

Appendix A

Rockdale County Board of Commissioners Allocation & Budget Forms

(Please submit the Proposal Form on Page 29 and 30 with this document)

Olivia Haydel Home Delivered Meals Delivery Schedule Appendix B

Normal scheduling

The meals must be packed in individual microwaveable and conventional oven containers and delivered frozen to the:

The Olivia Haydel Senior Center is the home-delivered meals distribution point. Delivery must arrive between 7:00 a.m. and 8:00 a.m. of the day such meals are to be served.

Frozen Meals will be delivered on a Monday and Tuesday schedule.

Pandemic scheduling

During the COVID19 pandemic both shelf stable and frozen meals will be ordered on a weekly basis as funding is available.

The Olivia Haydel Senior Center is the home-delivered meals and shelf stable meals distribution point. The delivery must arrive between 7:45 am and 8:15 am of the day such meals are to be served. The number of meals ordered increases during the pandemic scheduling.

Frozen meals will be delivered on a Monday and Tuesday schedule. Shelf Stable meals will be delivered on Thursdays.

Rockdale Senior Services will notify GA Foods when the pandemic ordering and delivery schedule will end. When the pandemic scheduling is stopped, normal scheduling will resume, and the number of meals ordered will be reduced.

Appendix C

Holidays on which Home-Delivered Meal Service is not required:

Scheduled Holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- Memorial Day
- Independence Day
- Juneteenth
- Labor Day
- Veterans Day
- Thanksgiving Holidays (Thanksgiving Day and the day following)
- Christmas Eve
- Christmas Day

* If a holiday falls on a Monday, the meal will be delivered on the Friday before the Monday holiday or on the following Tuesday. Holiday schedule arrangements will be made with the Food Services Manager or the Social Service Manager.

Special scheduling

During the year, there will be non-holiday dates in which Home Delivered Meal Service will need to be rescheduled. When this is necessary, meals will be delivered on the Friday prior to the Monday/Tuesday normal delivery date.

- Columbus Day

The staff person designated to order the meals will notify the provider of any changes to the delivery schedule.

Appendix D

GA DHR Nutritional Guidelines Requirements

Appendix 304-C
Sources of Meal Pattern Foods
and
Portion Control Guides

Meats and Meat Alternates

As a group, meat and meat alternates provide protein, iron, B vitamins (thiamine, riboflavin, and niacin) among other nutrients.

For each meal, a 3-ounce edible portion of lean meat, poultry, fish, eggs, or meat alternate (dried beans, peas or other legumes; nuts and nut butters; or cheese) must be served.

Nuts and seeds may be used to meet no more than one-half of the meat/meat alternate requirement, and must be appropriately combined with other meats/meat alternates to fulfill the requirement.

- ▶ 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.

- ▶ Meats or alternate foods may be served alone or combined with other foods in casseroles, loaves, patties, soups, salads and sandwiches.

- ▶ Cured meat products, such as ham, sausages, luncheon meats, and hot dogs are very high in sodium and the use of these type products must be limited to no more than three or four times during the menu cycle. Bacon is not considered a meat alternate, since it provides primarily fat and sodium, and few other nutrients.

- ▶ Vegetable protein products or textured vegetable protein (VPP or TVP) are low cost alternatives and are effective in increasing the fluid intake of program participants. The recommended ratio of protein product to meat is 20: 80.

Portion Control Guide – Meats and Meat Alternates	
Food Item	Required Portion Size = 3 ounces = 1 M/MA
Cottage Cheese 2 ounces by weight = ¼ cup = 1 M/MA	6 ounces by weight = ¾ cup
Chicken	1 drumstick and 1 thigh or ½ breast to equal 3 ounces
Chili, soups	Must serve at least 1½ cups containing 3 ounces of meat or meat alternate to provide one meal's protein requirement
Dried beans and peas, cooked	1½ cups
Eggs One egg = 1 ounce	3 eggs
Lasagna, Macaroni and Cheese, Beef or other Meat Stew, Meat Casseroles	1½ cups
Meat Loaf 1 slice 2"x4"x2" = 4 ounces	4 ounces (yield from a 20"x12"x2" pan = 33 servings)
Pizza 3¼" x 7" = 3 ounces M/MA	10 servings per 18"x26" pan 5+ servings from 12"x20" pan
Roast Meats	3 ounces
Sandwiches	3 ounces
Sliced meats/cheese	3 ounces = ¾ cup filling
Salad type fillings	
Spaghetti sauces with ground beef	1 cup
Tofu	4 ounces

Meat/Meat Alternates, continued

Prepared Fish Products

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

Additional Information on Specific Products

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 ½ cup beans or peas. This is equivalent to 1 ounce of M/MA. It would take 3 cups to provide the required 3 ounces of M/MA.

An 8 ounce serving (1 cup) would provide 1 cup M/MA. The remaining 2 ounces required for a meal could be provided in a sandwich or other entrée item.

Hot Dogs/Frankfurters

Red meat (beef, pork, etc.) and poultry (turkey, chicken) hotdogs 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

Hotdogs 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.

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

Luncheon Meat

Luncheon meat is a smoked, cooked sausage. Those that do not contain meat by-products, cereals, binders or extenders are exchangeable on an ounce-per-ounce basis (1 ounce of product provides 1 ounce of cooked lean meat.)
Look for products labeled "All Meat."

Read the label to determine portion size; often servings are less than 3 ounces

The contribution of lunch meats that do contain meat by-products, cereals, binders, or extenders cannot always be determined on the basis of the label information. Unless you can get a signed written statement from the manufacturer certifying the amount of cooked, lean meat in the finished product, it is wiser not to use the products at all.

Note: Federal law requires that binders, extenders, etc. be listed on product labels in descending order of the percentage of content (from highest to lowest.)

Cheese Foods and Cheese Spreads

Cheese foods and spreads such as Velveeta™ and Cheese Whiz™ may be served as meat alternates, but twice as much is required because these products contain less protein and more moisture than natural and processed cheeses.

A 2 ounce serving of cheese food or spread is equivalent to only 1 ounce of M/MA. Six ounces of cheese food/spread is required to equal a 3 ounce portion.

Note: All of these food products contain significant amounts of sodium and fat and their use should be limited.

Fruits and vegetables are the primary sources of vitamins A, C and folacin in the diet.

They also are good sources of such minerals as iron, zinc, magnesium, and are good sources of fiber. They are low in fat and should be included in the diet as often as possible. The nutrition program should encourage participants to "Take Five a Day," meaning to eat five servings in total of fruits and vegetables daily. Individually, three to five servings of vegetable and two to four servings of fruit are recommended according to the Food Guide Pyramid. Meals served through the nutrition program should be planned to help people to the greatest extent possible achieve that goal. To meet program requirements, each meal served must contain two or more different vegetables and/or fruits. Plan to serve foods rich in Vitamin A at least three times per week and foods rich in Vitamin C daily.

Fruits and vegetables may be served cooked, or raw, if properly washed, and may be served alone or in combinations. A serving is ½ cup or a single piece. If serving raw vegetables as a relish tray, each serving must be at least ¼ cup, and additional food items must be provided to fulfill the entire 1 cup requirement.

One-fourth cup, drained weight, minimum of fruits or vegetables must be provided per serving in any soup, stew, casserole, gelatin or other combination dish, if it is identified as a "Fruit/Vegetable" serving. The total meal must provide 1 cup in total of fruit/vegetables from at least two sources.

When juices are served they must be 100 percent fruit or vegetable juice. Fruit drinks, nectars, or cocktails containing less than 50 percent juice may not count toward this requirement.

Juices may be served daily. However, due to a generally low fiber content, they may not be considered a part of the fruit/vegetable requirement more than once a week.

When purchasing frozen and canned fruits, choose those without added sugar or syrup, preferably canned in fruit juice or water.

Macaroni, rice, noodles, and spaghetti are not vegetables and do not contribute toward the vegetable component. (See bread/grain requirement.)

Salad bars may be provided as one of the two servings of fruits and/or vegetables for any meal. Foods rich in Vitamins A and C must be offered in salad bars, when offered.

Pasta and Macaroni salads rarely contain sufficient vegetables to meet the requirement of a ½ cup serving. When serving these salads, include sufficient fruits and/or vegetables in the meal to provide a total of 1 cup. The macaroni may be considered the bread for the meal if ½ cup of the salad is served. (The total salad serving would be larger than ½ cup.)

Main dish salads, such as Chef of Taco salad, can meet the full requirement providing that it provides a 3-ounce portion of meat/meat alternate, and at least one cup of vegetables, with more than two types of vegetable included. For example, a salad composed only of iceberg lettuce would not meet program standards, but one containing cabbage, romaine, spinach and iceberg, plus other vegetables (tomato, green pepper, onion, cucumber, etc.), as well as the meat/meat alternative would.

Fruits and Vegetables	Portion – Total 1 cup minimum from two or more items
Canned or frozen fruits or vegetables	¼ cup = #16 scoop ½ cup = #8 scoop
Fresh fruit	½ cup = 1 medium piece
Juice, full strength	½ cup (4 ounces) served in a 5 or 6 ounce cup
Soups - canned, vegetable types pea soup	1 cup reconstituted or ready-to-serve = ¼ cup serving of vegetable 1 cup = ½ cup vegetable
Tomato, Sauce Paste Pureé	½ cup = ½ cup vegetable 2 Tablespoons = ½ cup vegetable 4 Tablespoons = ½ cup vegetable

Fruits and Vegetables, continued

Sources of Vitamin A: A ½ cup serving of the following will provide:

500+ micrograms > 1/3 RDA	200 -500 micrograms = 1/3 RDA	100 - 200 micrograms < 1/3 RDA
Carrots	Mango	Apricots, dried, canned
Chard, Swiss (cooked)	Cantaloupe	Cranberries
Collards (cooked)	Papaya (half)	Nectarines
Pumpkin	Beet Greens	Peaches
Spinach (cooked)	Bok Choy (cooked)	Persimmons
Squashes, Winter varieties	Kale	Asparagus
Sweet potato	Mustard Greens	Broccoli
Mixed vegetables	Parsley	Bok Choy (fresh)
	Peas and Carrots	Chard, Swiss (fresh)
	Peppers, Sweet, red	Mustard Greens (fresh)
	Spinach (fresh)	Tomatoes
	Turnip Greens	Vegetable Juice Cocktail

RDA for Vitamin A—
Women – 800 micrograms
Men – 1,000 micrograms

Sources of Vitamin C: A ½ cup serving of the following foods will provide (1/3 RDA = 20 milligrams)

50 mg. +	30 - 50 mg.	15 - 30 mg
Broccoli	Cauliflower	Asparagus
Brussels Sprouts	Collards	Cabbage
Chili Peppers, red and green	Cranberries	Cantaloupe
Grapefruit	Grapefruit juice	Honeydew melon
Guava	Kale	Mandarin Orange
Oranges, orange juice	Mangoes	Okra
Papayas	Mustard Greens	Pineapple juice
Parsley	Raspberries	Potatoes
Kiwi fruit	Strawberries	Tangerines, juice
		Rutabagas
		Sauerkraut
		Spinach
		Sweet Potatoes
		Tangelos
		Tomatoes, juice, paste, puree
		Turnip roots and greens

RDA for Vitamin C—
60 mg/day for men and women

Breads, Cereals, Rice and Pasta Group

Whole Grain/Enriched Bread Requirement

Enriched or whole grain bread and cereals are sources of B vitamins, minerals (especially iron), protein and calories. Whole grain products supply additional vitamins and minerals, as well as dietary fiber and a variety of tastes and textures.

Breads or alternates must be whole grain or enriched or made from whole grain or enriched meals and/or flours, as the primary ingredient(s) by weight, as specified by labeling or recipe. Half of all grain products served must be whole grain.

The bread or bread alternate must serve the customary function of bread in a meal. This means that for lunch the bread/product must be served as an accompaniment to, or a recognizable part of the main dish, not merely as an ingredient.

One serving of whole grains or enriched bread or an alternate is required. One serving is one slice of bread, or one biscuit, muffin, roll, or square of cornbread.

- ▶ Bread alternatives include enriched or whole grain cereals such as spaghetti, macaroni, dumplings, pancakes and waffles. Rice, crackers and tortillas also are included.

- ▶ Breads containing fruits and vegetables, such as banana and pumpkin, are considered desserts due to their calorie and nutrient composition.

- ▶ To provide additional variety, certain vegetables and fruits high in complex carbohydrates may occasionally be served as bread alternates. A four-ounce serving of the following may be used: white potatoes, sweet potatoes, yams, plantains, corn, pumpkin, squash, dried beans, peas or lentils (4 ounces = $\frac{1}{2}$ to $\frac{3}{4}$ cup.) When used as the bread alternates, these foods may not be considered as part of the fruit and vegetable requirement.

- ▶ When serving breakfast meals, include muffins made from low fat recipes, bagels or English muffins instead of sweet rolls, coffee cakes or doughnuts (which are higher in fat and calories,) whenever possible.

