers, detergents, or other cleaning compounds shall be stored separately from insecticides, rodenticides, and other poisonous or toxic materials using methods such as different storage cabinets or separate areas of a room. Ref. Occupation Safety & Health Administration (OSHA) 1910.1200(g).
- F. Quality and Quantity of Meals:** Tested standardized quantity recipes, adjusted to yield the number of servings needed, must be used to achieve the consistent and desirable quality and quantity of all meals.
- G. Food Palatability:** All foods must be prepared and served in a manner to preserve optimum flavor and appearance, while retaining nutrients and food value.
- H. Portion Control:** Nutrition programs must use standardized portion control procedures and equipment to ensure that each served meal is uniform and to reduce plate waste.
- I. Potentially Hazardous Foods:** Potentially hazardous food is any food or food ingredient, natural or synthetic, which requires temperature control because it is in a form capable of supporting the rapid and progressive growth of infectious toxigenic microorganisms. Potentially hazardous foods that may cause foodborne illness include, but are not limited to:

 - 1.** Any food that consists in whole or in part of milk or milk products, shell eggs, beef, poultry, pork, lamb, fish, shellfish, tofu, soy protein foods, cooked rice, beans, potatoes, or other heat-treated plant foods;

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2. Chicken salad,, pasta salad,, , tuna salad, potato salad, and other mixed foods containing potentially hazardous ingredients or dressings;
3. Raw seed sprouts;
4. Cut fruit; and
5. Garlic-in-oil mixtures that are not acidified or otherwise modified at a food processing plant in a way that results in mixtures that do not support growth as specified in the definition.

J. Temperature and Time Control Requirements:

1. Cooling temperature requirements:

- a. Potentially hazardous foods requiring refrigeration after preparation, such as, chicken salad, , tuna salad, potato salad, or other mixed foods containing potentially hazardous ingredients or dressings shall be prepared from chilled products with a minimum of manual contact and shall be rapidly cooled to an internal temperature of 41° F. or below within four hours.
- b. Shell eggs do not apply if placed in a refrigerated unit immediately upon delivery.

2. Internal cooking temperature requirements:

- a. Eggs, fish, meat, and pork must meet an internal temperature of 145° F.
- b. Comminuted food (chopped, flaked, ground, or minced such as; ground beef, sausage, and gyros) must meet an internal temperature of 155° F.
- c. Stuffing, stuffed meat, or poultry must meet an internal temperature of 165° F.
- d. Fresh, frozen, or canned fruits and vegetables that are cooked for hot- holding must meet an internal temperature of 140° F for 15 seconds.

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- e. Microwave cooking temperatures for raw animal foods must be to a temperature of 165° F. in all parts of the food, allowed to stand for 2 minutes after cooking, covered to retain heat and stirred or rotated during cooking for even distribution of heat.
- f. Potentially hazardous foods that have been cooked and then refrigerated, or frozen, shall be reheated rapidly to a minimum of 165° F. for 15 seconds throughout all parts of the food before being served or placed in hot food storage equipment.

K. Holding temperature requirements:

- 1. Hot-holding temperatures for all hot foods are 140° F. or above.
- 2. Cold-holding temperatures for all cold foods are 41° F. or below.
- 3. Frozen foods shall be maintained frozen solid.

M. Meal Temperature Documentation Requirements: Temperature checks shall be taken, and documented, daily. Documentation shall be maintained for at least two years. Documentation must include at a minimum:

- 1. Time menu items delivered;
- 2. Each menu item and serving size;
- 3. Temperature(s) of each potentially hazardous menu items must be taken:
 - a. When the food is received by the nutrition site;
 - b. If there is more than 30 minutes between when the food is received at the meal site and when it is served, then a time and a temperature of each food item must be documented again at the time the meal is served; and
 - c. If a nutrition provider prepares the meal on site, then temperature must be taken and recorded when the food is leaving the production area.

