This monitoring template is not guidance nor legal advice provided by the Nutrition and Aging Resource Center or the Administration for Community Living.

Senior Nutrition Program   
Local Congregate Meal Site Monitoring Tool

**PROVIDER AGENCY:**

**ASSESSMENT DATE**:

**TIME OF MEAL:**

**NAME AND TITLE OF PERSON COMPLETING THIS FORM:**

**SIGNATURE:**

**AGENCY STAFF INTERVIEWED:**

The following checklists provide guidance for local nutrition service providers who are monitoring nutrition site(s). Those items required by the Older Americans Act (OAA) have been indicated with a parenthetical (OAA citation). Items that the OAA does not cover are highly recommended standards of practice. This tool provides examples of questions that could be asked during a site visit. Nutrition service providers are encouraged to modify this form to align with their specific program policies and procedures.

If food is not prepared onsite, name the current vendor for food preparation and delivery:

Document the current meal service process (e.g., the agency is providing meal service to congregate nutrition program participants in the senior center parking lot daily; food truck in the park options; meals continue to be prepared by a local hospital in compliance with a certified menu; consumer contributions are accepted):

Other comments:

# MEAL OPTIONS

## Menu Planned vs. Served

|  |  |  |
| --- | --- | --- |
| Planned vs. Served | Menu | Meal type (i.e., breakfast, lunch, dinner) |
| On the menu for today: |  |  |
| Actual items served today: |  |  |

If the meal served is different than planned, is there a document signed by an RD approving the change?

Yes

No

Comments:

Menus are approved by an RDN, demonstrating compliance with the OAA and SUA nutrition requirements.

Yes

No

Comments:

Describe the arrangements for the dietitian/nutritionist's involvement in the nutrition program (for example, who employs the dietitian, does the dietitian develop the menus and recipes, how often does the dietitian review menus, how does the dietitian receive menu substitutions for approval, etc.).

Comments:

# Congregate Program Management

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Factor** | **Yes** | **No** | **N/A** | **Comments** |
| Provider offers at least one hot or other appropriate meal per day (5 or more days/week) in a congregate setting (OAA 331). If no, describe how the service area provides meals five or more days a week or if a waiver is on file. |  |  |  |  |
| Nutrition education is provided as part of nutrition services. (OAA 331 & 336) |  |  |  | If yes, please describe: |
| Nutrition counseling is offered as part of nutrition services. (OAA 331 & 336) |  |  |  | If yes, please describe: |
| An annual survey of participants, soliciting menu suggestions, nutrition education suggestions, and client satisfaction, is on file. (OAA 339(2)(G)(ii)) |  |  |  |  |
| Provider arranges for the services of a registered dietitian/nutritionist. (OAA 339(2)(G)(i)) |  |  |  |  |
| The program director or designated staff passed a state-approved food safety manager certification or credential (e.g., ServSafe). Must have current certification available. |  |  |  |  |
| Provider staff and volunteers do not accept gifts. |  |  |  |  |
| The provider has a system in place to charge non-eligible persons (e.g., staff under 60 years old) for the total cost of the meal (OAA 315). |  |  |  |  |
| Provides therapeutic meals. If so, note in the comments if professional authorization is on file. |  |  |  | Describe: |
| If observing volunteers, are they following proper meal service procedures (e.g., appropriate glove and hairnet use)? |  |  |  |  |
| Volunteer training is documented. |  |  |  |  |
| Provider staff and volunteers do not carry out financial transactions except those related to donations and payments for meals by non-eligible persons. |  |  |  |  |
| Participant voluntary contributions are documented as program income and used to expand the services for which they were received. |  |  |  |  |
| Consumer contributions are opened, counted, and recorded with two individuals present. |  |  |  |  |
| The person making deposits is different from the people counting and recording contributions. |  |  |  |  |
| Notice is given and approval received from the AAA or SUA before closing or combining meal sites (applies to both temporary and permanent closures). |  |  |  |  |
| SUA or AAA is notified immediately of emergency-related meal site closings. |  |  |  |  |
| The contract with the provider has been reviewed and approved by the AAA and/or SUA. |  |  |  |  |
| Any purchases made by the site are approved (i.e., valid purchases) and documented. |  |  |  |  |

# Congregate Meal Audit

# Food Temperatures

|  |  |  |  |
| --- | --- | --- | --- |
| Food Group | Food Item | Temperature | Comment or Corrective Action |
| Meat/Meat Alternative |  |  |  |
| Grain or Starch |  |  |  |
| Vegetable |  |  |  |
| Fruit |  |  |  |
| Milk (or other calcium source) |  |  |  |
| Other |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Factor** | **Yes** | **No** | **N/A** | **Comments** |
| Food is received by trained staff or trained volunteers. Meal arrival time is documented and signed by the person receiving the food. |  |  |  |  |
| Provider maintains Time/Temperature Control for Safe Food and has supporting documentation (e.g., food delivery tickets, food discard date & time labeling). Not explicit but falls under (OAA 339(2)(F)) |  |  |  |  |
| Food is held in proper temperature control equipment prior to serving (e.g., warmers, refrigerators). Food should NOT be held in serving equipment (steamtables). |  |  |  | List any exceptions: |
| Congregate food temperatures are taken immediately before serving on the day of the site visit, and serving time is recorded. |  |  |  |  |
| On the day of the visit, food prepared off-site is received by staff or a trained volunteer, who documents meal arrival time and signs the delivery ticket. Food temperatures are recorded if food is held in warming or refrigeration equipment before serving. |  |  |  |  |
| If frozen meals are provided, they show no signs of thawing and refreezing and are dated with the date delivered to the nutrition program. |  |  |  |  |
| Provider staff and volunteers do not provide unapproved meals to participants with Title III-C funds. (e.g., holidays, birthday parties, special events) |  |  |  |  |