Bread and Bread Products

Include:

- Whole grain or enriched breads
- Whole grain or enriched cereals
- Chow Mein Noodles
- Corn tortillas and corn products made with whole grain or enriched corn meal
- Egg roll or Won Ton wrappers
- Graham crackers
- Grains, such as bulgur, oats, wheat, farina, corn meal, millet, rice, etc.
- Grits - enriched corn grits or hominy grits
- Macaroni and macaroni products — enriched lasagna, elbow macaroni, and spaghetti
- Noodles and noodle products (enriched)
- Popovers
- Pretzels — soft only
- Rice cakes
- Stuffing/dressings (made with enriched breads)
- Taco shells

The following may be used on an limited basis due to fat content:

- Coffee cakes
- Doughnuts
- Granola cereal
- Pie crust for main dishes
- Puff pastry for main dishes
- Sweet rolls and buns

The following may not be used to meet the bread requirement

- Commercial bread stuffing made from unenriched bread products
- Cakes
- Chips (tortilla, potato, corn, etc.)
- Unenriched corn meal or grits
- Cupcakes
- Gingerbread
- Ice Cream cones
- Dessert pie crusts
- Popcorn
- Tapioca
- Wheat germ (may be used in bread products)

Bread Equivalents

Item	Serving Size	Approximate Weight per Unit	
		Grams	Ounces
Bagel	1 bagel	57	2.0
Bread Stick	4 sticks	20	0.7
Buns, all types	1 bun	28	1.0
Chow Mein Noodles	½ cup	22	0.8
Cornbread (2-inch square)	1 square	38	1.3
English Muffin	1 muffin	57	2.0
Graham Cracker (2 ½" square)	3 crackers	21	0.7
Muffin, low fat	1 muffin	38	1.3
Pancakes	1 pancake	50	1.8
Pizza Crust	1 slice crust	30	1.1
Popover	1 popover	50	1.8
Pretzel, soft	2 pretzels	32	1.2
Rye wafers (whole grain)	4 wafers	25	0.9
Roll, dinner	1 roll	30	1.1
Saltine crackers	8 crackers	20	0.8
Stuffing/dressing	⅓ cup	46	1.6
Taco shells	2 shells	30	0.8
Tortillas (6-inch diameter)	1 tortilla	30	1.1
Waffles	1 waffle	30	1.1

Cooked portions of cereal products such as pasta (Macaroni, noodles, spaghetti), rice, bulgur, or other cereal grains may count toward meeting the bread requirement as follows:

Bulgur.....	½ cup
Fortified Dry Cereal.....	¾ cup
Cream of Wheat.....	½ cup
Pasta products.....	½ cup
Rice.....	½ cup
Rolled Oats.....	½ cup

Milk and Dairy Products

Milk or Equivalent Products

Milk products are good sources of calcium, protein, and riboflavin. Fortified products also provide vitamins A and D. If milk is served, the use of skim or low fat milk and milk products is encouraged to help reduce the total fat in the meal.

For individuals who do not tolerate milk products well, dietary modifications may include:

- Products such as canned sardines and salmon, including the bones; dark green leafy vegetables; cooked dried peas and beans.
- Yogurt. Many people who are lactose intolerant can eat yogurt (especially with live cultures).

Custards, puddings, and ice milk also may be used to meet some of the calcium requirements. Because of the large portions which would be required, however, these foods should be considered as a supplement, rather than replacement for other dairy products. This recommendation is made to keep fat, sugar and total calories within the U.S. Dietary Guidelines.

One 8 ounce serving of low fat milk will provide approximate 300 mg. of calcium. This amount must be supplied through other foods if milk is not consumed.

Lactose-reduced milk is a fluid milk product modified by the addition of lactose enzymes. The lactose (milk sugar) in this milk has been broken down into simple sugars. People who have difficulty digesting or cannot digest the lactose in milk may benefit from a lactose-reduced or lactose free low fat milk product.

Milk and Milk Alternatives

8 ounces flavored or unflavored:

- Whole milk
- Low fat milk (1%, 2%)
- Skim milk (non-fat)
- Buttermilk
- Hot Chocolate or Cocoa made with non-fat milk
- Lactose-reduced or lactose-free milk
- Yogurt

Other portion sizes required to meet calcium needs:

Cheeses:

- Ricotta, part skim -- $\frac{1}{2}$ cup
- Cottage, 1% fat -- $1\frac{1}{4}$ cup
- Cheddar, Monterey, Provolone, Swiss, Colby, Mozzarella, American -- 1 $\frac{1}{2}$ ounces*
- Tofu, preserved in calcium sulfate -- $\frac{1}{2}$ cup

*Note: use of "hard" cheeses should be limited due to the higher fat content.

Rich Sources of Calcium

200 – 300+ Mg per Serving

	Mg Calcium	Calories		Mg Calcium	Calories
Dairy Products			Meat/Meat Alternatives		
Buttermilk, 1 cup	285	99	Seafood		
Milk, Skim, 1 cup	302	86	Mackerel, canned Jack, 3 oz	202	131
Milk, 1%, 1 cup	300	102	Salmon, canned w/bones, 3 oz.		
Milk, 2% m l cup	297	121	Chum	212	120
Milk, whole, 1 cup	291	150	Sockeye	203	130
Milk, chocolate 2%, 1 cup	284	179	Sardines, canned, drained/bones		
Milk, nonfat dry, 1/3 cup	280	81	Atlantic, 3 oz.	351	192
Buttermilk, dry, 1/4 cup	355	118	Pacific, 3.5 oz.	351	176
Milk, canned:			Fruits/Vegetables		
Skim, evaporated, 1/2 cup	369	100	Collard Greens, raw,		
Whole, evaporated, 1/2 cup	329	170	3.5 oz	203	40
Cheeses			Desserts		
Cheddar, 1 oz.	204	114	Custard pie, 6 oz. slice	297	305
Monterey, 1 oz.	212	106	Ice creams, soft serve, 1 c.	236	377
Provolone, 1 oz.	214	100	Ice Milk, soft serve, 1 cup	274	223
Ricotta, part skim, 1/2 cup	337	170	Pumpkin pie, 7 oz. slice	212	367
Swiss, 1 oz.	272	107	Yogurt, frozen, 1 cup	240220	
Tofu, firm, 1/2 cup	258	183			
Yogurt, plain low fat, 1 cup	452	127			
Yogurt, vanilla low fat, 1 cup	389	193			
Yogurt, fruit, low fat, 1 cup	231	231			

100 – 200 Mg Per Serving

	Mg Calcium	Calories		Mg Calcium	Calories
Dairy Products			Meat/Meat Alternates		
Cheeses			Beans, Baked, Homemade, 1 cup	155	382
Cheddar, 1 oz.	174	106	Bean, canned, plain/vegetarian, 1 c.	126	235
Blue, 1 oz.	150	100	Beans, w/ pork, sweet sauce, 1 cup	155	282
Colby, 1 oz.	194	112	Beans w/ pork, tomato sauce, 1 cup	141	247
Colby, 1/2 cup	138	164	Beans, Navy, (dry) cooked, 1 cup	128	259
Mozzarella, part skim			Beans, refried, canned, 1 cup	118	270
1 cup	183	80	Beans, White (dried) cooked, 1 cup	131	253
Yogurt cheese, 1/4 c.	179	56	Beans, Soy (dried) cooked, 1 cup	175	298
Breads, Grains, Cereals			Seafood		
English muffin, sourdough			Clams, canned, 1/2 cup	118	74
2 oz.	112	129	Salmon, canned w/ bones, 3 oz. (Pink)	182	130
fortified,			Oatmeal, instant,		
Plain, 1/4 cup	163	104			
Fruits/Vegetables			Desserts		
Collard Greens, cooked			Fudgesicle, one	129	91
1/2 cup	152	29	Ice Cream, regular vanilla, 1 cup	176	269
Kale, 3 1/2 oz. raw	179	38	Ice Milk, Hard, vanilla, 1 cup	176	184
Kale, cooked, 1/4 cup	134	28	Puddings,		
Rhubarb, frozen			Chocolate, (instant or cooked) 1/2 cup	138	152
cooked, 1 cup	174	139	Coconut (instant) 1/2 cup	148	184
Swiss chard, cooked			Lemon (instant) 1/2 cup	147	178
Leaves, stems, 1 c.	106	26	Rice (mix) 1/2 cup	133	155
Leaves only, 1 c.	128	32	Tapioca (mix) 1/2 cup	131	145
Turnips, greens			Vanilla, 1/2 cup	130	148
cooked, 2/3 cup	184	20			

Rich Sources of Calcium, continued

50 – 100 Mg per Serving

	Mg Calcium	Calories		Mg Calcium	Calories
Cheeses			Meat/Meat Alternates		
Cottage, creamed, ½ cup	63	225	Almonds, ¼ cup (36 g.)	83	210
Cottage, 2%, ½ cup	77	205	Beans, kidney, (dried) cooked, 1 c.	50	225
Parmesan, 1 Tbsp.	70	22	Beans, kidney canned 1 c.	69	208
Breads, Grains, Cereals			Beans, Garbanzo, canned, cooked, 1c.	80	269
Cornbread, 2 inch square	94	200	Brazil nuts, ¼ cup	65	230
			Filberts, ¼ cup	71	213
Fruits/Vegetables			Seafood		
Beans, wax, ½ cup	50	22	Clams, breaded, fried 3 oz (10 clams)	59	190
Broccoli, ½ cup	68	25	Clams, steamed 3 oz. (20 clams)	83	133
Romaine lettuce, 3 ½ oz.	68	18	Hallbut, baked, 3 oz.	51	119
Okra, frozen, cut, ½ cup	72	26	Oysters, breaded/fried, 3 oz. (6 oysters)	54	173
Rhubarb, cooked, 3 ½ oz.	86	15			
Spinach, raw, 3 ½ oz.	93	26	Desserts		
Spinach, cooked, ½ cup	83	21	pudding pops, various flavors	76	94
Sweet potatoes, canned, solid or vacuum packed			pudding pops, chocolate/fudge	87	99
Mashed, 1 cup	64				
Pieces, 1 cup	50				

Appendix 304-D

**Evaluation of Home Delivered Meals Participants
for Appropriate Meal Type**

Determining Appropriate Meal Types

When considering providing a meal to homebound individuals, as either a routine method of meeting part of their nutritional needs or in planning for continuity of services in emergencies, Area Agencies and/or provider staff are responsible for assessing the appropriateness of meal types for each person who will need them. These types include hot, frozen, chilled, or shelf stable meals.

Such meal types may not be appropriate if:

- The individual's home lacks proper appliances for food storage and preparation, and adequate space for proper storage of multiple meals, if a supply for an extended period of time is planned.
- The individual has physical or cognitive impairments that limit his/her ability to prepare or safely reheat the meals, and/or eat without assistance.

The Determination of Need-Revised (DON-R) assessment at the time of intake provides information about the person's functional abilities, specifically in the area of eating and meal preparation. It also provides indicators of possible cognitive impairment which may affect the person's functional capacity.

The assessor will use this information, as well as additional information on the physical conditions of the home, to determine the appropriateness of the alternate meal type. The assessor will make a home visit to visually inspect the cooking facilities and availability and condition of equipment and utensils.

The assessor will document the evaluation findings in the individual's file, using the following form, or otherwise capturing the required data. Staff responsible for periodic individual reassessment will re-verify and document the individual's status and continuing appropriateness for alternate meals, if such meals are part of the ongoing care plan.

Individual/Home Evaluation for Alternate Meal Types

Individual Name: _____ Evaluation Date: _____

Address: _____

Agency Name: _____

Evaluation Completed By _____ Title _____

DON-R Scores and Comments:

Eating:

Is the individual able to feed himself/herself? Assess the individual's ability to feed him/herself using routine or adapted table utensils and without frequent spills. Address the individual's ability to chew, swallow, cut food into manageable size pieces, and to chew and swallow hot and cold foods/beverages.

- Score 0 -- The individual can eat, with or without an assistive device.
- 1 -- The individual can eat, with or without an assistive device, but requires some verbal or physical assistance in some or all components of the activity.
- 2 -- The individual cannot eat, even with an assistive device, and/or requires a great deal of verbal and/or physical assistance.
- 3 -- The individual cannot perform any of the tasks of eating.

Availability of assistance with eating. If the individual scores at least (1) in impairment level, determine whether someone is available to assist and/or motivate the individual in eating.

Need for assistance with eating

- Score 0 -- The individual's need for assistance is met to the extent that there is no risk to health or safety if current level of assistance is maintained or no other assistance is added.
- 1-- The individual's need for assistance is met most of the time, or there is minimal risk to the individual's health or safety if additional assistance is not acquired
- 2-- The individual's need for assistance is not met most of the time; or there is moderate risk to the individual's health/safety if additional assistance is not acquired;
- 3-- The individual's need for assistance is seldom or never met; or there is severe risk to the health and safety of the individual.

Who, if anyone, is available to provide assistance? _____

How often will assistance be provided? _____

Preparing Meals

Is the individual able to prepare a meal, including re-heating frozen or chilled meals? Assess the ability to open containers, to use kitchen appliances, and to clean up after the meal, including washing, drying and storing any utensils used in preparing or eating the meal.

- Score 0 -- The individual can prepare a meal, with or without an assistive device.
- 1 -- The individual can prepare a meal, with or without an assistive device, but requires some verbal or physical assistance in some or all components of the activity.
- 2 -- The individual can prepare a meal, even with an assistive device, and/or requires a great deal of verbal or physical assistance.
- 3 -- The individual cannot perform any of the tasks of preparing a meal.

Be specific about impairments _____

Need for assistance with meal preparation

If the individual scores at least (1) in this area, evaluate the appropriateness of the meal type being proposed.

- Score 0 -- The individual's need for assistance is met to the extent that there is no risk to health or safety if current level of assistance is maintained or no other assistance is added.
- 1-- The individual's need for assistance is met most of the time, or there is minimal risk to the individual's health or safety if additional assistance is not acquired
- 2-- The individual's need for assistance is not met most of the time; or there is moderate risk to the individual's health/safety if additional assistance is not acquired;
- 3-- The individual's need for assistance is seldom or never met; or there is severe risk to the health and safety of the individual.

Who, if anyone, is available to provide assistance? _____ How often? _____

Equipment for Meal Preparation and Storage and Utensils

The individual has in proper working condition:	<u>Yes</u>	<u>No</u>	<u>Not Needed for Meal Type</u>
Refrigerator	_____	_____	_____
Freezer or freezer compartment	_____	_____	_____
Oven	_____	_____	_____
Microwave	_____	_____	_____
Toaster Oven	_____	_____	_____
The individual has an adequate supply of:			
Appropriate utensils for serving and eating	_____	_____	_____
Towels/Hot pads or mitts for handling hot food items	_____	_____	_____
The individual has an adequate amount of refrigerator/freezer space to store multiple meals if needed.	_____	_____	_____

Type of meal recommended: Hot _____ Shelf stable _____ Frozen _____ Chilled _____

Appendix 304-E
Nutrient Values for Meal Planning and Evaluation

Definitions:

- The Recommended Daily Allowance (RDA) is the average daily dietary intake level that is sufficient to meet the nutrient requirement for nearly all (97-98%) healthy individuals of a specified age range and gender.
- The Adequate Intake (AI) is the daily dietary intake level of healthy people assumed to be adequate when there is insufficient evidence to set an RDA. It is based on observed mean nutrient intakes and experimental data. The National Academy of Sciences recommends that the Adequate Intake be used if an RDA is not available.
- The Tolerable Upper Intake Level (UL) is the highest daily dietary intake that is likely to pose no risk of adverse health effects to almost all individuals of a specific age range.
- The Estimated Energy Requirement (EER) is defined as the dietary energy intake that is predicted (with variance) to maintain energy balance in a healthy adult of defined age, gender, weight, height and level of activity, consistent with good health.
- An Acceptable Macronutrient Distribution Range (AMDR) is defined as a range of intakes for a particular energy source (that is, carbohydrates, proteins, fats) that is associated with reduced risk of chronic disease while providing adequate intakes of essential nutrients. The AMDR is expressed as a percentage of total energy intakes because its requirement is not independent of other energy fuel sources or of the total energy requirement of the individual.

