**Oregon State Unit on Aging**

**OAA Nutrition Services Assessment Tool 2018**

**Due February 16, 2018. Please submit to** SUA.Email@state.or.us.

AAA:      Date of Assessment:

Contact person for assessment questions:      Contact phone number:

**Part 1: AAA Review**

Please complete Part I based on the AAA’s review of all congregate and home-delivered meal (HDM) sites/programs that the AAA supports. Page numbers refer to Oregon’s Nutrition Program Standards found on the Oregon SUA website. Please use the “Explanation” section to clearly indicate how each area is addressed across your various meal sites. (eg: 5 of our 7 meal sites conduct annual satisfaction surveys with all clients; 2 sites do not have currently solicit feedback but AAA will be working with these sites to develop process for client input.)

| **Nutrition Services and Standards** | **Yes** | **No** | **Explanation**  |
| --- | --- | --- | --- |
| 1. **Congregate meals** are provided at least 5 days/week in each county. *p. 4*
 | [ ]  | [ ]  | If AAA has a waiver to serve fewer meals, provide date of the waiver:       |
| 1. **Home delivered meal**s are provided to homebound older adults at least 5 days/week in each county. *p. 7*
 | [ ]  | [ ]  | If AAA has a waiver to serve fewer meals, provide date of the waiver:       |
| 1. The Older Americans Act requires AAAs to contract with community partners for delivery of nutrition services unless provision of services by an AAA is necessary to ensure an adequate supply of services, services can be provided more economically by the AAA or services are directly related to administrative functions.  Does the AAA contract with community agencies/partners to deliver congregate and home-delivered meals?
 | **Yes** [ ]  | **No** [ ]  | If the AAA self-provides congregate and/or home-delivered meals, please indicate why:       |
| 1. The AAA has a process for ensuring that OAA and NSIP funded meals are provided only to people who meet the eligibility criteria. *p. 2, 3 & 18*
 | [ ]  | [ ]  | Describe any applicable policies or procedures:       |
| 1. Does your AAA have a waiting list for HDM?
 | [ ]  | [ ]  | Describe:       |
| 1. If yes to Q4, does the AAA use eligibility and screening criteria for prioritization?
 | [ ]  | [ ]  | Describe process:       |
| 1. OAA Nutrition Risk Assessment and NAPIS information is completed at time of intake and at least annually for **both** **HDM and congregate** meals. *p. 4 & p. 7*
 | [ ]  | [ ]  | Describe process:       |
| 1. Re-assessments for **HDM** are completed at least every six months to a year depending on the unique needs of the person receiving the service. *p. 8*
 | [ ]  | [ ]  | Describe process:       |
| 1. Nutrition providers make every effort to obtain and comply with required NAPIS data and protocols. *p. 4 & p. 23*
 | [ ]  | [ ]  | Describe policies or procedures:       |
| 1. Nutrition providers offer nutrition education at least quarterly for **congregate** sites. *p. 10*
 | [ ]  | [ ]  | Describe how nutrition education is delivered:       |
| 1. Nutrition providers offer nutrition education at least yearly for **HDM** participants. *p.10*
 | [ ]  | [ ]  | Describe how nutrition education is delivered:       |
| 1. Nutrition analysis of all meals/menus are reviewed by a Registered Dietitian to ensure compliance with 1/3 of the Dietary Reference Intakes, current US Dietary Guidelines and Oregon OAA nutrient requirements. *p. 13-15*
 | [ ]  | [ ]  | List name of RD(s) and how review is provided:            |
| 1. All kitchens (e.g. senior center, commercial) are licensed and inspected by local health department. *SB 631.*
 | [ ]  | [ ]  |       |
| 1. Nutrition providers have a procedure for maintaining compliance for sanitation and safety requirements at central kitchens, meal sites and home delivery routes. *p. 16-18*
 | [ ]  | [ ]  | Describe:       |
| 1. What food safety and sanitation trainings are provided to paid and volunteer staff? *p. 16-17*
 |  |  | Please describe trainings provided, how often trainings are held, and who attends:       |
| 1. Nutrition providers have a procedure for accepting monetary donations and maintaining confidentiality of donations and to ensure the voluntary nature of the donation. *p. 19*
 | [ ]  | [ ]  | Describe policies or procedures, and suggested donation amount:       |
| 1. Nutrition providers have policies & procedures for donated food used in the preparation of the meal. *p. 19*
 | [ ]  | [ ]  | Describe policies or procedures:       |
| 1. Nutrition providers have nutrition or food safety policies & procedures for donated food that get passed directly to seniors (e.g. day old-cakes, donuts).
 | [ ]  | [ ]  | Describe policies or procedures:       |
| 1. Nutrition providers have a policy and procedures for soliciting client input, suggestions and concerns and for periodically measuring satisfaction. *p. 22*
 | [ ]  | [ ]  | Describe policies or procedures:       |
| 1. Does the AAA (not individual meals sites) have a nutrition subcommittee as part of the advisory council? If yes, what are the duties of the subcommittee? *p. 22*
 | [ ]  | [ ]  | Describe:       |
| 1. Do the AAA or individual nutrition sites run criminal background checks on all **employees** in accordance with OAR Chapter 407, Division 007?
 | [ ]  | [ ]  | Explain:       |
| 1. Do the AAA or individual nutrition sites run criminal background checks on all **volunteers** in accordance with OAR Chapter 407, Division 007?
 | [ ]  | [ ]  | Explain:       |
| 1. Nutrition providers have established policy and procedures for responding to emergency/disaster situations and medical emergencies.
 | [ ]  | [ ]  | Describe:       |
| 1. Do nutrition providers have procedures in place for staff and volunteers to report suspected elder abuse?
 | [ ]  | [ ]  | Please describe policies or procedures:       |
| 1. Does the AAA do any outreach or marketing of nutrition services?
 | [ ]  | [ ]  | If yes, please describe outreach and target audiences:       |