# Congregate Meal Site Observation

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Yes** | **No** | **Remarks** |
| There is a contribution station in full view that allows confidential contributions. (OAA 315(b)) |  |  |  |
| The meal site is in a well-maintained and accessible facility. |  |  |  |
| The areas where food is handled or served are clean and in good repair.  (OAA 339(2)(F)) |  |  |  |
| The site environment appears welcoming to participants from various backgrounds. |  |  |  |
| The furniture is in good condition and appropriate for older adults. There are adequate sturdy tables and chairs for the number served. |  |  |  |
| At least one table is surrounded by adequate aisle space (3 ft. 8 inches) to allow for persons with canes, walkers, crutches, or wheelchairs to move with ease. When necessary, this table shall be of sufficient height (no more than 34” and no less than 28” above the floor) to permit persons in fixed-arm wheelchairs to dine comfortably. |  |  |  |
| There are at least two exits that are unlocked during hours of operation. |  |  |  |
| Visible, usable fire extinguishers are in place, and instructions for use are posted. |  |  |  |
| As feasible, indoor facilities maintain a comfortable temperature. |  |  |  |
| The approved menus are posted using a 12-point font or larger in both the congregate serving area and the meal preparation area of the site. |  |  |  |
| A calendar of activities, education, and programs, written in 12-point font or larger, is posted at the beginning of each month. |  |  | How often are activities planned, and how are they advertised? |
| Parking is available. The parking lot is in good repair with no trip or fall hazards. |  |  |  |
| The site has a safe, appropriate place to mount/dismount group transportation vehicles. |  |  |  |
| Provider staff and volunteers do not administer medical treatment or medications. |  |  |  |

# Congregate Meals Observation Key Tips

* Note observations about food presentation and palatability based on direct experience or interactions with clients on the day of the site visit.
* Note observations about the perceived eligibility of clients in attendance on the day of the site visit.
* Are there any other observations you would like to make (e.g., things the site should work on, TA that is recommended for the site, etc.)?
* Identify the names of 3-5 individuals who received a meal on the day of the site visit.
  + Include two or more of these names in the client record reviews OR verify that these names are included in the agency's client database.
* Program Income Verification: This item aims to establish appropriate procedures to safeguard and account for all contributions. (OAA315(b)(D))

With assistance from nutrition/agency staff, trace one or more transactions from each program from the point of collecting program income through recording in the general ledger:

* Amount collected at nutrition site on (date): $
* Amount counted and recorded at location: $
  + If the administrative offices are in a different location from the nutrition site: $
* Amount recorded on deposit slip for the sample date: $
* Amount recorded in the general ledger or accounting records of the provider: $

There should be a clear audit trail from the point of counting program income to the point of deposit and recording in the general ledger. Explain any difference in these amounts:

**Document Review Checklist:**

\_\_\_\_\_ Procedures to follow in the event a participant becomes ill or injured

\_\_\_\_\_ Health department sanitation inspection and permits (must be posted in a visible location) (OAA 339 (2)(F))

\_\_\_\_\_ Provider notified AAA if the sanitation grade falls below "A" or 90%

\_\_\_\_\_ Documentation for required drills (e.g., fire, tornado). Drills are conducted regularly on-site

\_\_\_\_\_ Current fire department inspection report or record of efforts to have an inspection completed

\_\_\_\_\_ Training documentation for site managers (e.g., site operations, record-keeping, referral process, food safety, and food portioning)

\_\_\_\_\_ Emergency plan for medical emergencies and evacuation in case of emergencies

\_\_\_\_\_ Policy for registered participants and receiving full payment/reimbursement for those who are ineligible

\_\_\_\_\_ Written procedures for reporting changes in the eligibility of meal clients (i.e., termination of services)

\_\_\_\_\_ Policy for serving people with accommodation needs and mobility challenges

\_\_\_\_\_ Grievance policy and system for collection for congregate meal clients

\_\_\_\_\_ Policy and procedures related to food safety and time/temperature control

\_\_\_\_\_ Procedures to document eligible meal clients receive telephone reassessments routinely, per SUA/AAA policies

# 

# Congregate Program Records Review

# DATE OF ASSESSMENT:

# AGENCY:

# MONTH AND YEAR REVIEWED:

# FUNDING SOURCE:

Reviewer should select a random sample of clients from each congregate site and include one or more special eligibility clients (if any).

* + Attach to this worksheet the Units of Service Verification Report used to select the sample of clients and units. Identify the persons sampled and the month(s) reviewed in this report. Also, attach copies of other worksheets, such as copies of the Nutrition Site Monitoring Checklist or comparable documents.
  + On the reverse side of this worksheet, list the clients and specific dates for which units could not be verified, if applicable.
  + Provide a copy of both sides of this completed worksheet to the agency during the exit interview if unverified units are found.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CLIENT NAME | Eligibility Verified  If special eligibility,  state documentation reviewed. | Intake form updated annually | # units reported | # units verified | # units to be adjusted |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

TOTAL UNITS NOT VERIFIED:

Total units reported for all clients in the month reviewed:

THIS REPRESENTS       % OF TOTAL UNITS REPORTED FOR THE MONTH REVIEWED. If 10% or more, expand the sample and select another month to review.

# Congregate Exit Conference

**Suggested Corrective Action/Technical Assistance:**

**SIGNATURE OF REVIEWER:**

**DATE COMPLETED:**

**SIGNATURE OF REVIEWER:**

**DATE COMPLETED:**

**DATE COMMUNICATED WITH SITE/AGENCY:**

**COMMENTS OR DISCUSSION WITH THE AGENCY:**

**MONITORING FOLLOW-UP (CORRECTIVE ACTIONS COMPLETED) note dates and corrective actions:**