Table 304-E-1 note: RDAs are in **bold type** and AIs are in ordinary type, followed by an asterisk (*).

Nutrient Values for Meal Planning and Evaluation			
	1 meal/day ≥33% RDA/AI	2 meals/day ≥67% RDA/AI	3 meals/day ≥100% RDA/AI
Macronutrients			
Kilocalories (Kcal) ¹	685	1369	2054
Protein (gm) ^{2,3}	19	37	56
20% of total Kcal(gm) ⁴	34	69	103
Carbohydrate (gm) ⁵	43	87	130
50% of total Kcal (gm) ⁴	86	171	257
Fat (gm)	23	46	68
20-35% of total Kcal (gm) ⁶			
Saturated fat (< 10% of total Kcal) ⁷		Limit intake ⁸	
Cholesterol (<300 gm/day) ⁷		Limit intake ⁸	
Dietary Fiber (gm) ³	10*	20*	30*
Vitamins			
Vitamin A** (ug) ³	300	600	900
Vitamin C (mg) ³	30	60	90
Vitamin D (ug) ³	8*	16*	25*
Vitamin E (mg)	5	10	15
Thiamin (mg) ³	0.40	0.80	1.20
Riboflavin (mg) ³	0.43	0.86	1.30
Vitamin B6 (mg) ³	0.57	1.13	1.70
Folate (ug)	133	267	400
Vitamin B12 (ug)	0.79	1.61	2.4
Minerals			
Calcium (mg)	400*	800*	1200*
Copper (ug)	300	600	900
Iron (mg)	2.70	5.30	8.00
Magnesium (mg) ³	140	280	420
Electrolytes			
Potassium (mg) ⁹	1167	2333	4700
Sodium (mg) ⁷	<800	<1600	<2300

Notes to Table 304-E-1

** Vitamin A should be provided from vegetable derived (carotenoid) sources. See Issue Panel Report on Dietary Reference Intakes and Dietary Guidelines in Older Americans Act Nutrition Programs.

¹ Value for 75 year old male, height of 5' 7" , "low active" physical activity level. "Using Estimated Energy Requirements (EER) for Men and Women 30 Year of Age," calculated the median BMI and calorie level for men and subtracted 10 kcal/day (from 2504 kcal) for each year of age above 30.

² The RDA for protein equilibrium in adults is a minimum of 0.8g protein/kg body weight for reference body weight.

³ Used highest DRI value for ages 51+ and male and female.

⁴ Acceptable Macronutrient Distribution Ranges (AMDRs) for intakes of carbohydrates, proteins and fats area expressed as percent of total calories. The AMDR for protein is 10-35%, carbohydrate is 45-65%, and total fat is 20-35%.

⁵ The RDA for carbohydrate is the minimum adequate to maintain brain function in adults.

⁶ Because the percent of energy consumed as fat can vary greatly while still meeting daily energy needs, an AMDR is provided in the absence of an AI, EAR, or RDA for adults.

⁷ Recommendations from the *Dietary Guidelines for Americans 2010*.

⁸ *Saturated fats, trans fatty acids, and dietary cholesterol have no known beneficial role in preventing chronic disease and are not required at any level in the diet. The recommendation is to keep intake as low as possible while consuming a nutritionally adequate diet, as many of the foods containing these fats also provide valuable nutrients.* Institute of Medicine, Food and Nutrition Board. Dietary Reference Intakes for Energy, Carbohydrates, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids. Washington, D.C.: National Academy Press, 2002

⁹ National Research Council, Food and Nutrition Board, Recommended Daily Allowances, 10th Ed., Washington, D.C., National Academy Press, 1989.

Appendix 304-F
Georgia Nutrition Program Nutrient Targets for Meals

Appendix 304-F
Georgia Nutrition Program Nutrient Targets for Meals

Nutrient Targets: Following are nutrient targets for each meal. Targets may be met as a monthly average, however all meals must meet the RDA per the Older Americans Act Title III C.

Table 304-F-1

Nutrient	Target Value
*Calories	650-750
*Protein	19 grams
*Fat	Up to 35% of total calories: 25.2 grams/650 calorie meal; 27.2 grams/700 calorie meal
*Saturated Fat	Up to 10% of total calories (7.2-7.7 grams)
*Calcium	400 milligrams
*Sodium	<1000 milligrams
*Potassium	1167 milligrams
*Magnesium	140 milligrams
*Zinc	3.7 micrograms
*Vitamin A	300 micrograms
*Vitamin B ₆	0.57 micrograms
*Vitamin B ₁₂	0.8 micrograms
Vitamin D	5 micrograms
Vitamin E	5 milligrams
*Folate	133 micrograms
*Fiber	≥ 8 grams
*Vitamin C	> 30 milligrams

*Nutrient analysis should target at a minimum: calories, protein, fat (including saturated fat), calcium, sodium, potassium, magnesium, zinc, vitamins A, B₆, B₁₂, C, Folate, and Fiber.

Appendix 304-G
Guidelines for Using the Updated Sample Meal Pattern

Standard Meal Pattern Requirements – Basic Meal Components

Food Group	Servings per Meal	Dietary Guidelines Servings per Day
Bread or Bread Alternate	2 servings (1 cup pasta or rice); 2 slices of bread (1 ounce each) or equivalent combinations. Half of all grains must be whole grain products.	6-9 servings daily. Include several servings of whole grain (high fiber) food
Vegetables	2 servings: ½ cup or equivalent measure for cooked, 1 cup or equivalent for raw (may serve an additional vegetable instead of a fruit.)	3-4 servings daily. Include dark green, leafy, or orange vegetables; cooked dry peas and beans.
Fruits	1 serving: ½ cup or equivalent measure (May serve an additional fruit instead of a vegetable.)	2-3 servings daily. Include deeply colored fruits, such as orange fruits
Milk or Milk Alternates	1 serving: 1 cup (8 ounces) or equivalent measure	3 servings daily; select low fat products.
Meat or Meat Alternates	1 serving: 3 ounces or equivalent measure	2 servings daily, total of 6 ounces
Fats	1 serving: 1 teaspoon or equivalent measure	Select foods lower in fat, saturated fat and cholesterol. Limit total fat to 30% and saturated fat to 10% of calories.
Dessert	Varies.	Select foods high in whole grains, low in fat and sugars.
Optional Beverages: Water, coffee, tea, decaffeinated beverages, fruit juices.	8 ounces, minimum, according to seasonal preferences.	

Following this meal pattern is not required. It is a guide to use to meet the minimum nutrient targets outlined in Appendix 304-F. The updated sample meal pattern is based on the new DRIs for energy. The caloric requirement in the *2010 Dietary Guidelines* is 1600 – 2200 calories per day, thus the sample pattern provides approximately 685 calories per meal. The number of servings is based on U.S.D.A's *Food Guide Background and Development, Table %, Nutrient Profiles for Food Groups and Subgroup Composites*. 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. The updated sample meal pattern includes one additional serving of bread or bread alternate and an additional serving of vegetable or fruit. Serving sizes are based on the USDA's My Plate (<http://www.choosemyplate.gov/>).

The number of servings reflects an appropriate distribution of foods for the day, particularly for lunch and dinner meals. Servings from a food group may be combined as one large serving... For example, 2 servings from the bread or bread alternate group may be provided as two slices of bread for a sandwich or one cup of pasta or rice. They also could be provided as ½ cup pasta and one slice of bread.

Guidelines on Meal Pattern continued:

Likewise two servings of vegetable could be provided as ½ cup mashed potatoes and ½ cup of green beans or one cup total for either vegetable. The pattern provides the option of substituting one fruit serving for a vegetable serving and vice versa.

The updated sample meal pattern, although based on the food servings recommended in the Food Guide Pyramid, does not assure that meals provide at least $\frac{1}{3}$ of the DRIs and the 2010 Dietary Guidelines. Meals are likely to require specific types of fruits and vegetables, whole grains and high fiber foods.

Because of the increase in the nutrient requirements, some meal program participants may have difficulty in consuming the amount of food required to meet the guidelines for one meal at one sitting. Vendors/providers should emphasize using nutrient dense foods, as well as fortified and enriched food products.

Another option may be to serve a midmorning snack in addition to the noon meal in a congregate meal site. The snack could consist of whole grain bread or fortified cereal, along with fruit or fruit juice and low fat milk.

Using this meal pattern does not guarantee that the nutrient requirements will be met. A nutrition analysis must be completed to ensure nutrition compliance.

Appendix 304-H
Hold Harmless Guidance

Hold Harmless

You may have a hold harmless provision in a contract presented to you. You may also choose to include a hold harmless provision in a contract you present to others.

Definition of a hold harmless agreement: A contractual agreement whereby one party assumes the liability inherent in a situation, thereby relieving the other party of responsibility.

Purpose of a hold harmless agreement: To save another party from all legal consequences or from the outlay of any money for defense costs, damages, etc.

Ultimately, a hold harmless agreement transfers the risk from one party to another.

You should include a hold harmless provision in most contracts dealing with contractors or vendors.

Hold Harmless Sample: You should consult your attorney for specific language to meet your specific needs. Additionally, you should refer to your general liability policy for any specific requirements.

“To the fullest extent permitted by law, the (contractor/vendor) agrees to defend (including attorney’s fees), pay on behalf of, indemnify, and hold harmless the (entity), its elected and appointed officials, employees and volunteers and others working on behalf of the (entity) against any and all claims, demands, suits or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the (entity), its elected and appointed officials, employees, volunteers or others working on behalf of the (entity), by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this contract.”

-Sample taken from page 16, Risk Transfer Manual, published by C.M. Althoff Co. 1999.

Mutual Hold Harmless Sample

Each party shall defend any third party claim against the other party arising from the death of or physical injury to any person or damage to the indemnified party's property to the extent proximately caused by the negligence of the indemnifying party or its agents or employees, and indemnify and hold harmless the other party and its respective officers, directors and employees from and against damages, liabilities and reasonable costs and expenses, including reasonable legal fees incurred in connection therewith.

Appendix E

Older Americans Act

Section C

Older Americans Act Programs and Services

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Summary of Older Americans Act Program Services

The federal Older Americans Act (OAA) provides assistance in the development of new or improved programs to help older persons, by awarding grants to the states for community planning and services. OAA Title III, Title V and Title VII allotments to the states are based on a statutory formula based on a state's population and prior funding history.

Florida's OAA Title III funds are allocated by formula to the 11 Area Agencies on Aging, which in turn contract with local service providers to deliver the services described below to eligible individuals age 60 and over and their caregivers.

The Senior Community Service Employment Program (SCSEP), funded under Title V of the OAA, contracts directly with local service providers to provide unemployed low-income persons age 55 and older with work experience, training and placement in unsubsidized employment.

OAA Title VII funding supports programs and services to protect elders from abuse and provide public education, training and information regarding elder abuse prevention. The Department administers OAA Title VII elder abuse prevention programs through contracts with Area Agencies on Aging and local service providers.

Older Americans Act Title III

DESCRIPTION:

Florida's OAA Title III funds are allocated by formula to the 11 Area Agencies on Aging, which in turn contract with local service providers to deliver the services described below to eligible individuals age 60 and over and their caregivers.

SERVICES OR ACTIVITIES:

- **Title III B:** Provides supportive services to boost the well-being of elders and to help them live independently in their home environment and the community.
- **Title III C1:** Provides congregate meals and nutrition education in strategically located centers such as schools, churches, community centers, senior centers and other public or private facilities where persons may receive other social and rehabilitative services.
- **Title III C2:** Provides home-delivered meals and nutrition education to frail homebound individuals.
- **Title III D:** Provides an array of periodic disease-prevention and health-promotion services at senior centers or alternative sites. Services are designed to help elders prevent or manage chronic diseases and promote healthier lifestyles.
- **Title III E:** Provides services through the National Family Caregiver Support Program to assist families caring for frail older members, and to assist grandparents or older relatives who are caregivers for children 18 and younger or for children of any age who have disabilities.

ADMINISTRATION:

The Department administers OAA Title III programs and services through contracts with Area Agencies on Aging, which in turn enter into contracts with local service providers to deliver services within their communities. Program services are provided by more than 250 contractors and subcontractors statewide.

ELIGIBILITY:

Individuals age 60 and older are eligible for OAA Title III services. Spouses and disabled adults younger than 60 may be served meals under certain circumstances. There is no

income test; however, preference is given to older persons with the greatest economic or social needs. Particular attention is given to low-income older individuals, including low-income minority elders, individuals with limited English proficiency and individuals residing in rural areas.

Title III E, the National Family Caregiver Support Program, serves family caregivers who provide in-home and community care for a person age 60 or older, and grandparents or older individuals age 55 and older who are relative caregivers of children no older than 18 or of children of any age who have disabilities.

STATUTORY AUTHORITY:

Older Americans Act, 42 United States Code 3001 et seq., as amended by Public Law 106-501; Section 20.41 and Chapter 430, Florida Statutes.

OAA TITLES III/VII APPROPRIATION HISTORY AND NUMBERS SERVED:

FFY*	FEDERAL FUNDING OAA TITLE III ALLOCATION TO PSAS	CLIENTS SERVED**
1991-1992	\$44,068,537	341,687
1992-1993	\$47,768,315	328,235
1993-1994	\$45,691,633	367,099
1994-1995	\$47,673,802	359,481
1995-1996	\$47,636,129	74,144
1996-1997	\$45,419,240	81,695
1997-1998	\$45,522,319	107,074
1998-1999	\$47,148,432	94,929
1999-2000	\$47,240,735	91,173
2000-2001	\$49,299,486	89,058
2001-2002	\$61,339,936	112,613
2002-2003	\$72,368,906	96,901
2003-2004	\$71,197,508	90,895
2004-2005	\$73,160,794	87,848
2005-2006	\$74,503,185	86,613
2006-2007	\$73,470,910	84,642
2007-2008	\$75,785,098	80,326
2008-2009	\$77,134,747	81,624#

* Federal fiscal year runs October to September, but contract for service period is January to December.