Food grade probe-type thermometers must be used; other thermometers such as infrared thermometers, which do not insert into food cannot be used to take food temperatures. Thermometers must be correctly calibrated at least weekly, to ensure accuracy. Thermometers must be clean and sanitized between uses.

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N. Hazard Analysis Critical Control Point:

1. Hazard Analysis Critical Control Point (HACCP) is a proactive, comprehensive, science-based food safety system that allows operators to continuously monitor their establishments and reduce the risk of foodborne illness. The Florida Administrative Code does not currently require HACCP plans; however, nutrition programs that prepare their meals are encouraged to incorporate them into their operations to improve food safety at all levels of food service.
2. A HACCP Plan involves seven principles:
 - a. **Analyze hazards:** Potential hazards associated with a food, and measures to control those hazards, are identified. The hazard could be biological (i.e. microbe,) chemical (i.e. toxin,) or physical (i.e. ground glass or metal fragments).
 - b. **Identify critical control points:** These are points in a food's production at which the potential hazard can be controlled or eliminated from its raw state, through processing and shipping, to consumption by the client. Examples include cooking, cooling, packaging, and metal detection.
 - c. **Establish preventive measures with critical limits, for each control point:** For example, for a cooked food, this might include setting the minimum cooking temperature and time required to ensure the elimination of any harmful microbes.
 - d. **Establish procedures to monitor the critical control points:** Such procedures might include determining how and by whom cooking time and temperature should be monitored.
 - e. **Establish corrective actions** to be taken when monitoring shows that a critical limit has not been met. For example, reprocessing or disposing of food if the minimum cooking temperature is not met.
 - f. **Establish procedures to verify that the system is working properly:** For example, testing time and temperature recording devices to verify that a cooking unit is working properly.

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- g. Establish effective record keeping documenting the HACCP system:** This would include records of hazards and their control methods, the monitoring of safety requirements, and action taken to correct potential problems. Each of these principles must be backed by sound scientific knowledge. For example, published microbiological studies on time and temperature factors for controlling foodborne pathogens.

NOTE: A HACCP principles guide for operators of food service is available at <http://www.fda.gov/Food/GuidanceRegulation/HACCP/ucm2006801.htm>

- O. Food Service Employees/Volunteers:** All food preparation staff must work under the supervision of a Certified Food Protection Manager who ensures the application of hygienic techniques and practices in food preparation and service. A Certified Food Protection Manager is an individual who has successfully completed a Department of Health approved food safety and sanitation course and maintains a current certificate of completion.

- 1. Employee Orientation:** Any new staff or volunteer having contact with food service must have a general orientation to safe food handling and sanitation practices.
- 2. Employee Health and Hygiene:** Employees can transmit foodborne illnesses through cross contamination of food, improper food temperature control, and food handlers' personal hygiene and medical condition.

All food handlers must adhere to 64E-11 FAC along with the standards set forth in the Nutrition Program Compliance Review form.

P. Suspected Foodborne Illness Outbreak Procedure:

- 1.** Nutrition programs should have a plan in place to respond to a suspected foodborne illness outbreak.

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2. Employees or volunteers shall direct all calls from clients claiming they became sick from a congregate or home delivered meal they consumed to the manager or person in charge immediately. An incident report collecting the following information shall be completed:
 - a. What is the name, address, and telephone number of person calling, including date and time of call?
 - b. Who became ill and what were the symptoms?
 - c. Was the illness diagnosed by a healthcare provider? Obtain healthcare provider's name if diagnosed.
 - d. What food and/or drinks were consumed?
 - e. What was the location, date, and time the food was consumed?
 - f. What is the name of person who served the food?
3. Evaluate the information promptly. Consider that a foodborne disease outbreak may have occurred when two or more persons experience a similar illness, usually gastrointestinal, after eating a common food.
4. If a foodborne outbreak is suspected, the following contacts shall be notified immediately:
 - a. Area Agency on Aging;
 - b. Local health department;
 - c. Department of Elder Affairs;
 - d. Food vendor (if applicable); and
 - e. Attorney and insurance agent.