1. Any additional comments on how AAA meets the OAA nutrition standards?

**Part 2: Observation and Review of Activities at Congregate Sites & HDM Routes.**

AAA should conduct an on-site observation and review of **at least 25% of congregate nutrition sites**, and **at least one home-delivered meal route for each of the observed congregate sites**. Please summarize findings from the on-site observations in the section below. (Example: a AAA with 8 congregate meal sites would observe at least 2 congregate sites and 2 HDM routes (one from each congregate site), and summarize findings from all 4 observations in the section below.)

| **On-Site Observation & Review** | **Yes** | **No** | **N/A** | **Explanation** |
| --- | --- | --- | --- | --- |
| 1. Each nutrition site meets ADA requirements for accessibility to public programs.
 | [ ]  | [ ]  | [ ]  | Describe:       |
| 1. Central kitchen prepared meals have temperatures taken and recorded upon arrival at meal site. *p. 16*
 | [ ]  | [ ]  | [ ]  | Describe:       |
| 1. Copies of all current inspection reports are posted at the meal site. *p. 16*
 | [ ]  | [ ]  | [ ]  |       |
| 1. The areas where food is handled and/or served are clean and in good repair. *p. 16*
 | [ ]  | [ ]  | [ ]  |       |
| 1. Note observations about food presentation and palatability based on direct experience or interactions with clients on day of site visit. *p. 16*
 |  |  |  |       |
| 1. Prior to, or in tandem with serving congregate meals, the HDMs are individually plated, packaged and readied for transport. *p. 17*
 | [ ]  | [ ]  | [ ]  |       |
| 1. A review of temperature records for congregate meals indicates temperatures within acceptable range. *p. 15*
 | [ ]  | [ ]  | [ ]  |       |
| 1. A review of temperature records for HDM routes indicates temperatures within the acceptable range. *p. 17*
 | [ ]  | [ ]  | [ ]  |       |
| 1. If frozen meals are provided, what is the source of the frozen meals?
 | [ ]  | [ ]  | [ ]  |       |
| 1. How are meals frozen if they are not commercially prepared?
 |  |  |  |       |
| 1. All frozen and HDM meals are dated with the date prepared.
 | [ ]  | [ ]  | [ ]  |       |
| 1. There is a standard process for identifying and discarding outdated frozen and HDM meals at the meal site.
 | [ ]  | [ ]  | [ ]  | Describe any applicable policies or procedures:       |
| 1. There is a standard process for identifying and discarding outdated frozen and HDM meals at client homes.
 | [ ]  | [ ]  | [ ]  | Describe any applicable policies or procedures:       |
| 1. Approved menus are served on the day of visit. If not, the substitution does not reduce or significantly alter the nutritional content of the meal and menu changes are documented*.* Consultation with Registered Dietitian was sought when needed*. p.15*
 | [ ]  | [ ]  | [ ]  |       |
| 1. To the maximum extent practicable, menus are adjusted to meet any dietary needs of program participants for health, ethnic or religious preferences*. p. 16*
 | [ ]  | [ ]  | [ ]  | Please provide examples:       |
| 1. Menus have been signed or certified by a Registered Dietitian. *p. 15*
 | [ ]  | [ ]  | [ ]  |       |

1. Any additional on-site observation findings?

**Part 3: Plans to Address Any Identified Gaps**

Please identify any areas where your AAA or nutrition services providers are not fully meeting the standards, need assistance to meet the standards, or need to take further steps to reach a program goal.

| **Issue where nutrition services are not yet meeting standards, or facing challenges** | **Proposed plan or steps the AAA will take.** | **Lead or responsible person** | **Goal date for completion** |
| --- | --- | --- | --- |
| 1.
 |       |       |       |
| 1.
 |       |       |       |
| 1.
 |       |       |       |

**Part 4: Areas of Program Success**

Please identify any areas where your AAA and/or nutrition services providers have been successful in achieving or exceeding its goals while fully meeting the standards, and identify the main factor(s) in achieving success.

| **Area of success** | **Brief description of particular program success and sustainability** | **Main factor(s) leading to particular success (be brief and specific)** |
| --- | --- | --- |
| 1.
 |       |       |
| 1.
 |       |       |
| 1.
 |       |       |

**Due February 16, 2018. Please submit only to** SUA.Email@ state.or.us. Thank you!