** Prior to 1995, figures include non-registered services; beginning with 1995, figures include registered services only. Title III E services are included beginning in 2001.

Estimate

Source: CIRTS

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

OAA Title III programs are 100 percent federally funded. A 10 percent match is required for services and a 25 percent match is required for administration. The statewide funding distribution formula is based on four factors:

1. **35 percent weight** - Planning and Service Area population age 60 and older, divided by the statewide population 60 and over.
2. **35 percent weight** - Planning and Service Area population age 60 and older with incomes below the poverty level, divided by the statewide population age 60 and over with incomes below the poverty level.
3. **15 percent weight** - Planning and Service Area minority population age 60 and older with income below 125 percent of the poverty level.
4. **15 percent weight** - Planning and Service Area population age 60 and older with both a mobility limitation and a self-care limitation, as self-reported in the 1990 Census of population and housing.

The administrative funding allocation for Area Agencies on Aging under the Older Americans Act is based on:

1. Base allocation: 7 percent of the Title III services allocation, with a minimum of \$230,000 per Area Agency.
2. The balance of Area Agency administrative funding is allocated based on:
 - A. 50 percent weight - Population age 60 and older in the Planning and Service Area
 - B. 25 percent weight - Number of counties in the Planning and Service Area
 - C. 25 percent weight - Allocation of Community Care for the Elderly core services

Area Agency on Aging administrative funding is limited to 10 percent of the total Older Americans Act grant award. The state unit on aging administrative expense is limited to 5 percent of the grant award.

Older Americans Act Title III B: SUPPORTIVE SERVICES

OAA Title III B funds are allocated to Area Agencies on Aging, which contract with service providers to deliver supportive services such as transportation, outreach, information and referral/assistance, case management, homemaker, home health aide, visiting/telephone reassurance, chore/maintenance, legal services, escort, residential repair/renovation, and health support.

For more detail, refer to the detailed description of OAA Title III B information and referral/assistance services in this subsection.

OAA TITLE III B STATE ALLOTMENT HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR*	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$22,027,242	54,541
2002-2003	\$25,986,733	56,877
2003-2004	\$25,864,837	52,010
2004-2005	\$25,554,888	52,323
2005-2006	\$25,516,538	51,759
2006-2007	\$25,409,222**	50,148
2007-2008	\$24,856,142	47,093***
2008-2009	\$24,749,455	46,892#

* Federal fiscal year runs October to September, but contract for service period is January to December.

** Allotment and carry forward.

*** Unduplicated count of clients with data captured by CIRTS. See Information and Referral/Assistance Units of Service table below for data on services assisting elders, caregivers and the general public with their information and referral needs.

Projection

Source: AOB and CIRTS

Program Highlight

Gerald lives in a mobile home in a rural area. After concerned out-of-state relatives referred Gerald to the local elder services, he initially resisted the provider's offers of help. However, unable to properly keep up his home, he eventually accepted daily home-delivered meals and the help of a homemaker to keep his home clean. Through the patience and persistence of the local provider, Gerald is now receiving nutritious meals and his home provides a cleaner, safer environment.

Information and Referral/Assistance

DESCRIPTION:

Information and Referral/Assistance (I&R/A) is a supportive service for older adults and their caregivers who seek information about elder services within their communities. I&R/A services are provided through a statewide network of 12 Elder Helplines. Each of Florida's Planning and Service Areas (PSAs) has at least one Elder Helpline staffed by information & referral specialists. Funds for I&R/A are allocated to Area Agencies on Aging, which may choose to provide the service or contract with an information and referral service provider. Individuals and community agencies seeking accurate, unbiased information about state or local social and health services can access Florida's Elder Helpline information and referral service by calling toll free 1-800-96-ELDER (1-800-963-5337).

SERVICES OR ACTIVITIES:

Older persons and their caregivers are often faced with numerous challenges relating to aging. As the aging population grows, so does the demand for information. The I&R/A functions provide information and referral services that assure all older persons in the state have access to current information about programs, services, resources and opportunities available within their communities.

The information and referral network consists of state units on aging (in Florida, the Department of Elder Affairs), Area Agencies on Aging and local Older Americans Act-funded providers. National information and referral standards are implemented to ensure that essential elements of I&R/A are being provided. I&R/A programs are key to connecting persons with information on services such as transportation, financial assistance, health insurance counseling, caregiver support, elder abuse prevention, housing, senior centers, energy assistance, home-delivered meals, home health care and long-term care.

The Department's functions include developing I&R/A policies and procedures; providing training resources and technical assistance; managing and maintaining the statewide toll-free 800 service; providing resource information to the Elder Helplines; and serving as state I&R/A liaison to the National Association of State Units on Aging and state I&R/A committees. To expand information and referral services and better serve consumers, the Department developed a statewide web-based Elder Resource Directory database. The database references approximately 5,553 resources and is maintained by Department and Area Agency on Aging staff.

Other Department functions include responding to consumer-generated inquiries via mail, email and telephone, and researching interdisciplinary aging topics.

INFORMATION AND REFERRAL/ASSISTANCE UNITS OF SERVICE:

UNITS OF SERVICE			
STATE FISCAL YEAR	INFORMATION	REFERRALS	TOTAL
2001-2002	790,644	89,699	880,343
2002-2003	745,067	74,433	819,500
2003-2004	814,168	80,364	894,532
2004-2005	911,790	90,949	1,002,739
2005-2006	672,927	92,185	765,112
2006-2007*	621,886	41,503	663,389
2007-2008*	455,614	38,382	493,996
2008-2009#	357,634	62,127	419,761

**Reduction in information units reflects cessation of outsourcing of Elder Helplines by 9 of 11 Area Agencies on Aging and a change in data source.*

Sources: CIRTS and WebDB

Projection

Program Highlight

An elder client made a visit to the Elder Helpline in her community to request information and assistance with her utility bill. During this visit, the elder noticed an ACCESS (Automated Community Connection to Economic Self-Sufficiency) poster and inquired about public assistance benefits. The Information & Referral specialist interviewed the client and discovered that she was receiving only her spouse's Social Security benefits. The elder client's \$400 monthly benefit was her only source of income to pay for basic needs, including medical costs. The Information & Referral specialist also discovered that the client possessed a Medicaid card but had never used it. The specialist provided information about the benefits of the card and, with the client's permission, contacted her doctor and pharmacist, who placed notes in her files to request the card during her next visits. Thus, the Information & Referral specialist's expertise in navigating the ACCESS system enabled the elder client to get the help she needed to meet her medical needs.

Older Americans Act Title III C1: CONGREGATE MEALS

OAA Title III C1 funds are allocated to Area Agencies on Aging, which contract with local service providers to deliver congregate meals at specified meal sites. Meals must conform to current Dietary Guidelines for Americans and provide at least one-third of the current daily Dietary Reference Intake (DRI) for the predominant statewide demographic recipient, a moderately active female age 70 or older. In addition to OAA Title III C1 services, the Department's contracted services and local services programs provide congregate meals among their services.

OAA TITLE III C1 STATE ALLOTMENT HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR*	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$23,373,108	40,228
2002-2003	\$26,317,912	40,432
2003-2004	\$25,277,412	38,584
2004-2005	\$25,247,512	36,822
2005-2006	\$25,336,324	34,424
2006-2007	\$25,054,134**	35,215
2007-2008	\$26,114,186	32,674
2008-2009	\$27,235,573	34,044#

* Federal fiscal year runs October to September, but contract for service period is January to December

** Allotment plus carry-forward

Projection

Source: AOB and CIRT5

Older Americans Act Title III C2: HOME-DELIVERED MEALS

OAA Title III C2 funds are allocated to Area Agencies on Aging, which contract with local service providers for provision of home delivered meals. Meals must conform to current Dietary Guidelines for Americans and provide at least one-third of the current daily Dietary Reference Intake (DRI) for the predominant statewide demographic recipient, a moderately active female age 70 or older. In addition to OAA Title III C2 services, the Department's contracted services and local services programs provide home delivered meals among their services.

OAA TITLE III C2 STATE ALLOTMENT HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$10,560,890	27,027
2002-2003	\$12,930,649	28,792
2003-2004	\$13,259,431	27,146
2004-2005	\$13,184,571	25,297
2005-2006	\$13,399,176	24,504
2006-2007	\$13,466,020**	23,627
2007-2008	\$13,303,977	22,409
2008-2009	\$13,663,443	24,920#

* Federal fiscal year runs October to September, but contract for service period is January to December

** Allotment plus carry-forward

Projection

Source: AOB and CIRT

Older Americans Act Title III D: PREVENTIVE HEALTH SERVICES

OAA Title III D funds are allocated to Area Agencies on Aging, which enter into contracts with service providers for preventive health services. This subsection contains a detailed description of Health Promotion and Wellness Initiatives.

OAA TITLE III D STATE ALLOTMENT HISTORY:

FEDERAL FISCAL YEAR*	FEDERAL FUNDING
2001-2002	\$1,522,680
2002-2003	\$1,547,751
2003-2004	\$1,606,047
2004-2005	\$1,597,014
2005-2006	\$1,584,411
2006-2007	\$1,569,412
2007-2008	\$1,513,320
2008-2009	\$1,513,320

* Federal fiscal year runs October to September, but contract for service period is January to December

Source: AOB and CIRTS.

Health Promotion and Wellness Initiatives

DESCRIPTION:

Health Promotion and Wellness Initiatives include evidence-based chronic disease self-management courses, chronic disease prevention courses and physical activity courses. Other initiatives include workshops, seminars, health fairs and health screening opportunities. Initiatives are developed and conducted to educate seniors and their caregivers, to deliver effective interventions to make a noticeable difference in elders' health and well-being, and to increase awareness about issues related to the health of elder Floridians.

SERVICES OR ACTIVITIES:

Health Promotion and Wellness Initiatives offer a variety of activities including gerontological counseling, mental health counseling and screening, disease information,

health promotion, health risk assessment and screening, home injury control, medication management, nutrition counseling and programs, physical fitness programs, diabetes education and screening, arthritis education, cancer education and screening, cardiovascular health education, injury and fall prevention, and osteoporosis education and screening.

NUMBERS SERVED:

FEDERAL FISCAL YEAR (FFY)/ CALENDAR YEAR (CY)	CLIENTS SERVED
FFY 1998-1999	Information not available
FFY 1999-2000	23,808
FFY 2000-2001	472,764*
FFY 2001-2002	97,461
FFY 2002-2003**	39,925**
CY 2003	91,247
CY 2004	78,902
CY 2005	73,797
CY 2006	52,084
CY 2007	61,781
CY 2008	70,668#

* Includes direct and indirect services; all other program years reference direct services only.

** Contract period was 7/1/2002 to 12/31/2002 in order to transition from a FFY to a calendar year.

Estimate

Program Highlight

Evidence-based chronic disease self-management courses and evidence-based physical activity and nutrition courses are among OAA III D services offered by the Department in partnership with the Area Agencies on Aging. These courses help elders maintain their health and manage chronic conditions. Courses have proven effective for participating elders in decreasing their hospital in-patient days and medical costs, as well as increasing the number of days they reported feeling "good" or "very good." An elder participating in Living Healthy, a chronic disease self-management course, expressed her gratitude for the program and how it helped her control her pain. She reported that her incidences of extreme pain had been greatly reduced since she completed the Living Healthy course.

Older Americans Act Title III E: NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

Funds for the National Family Caregiver Support Program are allocated to Area Agencies on Aging, which contract with local service providers to deliver a range of services. These services include information, assistance in gaining access to services, individual counseling, organization of support groups and caregiver training, respite care, supplemental services including housing improvement, chore, provision of medical supplies and services, and legal assistance for caregivers and grandparents or older individuals who are caregivers for relatives.

National Family Caregiver Support Program services are available to adult family members who provide in-home and community care for a person age 60 or older, or to grandparents and relatives age 55 or older who serve as caregivers for children 18 and younger or for children of any age who have disabilities.

OAA TITLE III E STATE ALLOTMENT HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$8,721,584	3,778
2002-2003	\$10,010,315	5,541
2003-2004	\$10,969,024	3,533
2004-2005	\$11,853,336	5,512*
2005-2006	\$12,117,749	18,228*
2006-2007	\$12,796,158	22,513*
2007-2008	\$9,997,473	28,880
2008-2009	\$9,972,956	28,810**

* Includes only customers served with respite and other one-on-one services. Increases are due to improved data capture using NAPIS.

** Estimate

Source: 2005-2008 NAPIS Reports

PROGRAM HIGHLIGHTS

Muriel and Donald, both age 67, felt increasingly anxious and helpless as they witnessed their daughter's inability to deal responsibly with a serious long-term drug addiction. Over the years the daughter – their only child – matured from a teenager to an adult. But the incidents of drug abuse, life-threatening overdoses, fighting and irresponsibility increased in number and severity despite the couple's efforts to convince her to seek help. Now their child was a mother with a child of her own, an 8-year-old son. Out of necessity, Muriel and Donald took on the role of caregivers, providing a home and financial support for their daughter and grandson, but the stress of their daughter's ongoing drug abuse soon became unbearable. One morning, they heard their grandson screaming in terror. His mother had overdosed again, and he couldn't wake her up. The grandson was terrified that his mother might be dead. Fortunately, the woman survived the incident and subsequently recovered from her drug overdose after hospitalization. But this was the final straw, and Muriel and Donald decided they could no longer deal with what had long been an intolerable situation, made worse by the fears for their grandson. The grandparents sought help from Jewish Adoption and Foster Care Options (JAFCO). JAFCO provides a variety of legal, emotional and therapeutic support services for caregivers, funded by OAA Title III E dollars. The JAFCO social worker assigned to their case counseled Muriel and Donald about possible options for dealing with their daughter's drug dependency. JAFCO helped them successfully file a motion in family court for emergency temporary custody of their grandson. Now, two years after being granted custody, Muriel and Donald still visit with their JAFCO social worker on a regular basis and attend a bi-weekly grandparent support group. Their daughter is in a drug rehabilitation program and doing very well on her own without the financial support of her parents. The grandson is in therapy and doing much better at home and at school. He visits his mother regularly and is happy she is getting the help she needs to overcome her drug dependency and make a better life for herself.

In their elder years, Frank and Mary could look back at many happy years of marriage. But a few years ago Mary was diagnosed with a form of dementia. As his wife's condition worsened, Frank took on the role of caregiver, but the increasing demands of this role left him frustrated and exhausted. Frank began to worry that the stress of caregiving was adversely affecting his own health and memory. As a result, Frank reluctantly brought Mary to the Noble A. McArtor Senior Day Center, which provides respite and other caregiver services funded with OAA Title III E dollars. Frank hoped that the Center could provide respite care for his wife on weekdays, allowing him to get some rest and tend to house chores that had long been left undone due to the demands of caregiving. The McArtor Center does not specifically serve individuals with memory disorders but was willing to accept Mary on a trial basis to determine if she could benefit from Center services, and to see if the Center could accommodate her needs. This proved to be the case. Although Mary initially seemed reluctant to let Frank leave during her first few days at the Center, staff helped her quickly become acclimated to her new surroundings. Although her memory loss often made it difficult for her to express what she was trying to say, she enjoyed many Center activities, particularly the live music. A caring and friendly woman, Mary began to reach out to other elders and soon became a welcome, familiar figure at the Center. Frank was delighted that Mary had adjusted so well to the Center, and this in turn gradually reduced the stress he had been experiencing as a caregiver. Frank now receives additional caregiver assistance through counseling and a monthly caregiver support group offered by the Center. He finds these services very helpful. Frank takes Mary to the Center Mondays through Thursdays, but keeps her home on Fridays so they can enjoy the day together doing favorite activities such as fishing.

Older Americans Act Title V: SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

DESCRIPTION:

The Senior Community Service Employment Program (SCSEP) serves unemployed low-income Floridians who are at least 55 years old and have poor employment prospects. Participants are placed in a part-time community service position with a public or private non-profit organization, with the goal of transitioning to a regular job with any type of employer. The program's goal is to help keep elders economically self-sufficient while enjoying the social and physical benefits of remaining a vital part of Florida's workforce.

SERVICES OR ACTIVITIES:

Services provided by the program include outreach and recruitment, eligibility determination, assessments, preparation of an individual employment plan, program orientation, supportive services, annual free physical examinations, job training, personal and employment-related counseling, part-time paid work experience in community-service assignments, job development, job referrals, placement in unsubsidized employment and follow-up activities.

Under the Workforce Investment Act, implemented by Florida on July 1, 1999, SCSEP is a mandated partner in regional one-stop centers operated under the auspices of Florida's 24 regional workforce development boards.

ADMINISTRATION:

SCSEP is the only federally funded employment and training program focused exclusively on the needs of low-income older persons. The Department administers SCSEP state-share funds through contracts with local providers (see Funding Source and Allocation Methodologies).

ELIGIBILITY:

Eligibility is limited to unemployed Florida residents who are 55 and older and have income of no more than 125 percent of the Federal Poverty Income Guidelines (as published annually by the U.S. Department of Health and Human Services). Statutory selection priorities focus on eligible persons who are 60 and older, and eligible veterans and qualified spouses (in accordance with the Veterans Employment Act). Other preferences

for enrollment are incomes below poverty level, greatest social or economic need, minorities, and limited English-speaking skills.

STATUTORY AUTHORITY:

Title V of the Older Americans Act, 42 United States Code 3001 et seq. as amended by Public Law 109-365.

NUMBER OF PROGRAM SLOTS:

STATE FISCAL YEAR	STATE-SHARE PROGRAM SLOTS	FUNDING ALLOCATION	NATIONAL-SPONSOR PROGRAM SLOTS
1995-1996	State share slots prior to SFY 2001-2002 are included in national sponsor slot allocations.	Not Available	3,783
1996-1997			3,510
1997-1998			3,528
1998-1999			3,512
1999-2000			3,547
2000-2001			3,547
2001-2002			723
2002-2003	837	2,827	
2003-2004	821	\$5,869,211	2,287
2004-2005	724	\$5,171,937	2,824
2005-2006	718	\$5,146,318	2,813
2006-2007	712	\$5,094,851	2,785
2007-2008	712	\$5,661,826	2,785
2008-2009	692	\$6,088,015	2,707

Source: U.S. Department of Labor/Employment and Training Administration

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program is funded under Title V of the Older Americans Act. Nationally, 78 percent of funds and related slots are contracted on a competitive basis by the U. S. Department of Labor to national sponsors. These sponsors operate programs directly or subcontract

them to public or non-profit agencies. The remaining 22 percent of funds are allocated to each state.

The Department, as Florida's designated state unit on aging, is the grant recipient of state-share SCSEP funds. Funds are awarded through a competitive process to providers in most of Florida's 11 Planning and Service Areas. The program requires a 10 percent match.

The Department hosts an annual meeting with national SCSEP sponsors to review existing slot placements by county and to assure that authorized positions apportioned to each county are distributed in an equitable manner, taking into consideration several relative factors. This meeting is also used to cooperatively develop the annual equitable distribution report to ensure that program funds are spent fairly, consistent with the distribution of eligible elders throughout the state.

PROGRAM HIGHLIGHT

In 2001, Maria left her native Venezuela with her husband Armando and three children for political and economic reasons. Seeking a better life in the United States, the family settled in Miami but struggled with a variety of problems, including age and language barriers and difficulty in finding affordable housing. Three years after their arrival, Armando suffered a heart attack and was unable to work, compelling Maria to look for assistance to care for her husband and family. She was uncertain about her employment prospects because she was 62 years old, but then learned about the Senior Community Service Employment Program. Maria enrolled in the program and received training as a childcare worker while gaining work experience during her community service assignment. Her personality and abilities made her ideal for this assignment. After completing her program participation, Maria accepted a job as a childcare worker in a facility near her home, making it more convenient to care for her husband. Maria has now acquired a childcare training certificate and is currently taking classes to improve her English. As a result of her new career, Maria feels much more confident about the future and hopes someday to manage a childcare facility of her own.

Older Americans Act Title VII: ELDER ABUSE PREVENTION

OAA Title VII funding supports programs and services to protect elders from abuse and provide public education, training and information regarding elder abuse prevention. The Department administers OAA Title VII elder abuse prevention programs through contracts with Area Agencies on Aging and local service providers.

The Department allocates OAA Title III and Title VII funds to Florida's 11 Planning and Service Areas (PSAs) on a formula basis. Please refer to the previous table in the Title III program listing for information concerning the combined OAA Title III/VII appropriation history.

Elder Abuse Prevention Program

DESCRIPTION:

The Elder Abuse Prevention Program is designed to increase awareness of the problem of elder abuse, neglect and exploitation. The program includes training and dissemination of Elder Abuse Prevention materials and funds special projects to provide training and prevention activities.

SERVICES OR ACTIVITIES:

The program provides for public education and outreach to identify and prevent elder abuse, neglect and exploitation. The Department has developed Elder Abuse Prevention training modules, including modules for professionals, the general public (especially elders), law enforcement officers, financial institution employees and case managers. Department staff and Area Agency on Aging coordinators provide training on these modules and disseminate module training materials to other professionals for use in their communities.

The Department, in conjunction with other statewide agencies and local communities, administers the Triad Program, a comprehensive crime-prevention program represented by a three-way commitment among law enforcement, seniors and community organizations. The mission of the statewide triad is to strengthen community partnerships in order to reduce crime and the fear of crime among older Floridians. The Department works with other statewide agencies and local communities to promote the development of triads throughout the state. The program has developed and distributed a triad fact

sheet, a "How to Start a Triad" kit, a "Preventing Home Repair Fraud" tip sheet and brochure, and a "Prevent Identity Theft" brochure.

ADMINISTRATION:

The Elder Abuse Prevention Program is administered by the Department's Elder Rights Bureau through contracts with Area Agencies on Aging. It works to develop, strengthen and carry out programs to prevent elder abuse, neglect and exploitation, including financial exploitation.

ELIGIBILITY:

The program serves anyone in need of information on the signs, symptoms and prevention of elder abuse, neglect and exploitation, including information on how to report suspected abuse.

STATUTORY AUTHORITY:

Older Americans Act, 42 United States Code 3001 et seq. as amended by Public Law 106-501; Section 430.101, Florida Statutes.

APPROPRIATION HISTORY:

STATE FISCAL YEAR	FEDERAL FUNDING
1999-2000	\$169,537
2000-2001	\$5172,259
2001-2002	\$344,252
2002-2003	\$383,366
2003-2004	\$380,874
2004-2005	\$378,726
2005-2006	\$378,779
2006-2007	\$377,396
2007-2008	\$382,298
2008-2009	\$372,498

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program is 100 percent federally funded by Title VII of the Older Americans Act. Special projects are developed and funded based on Older Americans Act guidelines for activities to develop, strengthen and carry out programs for the prevention of elder abuse, neglect and exploitation.

PROGRAM HIGHLIGHT

During the 2006-2007 fiscal year, the Department conducted presentations and training sessions throughout the state on elder abuse, neglect and exploitation prevention and on mandatory reporting. These 318 training sessions attracted 8,538 participants. Session attendees included seniors, medical professionals, law enforcement and social service personnel, paraprofessionals and others who interact with elders on a regular basis. In the fall of 2007, the Department developed a statewide campaign to create awareness about elder abuse and empower Florida residents of all ages to take an active role in its prevention. The ongoing campaign utilizes radio, print and other media. The slogan for the campaign – “The power to prevent elder abuse is in your hands” – emphasizes how important it is for each resident to take an active role in preventing elder abuse.

Long-Term Care Ombudsman Program

DESCRIPTION:

The program is a statewide, volunteer-based system of district councils that work to protect, defend and advocate on behalf of long-term care facility residents. Ombudsmen identify, investigate and resolve complaints made by, or on behalf of, residents of nursing homes and other long-term care facilities.

SERVICES OR ACTIVITIES:

Volunteers investigate all complaints and devise a means to resolve concerns brought to the attention of the program by, or on behalf of, residents of long-term care facilities who are age 60 or older. In addition, the program:

- Monitors and comments on the development and implementation of federal, state and local laws, regulations and policies that pertain to the health, safety and welfare of residents in long-term care facilities;
- Provides information and referral regarding long-term care facilities;
- Conducts assessments focusing on quality-of-life issues in each long-term care facility at least annually; and
- Helps develop resident and family councils to protect the well-being of residents.

ADMINISTRATION:

The Long-Term Care Ombudsman Program is administered by the Department of Elder Affairs. The program operates through 17 district councils, and paid staff at the state and local levels coordinate and support the work of certified volunteers.

ELIGIBILITY:

Anyone – including friends, family members, facility staff and residents themselves – may report a concern on behalf of a resident of a long-term care facility, such as a nursing home, assisted living facility or adult family care home. There is no fee for the service and there are no financial or residency requirements to qualify for the programs services.

STATUTORY AUTHORITY:

Title VII of the Older Americans Act, 42 United States Code 3001 et seq. as amended by Public Law 106-501; Part I, Chapter 400, Florida Statutes.

APPROPRIATION HISTORY

STATE FISCAL YEAR	FEDERAL FUNDING	STATE FUNDING	TOTAL
1994-1995	\$722,597	\$112,387	\$834,984
1995-1996	\$720,872	\$143,001	\$863,873
1996-1997	\$723,359	\$138,530	\$861,889
1997-1998	\$724,095	\$147,749	\$871,844
1998-1999	\$945,993	\$159,634	\$1,105,627
1999-2000	\$1,011,559	\$259,634	\$1,271,193
2000-2001	\$1,011,559	\$339,634	\$1,351,193
2001-2002	\$1,082,358	\$1,205,102	\$2,287,460
2002-2003	\$1,316,838	\$1,285,102	\$2,601,940
2003-2004	\$1,394,945	\$1,361,593	\$2,756,538
2004-2005	\$1,450,999	\$1,351,432	\$2,802,431
2005-2006	\$1,205,727	\$1,267,764	\$2,473,491
2006-2007	\$1,505,485	\$1,447,583	\$2,953,068
2007-2008	\$1,115,096	\$1,401,870	\$2,516,966
2008-2009	\$1,153,739	\$1,370,388	\$2,524,127

INSPECTIONS AND INVESTIGATIONS

FEDERAL REPORTING YEAR	FACILITIES	ASSESSMENTS	COMPLAINTS INVESTIGATED
1993-1994	1,677	1,953	5,206
1994-1995	3,016	2,235	6,295
1995-1996	2,925	2,082	5,455
1996-1997	3,053	2,097	6,635
1997-1998	3,237	2,474	10,071
1998-1999	3,378	2,761	7,969
1999-2000	3,661	2,886	8,040
2000-2001	3,567	2,832	7,664
2001-2002	3,470	2,240	7,643
2002-2003	3,653	3,120	8,667
2003-2004	3,702	2,894	9,035
2004-2005	3,500	2,944	7,963
2005-2006	3,585	2,582	7,905
2006-2007	3,585	2,582	7,905
2007-2008	3,932	3,932	7,715
2008-2009*	3,932	3,932	7,800

* Estimates

Source: Data collected and reported from district ombudsman offices

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Long-Term Care Ombudsman Program is funded by Title VII of the Older Americans Act and by state General Revenue. Federal and state funds are disbursed according to recommendations by the State Ombudsman through the Department of Elder Affairs.

Program Highlight

During an annual assessment of an adult family care home, a local ombudsman found that the residents of the facility were in danger because the facility had installed a steel cage to encase the front porch and all the home's windows had bars over them. When the ombudsman attempted to enter the facility he found the cage door locked, and a resident on the porch was unable to open the door for him.

When the ombudsman asked the resident to have the owner open the door, he was told that the owner was not at home and the resident did not have a way to contact her. The ombudsman waited for the owner to return. After an hour, the owner arrived at the home and opened the door to allow the ombudsman to enter. The ombudsman conducted his annual assessment and learned that the owner always locked the door, preventing the residents from leaving.

The ombudsman discussed his concern over the locked cage and the fact that the residents were unable to exit the facility, even in an emergency. The owner indicated that she locked the door to protect the residents, one of whom had a tendency to wander away. The ombudsman informed the owner that this placed all of the residents in danger, and since this was their home they should be allowed to go outside. He also explained that in the event of a fire, the residents would not be able to exit the facility. When the ombudsman was ready to leave, he found that the door had automatically locked itself. When he asked the owner to unlock the door, she was unable to turn the lock from inside – in essence, she had locked herself in the home as well.

After eventually being able to leave the facility, the ombudsman contacted the Department of Children and Families (DCF) Abuse Hotline, the Agency for Health Care Administration (AHCA) and the local fire department regarding the safety hazard posed by the "caged porch." The Department of Children and Families conducted an investigation with the Attorney General's Office and found that the residents of the facility were indeed in danger. DCF removed all the residents from the facility and placed them in other facilities in the area. As a result of the ombudsman's discovery and the subsequent findings by AHCA, the facility's licenses were not renewed.

Appendix F

Dietary Guidelines for Americans

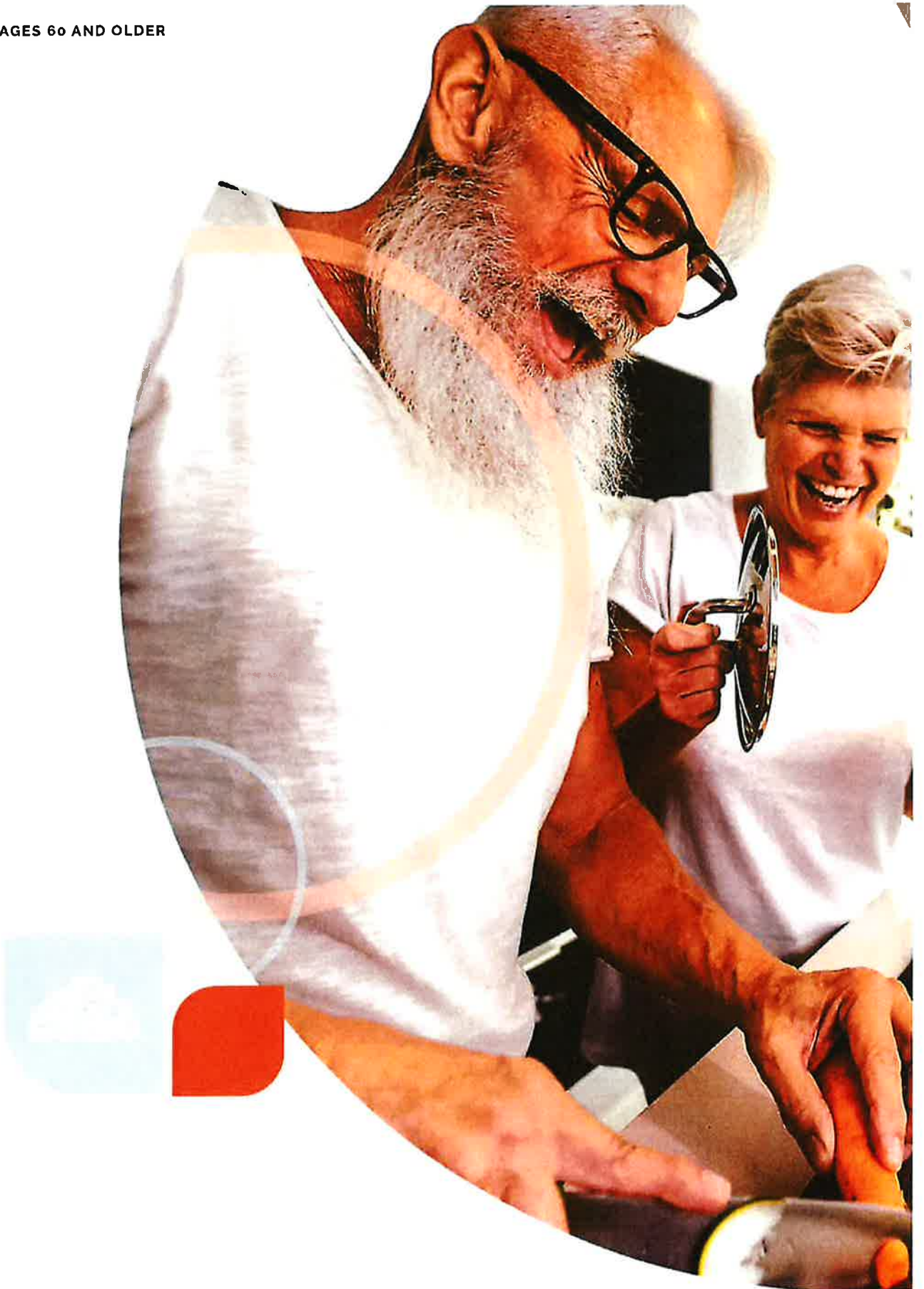


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CHAPTER **6**
Older Adults



Introduction

Older adults include individuals ages 60 and older—a life stage that includes a broad range of ages and is influenced by a number of health and social changes that affect this population's nutritional status. Compared to younger adults, older adults are at greater risk of chronic diseases, such as cardiovascular disease and cancer, as well as health conditions related to changes in bone and muscle mass, such as osteoporosis and sarcopenia, respectively. An increasing number of older adults start this life stage with excess body weight. Preventing additional weight gain and achieving a healthy weight by following a healthy dietary pattern and adopting an active lifestyle can support healthy aging.

Selecting healthy food and beverage choices is important for people throughout this life stage, regardless of their race or ethnicity or their current health status. It is never too late to make improvements. Older adults should follow a healthy dietary pattern because of the changing dietary needs and the heightened risk of malnutrition that occurs with age. Older adults generally have lower calorie needs but similar or even increased nutrient needs compared to younger adults. The overall nutrient density of dietary patterns is particularly important to this age group. Lower calorie needs result from less physical activity, changes in metabolism, and/or age-related loss in bone and muscle mass. Other factors may affect nutrient needs and absorption of nutrients in older adults, including chronic disease and conditions, use of multiple medications, and changes in body composition. The healthy dietary patterns described below take the unique needs of older adults into account and are further supported by special considerations and strategies for professionals to support healthy aging.

Nutrient-Dense Foods and Beverages

Nutrient-dense foods and beverages provide vitamins, minerals, and other health-promoting components and have little added sugars, saturated fat, and sodium. Vegetables, fruits, whole grains, seafood, eggs, beans, peas, and lentils, unsalted nuts and seeds, fat-free and low-fat dairy products, and lean meats and poultry—when prepared with no or little added sugars, saturated fat, and sodium—are nutrient-dense foods.





Healthy Dietary Patterns

Older adults are encouraged to follow the recommendations on the types of foods and beverages that make up a healthy dietary pattern described in **Chapter 1. Nutrition and Health Across the Lifespan: The Guidelines and Key Recommendations. Table 6-1** displays the Healthy U.S.-Style Dietary Pattern to illustrate the specific food group amounts and limits for other dietary components that make up healthy dietary patterns at the six calorie levels most relevant to older adults.

Calorie needs are generally lower for females compared to males, and for those who are older, smaller, and less

physically active. Females ages 60 and older require about 1,600 to 2,200 calories per day and males ages 60 and older require about 2,000 to 2,600 calories per day. Additional information on these estimates is provided in **Table 6-1 (footnote a)** and in **Appendix 1. Estimated Calorie Needs**.

The USDA Food Patterns are discussed in greater detail in **Chapter 1. Nutrition and Health Across the Lifespan: The Guidelines and Key Recommendations** and **Appendix 3. USDA Dietary Patterns**. The USDA Dietary Patterns provide a framework to help older adults follow a healthy dietary pattern and meet the Guidelines and their Key Recommendations. The Patterns provide a variety of food and beverage choices that allow individuals to customize their choices within each food group based on lifestyle, traditions, culture, and/or other individual needs.

Table 6-1

Healthy U.S.-Style Dietary Pattern for Adults Ages 60 and Older, With Daily or Weekly Amounts From Food Groups, Subgroups, and Components

CALORIE LEVEL OF PATTERN ^a	1,600	1,800	2,000	2,200	2,400	2,600
FOOD GROUP OR SUBGROUP^b	Daily Amount of Food From Each Group (Vegetable and protein foods subgroup amounts are per week.)					
Vegetables (cup eq/day)	2	2 ½	2 ½	3	3	3 ½
	Vegetable Subgroups in Weekly Amounts					
Dark-Green Vegetables (cup eq/wk)	1 ½	1 ½	1 ½	2	2	2 ½
Red & Orange Vegetables (cup eq/wk)	4	5 ½	5 ½	6	6	7
Beans, Peas, Lentils (cup eq/wk)	1	1 ½	1 ½	2	2	2 ½
Starchy Vegetables (cup eq/wk)	4	5	5	6	6	7
Other Vegetables (cup eq/wk)	3 ½	4	4	5	5	5 ½
Fruits (cup eq/day)	1 ½	1 ½	2	2	2	2
Grains (ounce eq/day)	5	6	6	7	8	9
Whole Grains (ounce eq/day)	3	3	3	3 ½	4	4 ½
Refined Grains (ounce eq/day)	2	3	3	3 ½	4	4 ½
Dairy (cup eq/day)	3	3	3	3	3	3
Protein Foods (ounce eq/day)	5	5	5 ½	6	6 ½	6 ½
	Protein Foods Subgroups in Weekly Amounts					
Meats, Poultry, Eggs (ounce eq/wk)	23	23	26	28	31	31
Seafood (ounce eq/wk)	8	8	9	9	10	10
Nuts, Seeds, Soy Products (ounce eq/wk)	4	4	5	5	5	5
Oils (grams/day)	22	24	27	29	31	34
Limit on Calories for Other Uses (kcal/day)^c	100	140	240	250	320	350
Limit on Calories for Other Uses (%/day)	7%	8%	12%	12%	13%	5

^a Calorie level ranges: Females: 1,600-2,200 calories; Males: 2,000-2,600 calories. Energy levels are calculated based on median height and body weight for healthy body mass index (BMI) reference individuals. For adults, the reference man is 5 feet 10 inches tall and weighs 154 pounds. The reference woman is 5 feet 4 inches tall and weighs 126 pounds. Calorie needs vary based on many factors. The DRI Calculator for Healthcare Professionals, available at na1.usda.gov/fnic/dri-calculator, can be used to estimate calorie needs based on age, sex, height, weight, and physical activity level.

^b Definitions for each food group and subgroup and quantity (e.g., cup or ounce equivalents) are provided in **Chapter 1** and are compiled in **Appendix 3**.

^c All foods are assumed to be in nutrient-dense forms; lean or low-fat and prepared with minimal added sugars; refined starches, saturated fat, or sodium. If all food choices to meet food group recommendations are in nutrient-dense forms, a small number of calories remain within the overall limit of the pattern (i.e., limit on calories for other uses). The number of calories depends on the total calorie level of the pattern and the amounts of food from each food group required to meet nutritional goals. Calories up to the specified limit can be used for added sugars, saturated fat, and/or alcohol, or to eat more than the recommended amount of food in a food group.

***NOTE:** The total dietary pattern should not exceed *Dietary Guidelines* limits for added sugars, saturated fat, and alcohol; be within the Acceptable Macronutrient Distribution Ranges for protein, carbohydrate, and total fats; and stay within calorie limits. Values are rounded. See **Appendix 3** for all calorie levels of the pattern.

Current Intakes

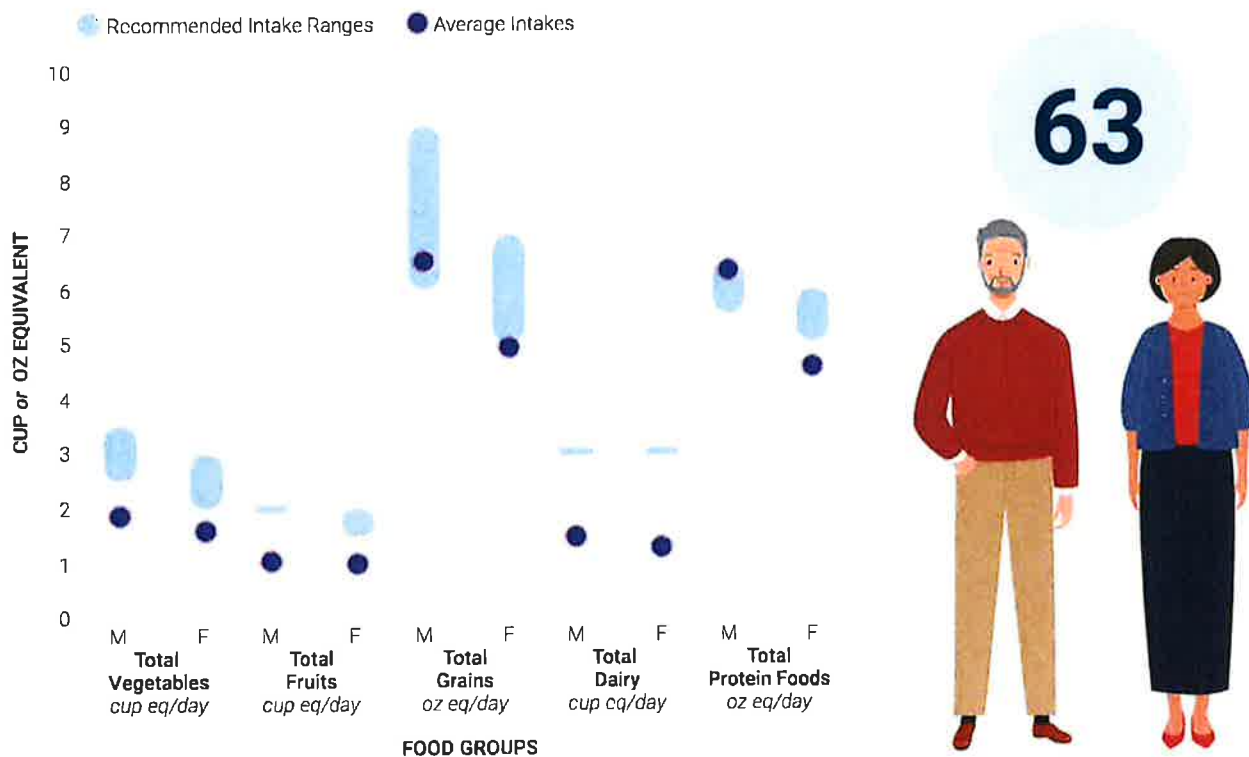
Figures 6-1 and 6-2 highlight the dietary intakes of older adults, including the Healthy Eating Index-2015 score, which is an overall measure of how intakes align with the *Dietary Guidelines*, as well as information on the components of a healthy diet—specifically, the food groups. Figure 6-1 displays the average intakes of the food groups compared to the range of recommended intakes at the calorie levels most relevant to males and females in this age group. Additionally, the percent of older adults exceeding the recommended limits for added sugars, saturated fat, and sodium are shown, along with average intakes of these components.

Figure 6-1

Current Intakes: Ages 60 and Older

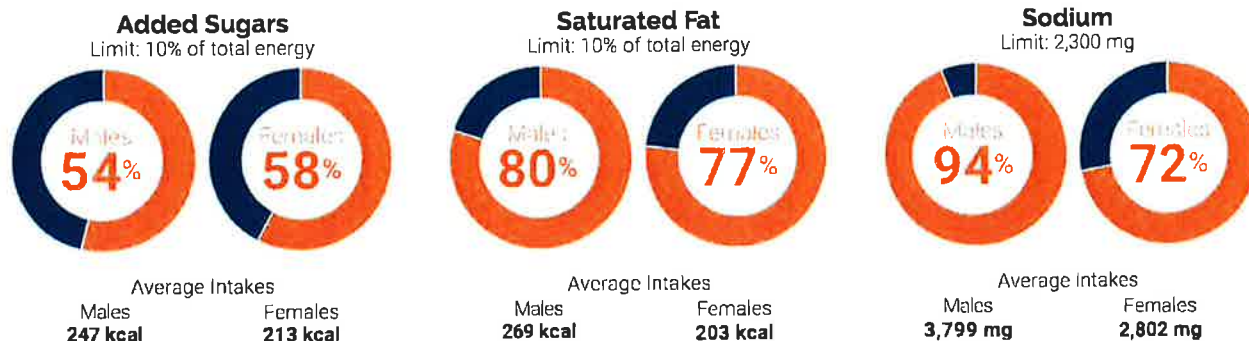
Average Daily Food Group Intakes Compared to Recommended Intake Ranges

Healthy Eating Index Score (on a scale of 0-100)



Percent Exceeding Limits of Added Sugars, Saturated Fat, and Sodium

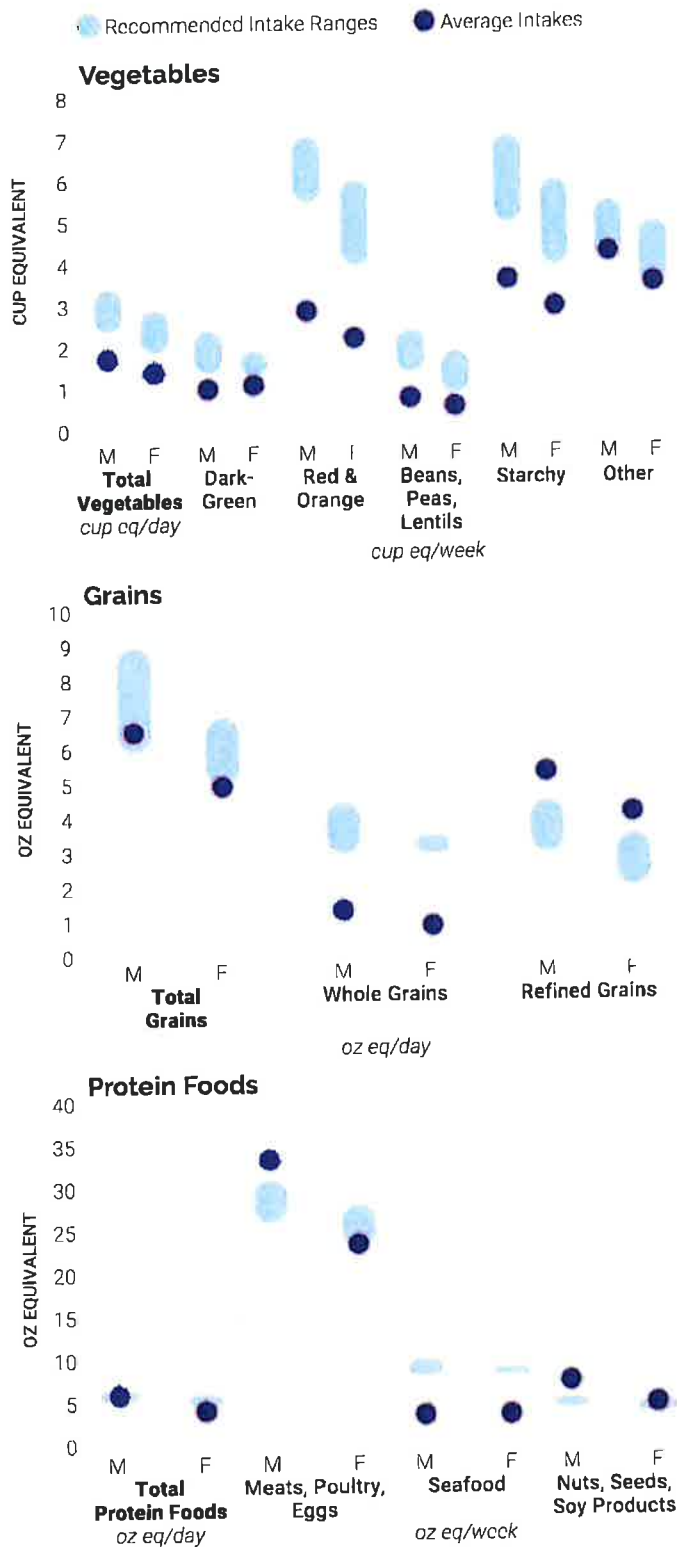
● Exceeding Limit ● Within Recommended Limit



Data Sources: Average Intakes and HEI-2015 Scores: Analysis of What We Eat in America, NHANES 2015-2016, day 1 dietary intake data, weighted. Recommended Intake Ranges: Healthy U.S.-Style Dietary Patterns (see Appendix 3). Percent Exceeding Limits: What We Eat in America, NHANES 2013-2016, 2 days dietary intake data, weighted.

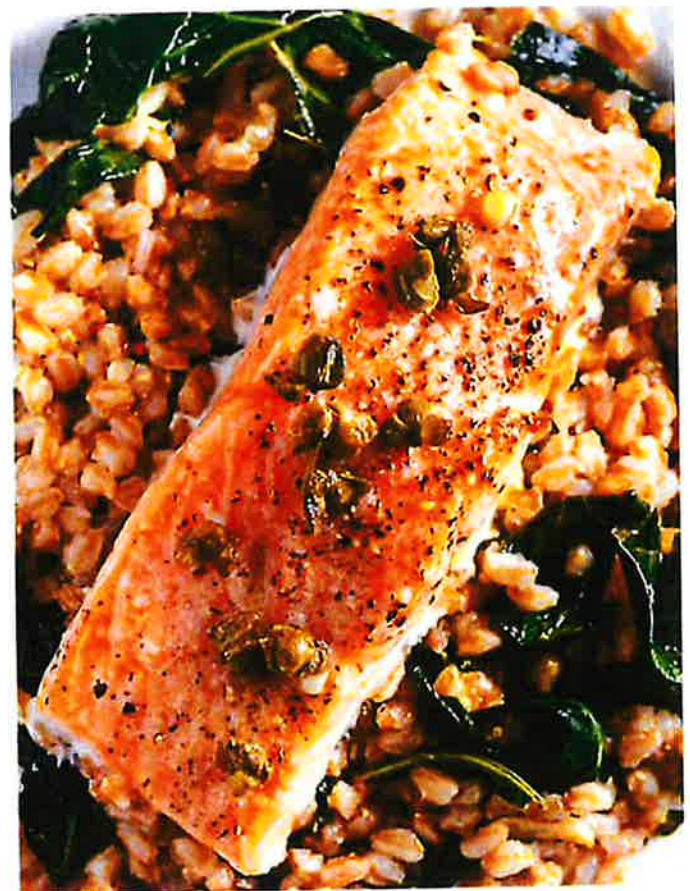
ADULTS AGES 60 AND OLDER

Figure 6-2
Average Intakes of Subgroups Compared to Recommended Intake Ranges: Ages 60 and Older



Average intakes compared to recommended intake ranges of the subgroups for grains are represented in daily amounts; subgroups for vegetables and protein foods are represented in weekly amounts in **Figure 6-2**.

Diet quality is highest among older adults compared to other ages. Consistent with the general U.S. population, however, this age group is not meeting the recommendations for food group and nutrient intakes and has a Healthy Eating Index score of 63 out of 100. Older adults can improve dietary intake by increasing consumption of fruit, vegetables, whole grains, and dairy, while ensuring protein intake meets recommendations. Reducing intakes of added sugars, saturated fat, and sodium also will help older adults achieve recommendations and manage and avoid chronic conditions (**Figure 6-1**). Older adults should choose nutrient-dense options within each food group and consume appropriate portion sizes because calorie needs decline with age.



Data Sources: Average Intakes: Analysis of What We Eat in America, NHANES 2015-2016, day 1 dietary intake data, weighted. Recommended Intake Ranges: Healthy U.S.-Style Dietary Patterns (see **Appendix 3**).

Special Considerations

The nutrition considerations for the general U.S. population described in **Chapter 1** apply to older adults. For example, the nutrients of public concern—calcium, vitamin D, potassium, and dietary fiber—apply to this age group as well. However, this age group also has some special nutrition considerations that are discussed in the following sections of this chapter. For example, several additional nutrients are more likely to be underconsumed during this life stage. These include dietary protein and vitamin B₁₂. Beverage intake, particularly as it relates to hydration status, also is an area of special consideration.

Protein

Consuming enough protein is important to prevent the loss of lean muscle mass that occurs naturally with age. Monitoring protein intake is especially important as older adults transition through this life stage. Intake patterns show average intakes of protein foods is lower for individuals ages 71 and older compared to adults ages 60 through 70. About 50 percent of women and 30 percent of men 71 and older fall short of protein foods recommendations.

The majority of protein in the Healthy U.S.-Style Dietary Pattern is accounted for in the protein foods subgroups: seafood; meats, poultry and eggs; nuts, seeds, and soy products; and the vegetable subgroup of beans, peas, and lentils, which also is considered a protein foods subgroup. The dairy and fortified soy alternatives food group is another source of dietary protein. Most older adults are meeting or exceeding weekly recommendations for meats, poultry, and eggs, making

this subgroup a common source of protein foods for older adults (**Table 6-1**). However, seafood, dairy and fortified soy alternatives, and beans, peas, and lentils are underconsumed, yet provide important nutrients that support healthy dietary patterns. For example, the dairy food group provides calcium, vitamin D, and vitamin B₁₂ and the beans, peas, and lentils subgroup provides dietary fiber. Many choices within the seafood subgroup also provide vitamins D and B₁₂ and calcium (if eaten with bones), and beneficial fatty acids. Food sources of calcium, vitamin D, and dietary fiber are available at **DietaryGuidelines.gov**.

Many older adults can improve their dietary pattern and better meet nutrient needs by choosing from a wider variety of protein sources. In some cases, this may mean using seafood more often in place of meats, poultry, or eggs or using beans, peas, and lentils in mixed dishes, such as soups, rice, or pasta dishes. For others, it may mean maintaining current intakes of protein and finding enjoyable ways to add protein foods from underconsumed food groups and subgroups in order to ensure that overall protein needs are met.

Vitamin B₁₂

Vitamin B₁₂ is of concern for some older adults because the ability to absorb this nutrient can decrease with age and use of certain medications can decrease absorption. Older adults are encouraged to meet the recommendations for protein foods, a common source of vitamin B₁₂, and include foods fortified with vitamin B₁₂, such as breakfast cereals. Some individuals also may require vitamin B₁₂ dietary supplements. Individuals are encouraged to speak with their healthcare provider to determine what, if any, supplementation is appropriate.

Dietary Supplements

Many adults in the United States take one or more dietary supplements either as a pill or drink. Popular supplements include some nutrients that are underconsumed among older adults, including calcium and vitamins D and B₁₂. All sources of a nutrient or food component—whether from food or a dietary supplement—should be considered when assessing an individual's dietary pattern, including any added sugars that may come from supplement drinks. Older adults should track and discuss all dietary supplement use with their healthcare provider. Beverage supplements should not replace regular food intake unless instructed by a health professional. The National Institutes of Health, Office of Dietary Supplements provides the **My Dietary Supplement and Medicine Record**¹, to help individuals track supplement and medicine use.



¹ Available at: ods.od.nih.gov/pubs/DietarySupplementandMedicineRecord.pdf

Beverages

Many older adults do not drink enough fluids to stay hydrated. One reason for this is that the sensation of thirst tends to decline with age. Concerns about bladder control or issues with mobility also may hinder intake of fluids among older adults. Mean intakes of beverages show adults ages 60 and older consume significantly fewer fluid ounces across all beverage types compared to adults ages 59 and under—about 2 fewer cups per day, most of which is due to drinking less water.

It is important that older adults drink plenty of water to prevent dehydration and aid in the digestion of food and absorption of nutrients. In addition to water, choosing unsweetened beverages such as 100% fruit or vegetable juice and low-fat or fat-free milk or fortified soy beverage can support fluid intake to prevent dehydration while helping to achieve food group recommendations. The water that is contained in foods, such as fruits, vegetables, and soups, contributes to hydration status and is a contributor to total fluid intake.

ALCOHOLIC BEVERAGES

The *Dietary Guidelines* do not recommend initiating alcohol consumption for any reason. To help older adults move toward a healthy dietary pattern and minimize risks associated with drinking, older adults can choose not to drink or drink in moderation—limiting intakes to 2 drinks or less in a day for men and 1 drink or less in a day for women, when alcohol is consumed. Older adults who choose to drink may experience the effects of alcohol more quickly than they did when they were younger. This puts older adults at higher risk of falls, car crashes, and other injuries that may result from drinking. In addition, older adults tend to have a greater number of comorbid health conditions than younger adults, and alcohol use or misuse may adversely affect the condition or interfere with management of the disease. Certain older adults should avoid drinking alcohol completely, including those who:

- Plan to drive or operate machinery, or participate in activities that require skill, coordination, and alertness.
- Take certain over-the-counter or prescription medications.
- Have certain medical conditions.
- Are recovering from alcohol use disorder or are unable to control the amount they drink.
- More information on alcoholic beverages and their relationship to health is provided in **Chapter 1**.

Supporting Healthy Eating

Similar to other life stages, older adults can be supported by professionals, family, and friends to achieve a healthy dietary pattern that accounts for factors such as cost, preferences, traditions, and access. Additional factors to consider when supporting healthy eating for older adults include:

- **Enjoyment of food:** Sharing meals with friends and family can help increase food enjoyment and promote adequacy of dietary intake for older adults.
- **Ability to chew or swallow foods:** Experimenting with the preparation of foods from all food groups can help identify textures that are acceptable, appealing, and enjoyable for adults who have difficulties chewing or swallowing. Good dental health is critical to overall health, as well as the ability to chew foods properly.
- **Food safety:** Practicing safe food handling procedures is of particular importance for older adults due to a decline in immune system function that accompanies age and that increases the risk of foodborne illness. For more information: **FoodSafety.gov** for older adults: [foodsafety.gov/people-at-risk/older-adults](https://www.foodsafety.gov/people-at-risk/older-adults) or FDA: [fda.gov/media/83744/download](https://www.fda.gov/media/83744/download).

Older adults have access to a variety of Government resources to support a healthy dietary pattern as part of overall healthy aging. Professionals working with older Americans can use these resources to better support access to healthy, safe, and affordable food choices.

- **Congregate Nutrition Services:** The Older Americans Act authorizes meals and related services in congregate settings for any person age 60 and older and their spouse of any age. Program sites offer older individuals healthy meals and opportunities to socialize. Congregate meals are typically provided in senior centers, schools, churches, or other community settings.
- **Supplemental Nutrition Assistance Program (SNAP):** Older adults with limited income may qualify for SNAP, a Federal program that provides temporary benefits to help individuals purchase foods and beverages to support a healthy dietary pattern when resources are constrained.

Physical Activity and Older Adults

The benefits of regular physical activity occur throughout life and are essential for healthy aging. It is never too late to start being physically active. For older adults, regular physical activity supports a number of additional health benefits including improved cognition, balance, and bone strength. These benefits make it easier to perform activities of daily living, preserves function and mobility, and lowers the risk of falls and injuries from falls.

Adults should move more and sit less throughout the day. Some physical activity is better than none. To attain the most health benefits from physical activity, older adults need at least 150 to 300 minutes of moderate-intensity aerobic activity per week. The talk test is a good way to assess moderate intensity for older adults. A person doing moderate-intensity aerobic activity can talk, but not sing. Older adults also need muscle-strengthening activity at least 2 days each week. Older adults should incorporate multicomponent physical activity that includes balance training as well as aerobic and muscle-strengthening activities.

The U.S. Department of Health and Human Service's *Physical Activity Guidelines for Americans* and the related Move Your Way® resources have information about the benefits of physical activity and tips to get started. Available at [health.gov/paguidelines](https://www.health.gov/paguidelines).



- **Commodity Supplemental Food Program (CSFP):** The CSFP supplements the diets of low-income older adults by providing nutritious USDA packaged food to support a healthy dietary pattern. The CSFP is federally funded, and private and nonprofit institutions facilitate the distribution of monthly CSFP packages to eligible older adults.
- **Home-Delivered Nutrition Services:** The Older Americans Act authorizes meals and related services in a person's home for individuals ages 60 and older and their spouse of any age. Older adults who experience difficulty leaving the home due to frailty, health concerns, or certain medical conditions may benefit from home-delivered meals offered under the Older Americans Act.
- **Child and Adult Care Food Program (CACFP):** The CACFP is a Federal program that provides reimbursements for nutritious meals and snacks to older adults enrolled in daycare facilities. Older adults receiving care at nonresidential care centers may receive meals and snacks that meet nutrition standards of the CACFP.

Additional resources to support older adults exist at the community level. For example, the **Senior Farmers Market Nutrition Program (SFMNP)** provides many low-income seniors with access to fruits and vegetables grown in their local communities. **SNAP Education (SNAP-Ed)** programming may also be offered and

teach older adults cooking and shopping skills. Individuals working within these settings must ensure the availability of nutrient-dense foods and assist older adults in choosing a healthy dietary pattern that fits in their cultural and food preferences.

Healthy Eating Through the Lifespan

This chapter has focused on the unique nutritional considerations of the older adult life stage. It also has reinforced the idea that the core elements of a healthy dietary pattern are remarkably consistent across the lifespan and across health outcomes. More than that, a healthy dietary pattern is flexible—people can customize the *Dietary Guidelines* recommendations to suit their personal preferences, cultural traditions, and budget considerations.

Beginning at the earliest life stage—infancy and toddlerhood—a healthy dietary pattern can help people achieve and maintain good health and reduce the risk of chronic diseases. However, it is never too late to make improvements. People at any stage of life can benefit by changing to nutrient-dense forms of foods and beverages across all food groups, in recommended amounts, and within calorie limits. **The bottom line: For lifelong good health, make every bite count with the *Dietary Guidelines for Americans*!**

Appendix 1:

Nutritional Goals^a for Age-Sex Groups

Table A1-1

Daily Nutritional Goals, Ages 6 Through 11 Months and 12 Through 23 Months

Nutrient	6 Through 11 Months		12 Through 23 Months	
	Goal	Source of Goal ^b	Goal	Source of Goal ^b
Macronutrients				
Protein (g)	11	RDA	13	RDA
Carbohydrate (g)	95	AI	130	RDA
Fiber, total dietary (g)	n/a ^d	n/a ^d	19	AI
Total lipid (% kcal)	n/a ^d	n/a ^d	30-40	AMDR
18:2 Linoleic acid (g)	4.6	AI	7	AI
18:3 Linolenic acid (g)	0.5	AI	0.7	AI
Minerals				
Calcium (mg)	260	AI	700	RDA
Iron (mg)	11	RDA	7	RDA
Magnesium (mg)	75	AI	80	RDA
Phosphorus (mg)	275	AI	460	RDA
Potassium (mg)	860	AI	2,000	AI
Sodium (mg)	370	AI	1,200	CDDR
Zinc (mg)	3	RDA	3	RDA
Vitamins				
Vitamin A (mcg RAE ^c)	500	AI	300	RDA
Vitamin E (mg AT ^c)	5	AI	6	RDA
Vitamin D (IU ^e)	400	AI	600	RDA
Vitamin C (mg)	50	AI	15	RDA
Thiamin (mg)	0.3	AI	0.5	RDA
Riboflavin (mg)	0.4	AI	0.5	RDA
Niacin (mg)	4	AI	6	RDA

Table A1-1 (continued)

Daily Nutritional Goals, Ages 6 Through 11 Months and 12 Through 23 Months

Nutrient	6 Through 11 Months		12 Through 23 Months	
	Goal	Source of Goal ^b	Goal	Source of Goal ^b
Vitamin B-6 (mg)	0.3	AI	0.5	RDA
Vitamin B-12 (mcg)	0.5	AI	0.9	RDA
Choline (mg)	150	AI	200	AI
Vitamin K (mcg)	2.5	AI	30	AI
Folate (mcg DFE ^c)	80	AI	150	RDA

^a Goals reflect Dietary Reference Intakes developed for 7 to 12 months or 6 to 12 months applied to ages 6 to 12 months and DRIs for 1 to 3 years applied to 12 to 24 months

^b AI = Adequate Intake, CDRR – Chronic Disease Risk Reduction Level, RDA = Recommended Dietary Allowance.

^c AI = alpha-tocopherol, DFE = Dietary Folate Equivalent, IU – International Units, RAE = Retinol Activity Equivalents.

^d n/a = not applicable to this age group.

Sources: Institute of Medicine. *Dietary Reference Intakes: The Essential Guide to Nutrient Requirements*. Washington, DC: The National Academies Press; 2006. Institute of Medicine. *Dietary Reference Intakes for Calcium and Vitamin D*. Washington, DC: The National Academies Press; 2011. National Academies of Sciences, Engineering, and Medicine. *Dietary Reference Intakes for Sodium and Potassium*. Washington, DC: The National Academies Press; 2019.

Table A1-2

Daily Nutritional Goals, Ages 2 and Older

MACRONUTRIENTS, MINERALS & VITAMINS		Age-Sex Groups												
		M/F 2-3	F 4-8	F 9-13	F 14-18	F 19-30	F 31-50	F 51+	M 4-8	M 9-13	M 14-18	M 19-30	M 31-50	M 51+
Calorie Level Assessed	Source of Goal^a	1,000	1,200	1,600	1,800	2,000	1,800	1,600	1,400	1,800	2,200	2,400	2,200	2,000
Macronutrients														
Protein (% kcal)	AMDR	5-20	10-30	10-30	10-30	10-35	10-35	10-35	10-30	10-30	10-30	10-35	10-35	10-35
Protein (g)	RDA	13	19	34	46	46	46	46	19	34	52	56	56	56
Carbohydrate (% kcal)	AMDR	45-65	45-65	45-65	45-65	45-65	45-65	45-65	45-65	45-65	45-65	45-65	45-65	45-65
Carbohydrate (g)	RDA	130	130	130	130	130	130	130	130	130	130	130	130	130
Fiber (g)	14g/ 1,000 kcal	14	17	22	25	28	25	22	20	25	31	34	31	28
Added Sugars (% kcal)	DGA	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
Total lipid (% kcal)	AMDR	30-40	25-35	25-35	25-35	20-35	20-35	20-35	25-35	25-35	25-35	20-35	20-35	20-35
Saturated Fatty Acids (% kcal)	DGA	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10
18:2 Linoleic acid (g)	AI	7	10	10	11	12	12	11	10	12	16	17	17	14
18:3 Linoleic acid (g)	AI	0.7	0.9	1.0	1.1	1.1	1.1	1.1	0.9	1.2	1.6	1.6	1.6	1.6
Minerals														
Calcium (mg)	RDA	700	1,000	1,300	1,300	1,000	1,000	1,200	1,000	1,300	1,300	1,000	1,000	1,000 ^b
Iron (mg)	RDA	7	10	8	15	18	18	8	10	8	11	8	8	8
Magnesium (mg)	RDA	80	130	240	360	310	320	320	130	240	410	400	420	420
Phosphorus (mg)	RDA	460	500	1,250	1,250	700	700	700	500	1,250	1,250	700	700	700
Potassium (mg)	AI	2,000	2,300	2,300	2,300	2,600	2,600	2,600	2,300	2,500	3,000	3,400	3,400	3,400
Sodium (mg)	CDRR	1,200	1,500	1,800	2,300	2,300	2,300	2,300	1,500	1,800	2,300	2,300	2,300	2,300
Zinc (mg)	RDA	3	5	8	9	8	8	8	5	8	11	11	11	11

Table A1-2 (continued)

Daily Nutritional Goals, Ages 2 and Older

MACRONUTRIENTS, MINERALS & VITAMINS		Age-Sex Groups												
		M/F 2-3	F 4-8	F 9-13	F 14-18	F 19-30	F 31-50	F 51+	M 4-8	M 9-13	M 14-18	M 19-30	M 31-50	M 51+
Calorie Level Assessed	Source of Goal^a	1,000	1,200	1,600	1,800	2,000	1,800	1,600	1,400	1,800	2,200	2,400	2,200	2,000
Vitamins														
Vitamin A (mcg RAE^d)	RDA	300	400	600	700	700	700	700	400	600	900	900	900	900
Vitamin E (mg AT^d)	RDA	6	7	11	15	15	15	15	7	11	15	15	15	15
Vitamin D (IU^d)	RDA	600	600	600	600	600	600	600 ^b	600	600	600	600	600	600 ^c
Vitamin C (mg)	RDA	15	25	45	65	75	75	75	25	45	75	90	90	90
Thiamin (mg)	RDA	0.5	0.6	0.9	1.0	1.1	1.1	1.1	0.6	0.9	1.2	1.2	1.2	1.2
Riboflavin (mg)	RDA	0.5	0.6	0.9	1.0	1.1	1.1	1.1	0.6	0.9	1.3	1.3	1.3	1.3
Niacin (mg)	RDA	6	8	12	14	14	14	14	8	12	16	16	16	16
Vitamin B-6 (mg)	RDA	0.5	0.6	1.0	1.2	1.3	1.3	1.5	0.6	1.0	1.3	1.3	1.3	1.7
Vitamin B-12 (mcg)	RDA	0.9	1.2	1.8	2.4	2.4	2.4	2.4	1.2	1.8	2.4	2.4	2.4	2.4
Choline (mg)	AI	200	250	375	400	425	425	425	250	375	550	550	550	550
Vitamin K (mcg)	AI	30	55	60	75	90	90	90	55	60	75	120	120	120
Folate (mcg DFE^d)	RDA	150	200	300	400	400	400	400	200	300	400	400	400	400

^a AI = Adequate Intake, CDRR = Chronic Disease Risk Reduction Level, DGA = *Dietary Guidelines for Americans, 2020-2025*, RDA = Recommended Dietary Allowance

^b Calcium RDA for males ages 71+ years is 1,200 mg.

^c Vitamin D RDA for males and females ages 71+ years is 800 IU.

^d AT = alpha-tocopherol, DFE = Dietary Folate Equivalent, IU = International Units, RAE = Retinol Activity Equivalents.

Sources: Institute of Medicine. *Dietary Reference Intakes: The Essential Guide to Nutrient Requirements*. Washington, DC: The National Academies Press; 2006. Institute of Medicine. *Dietary Reference Intakes for Calcium and Vitamin D*. Washington, DC: The National Academies Press; 2011. National Academies of Sciences, Engineering, and Medicine. *Dietary Reference Intakes for Sodium and Potassium*. Washington, DC: The National Academies Press; 2019.

Table A1-3

Daily Nutritional Goals for Women Who Are Pregnant, by Age Group and Trimester

MACRONUTRIENTS, MINERALS & VITAMINS		Age Group (Years)								
		14-18			19-30			31-50		
		Trimester			Trimester			Trimester		
Calorie Level Assessed	Source of Goal ^a	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd
		1,800	2,200	2,400	2,000	2,400	2,600	1,800	2,200	2,400
Macronutrients										
Protein (% kcal)	AMDR	10-30	10-30	10-30	10-35	10-35	10-35	10-35	10-35	10-35
Protein (g)	RDA	71	71	71	71	71	71	71	71	71
Carbohydrate (%kcal)	AMDR	45-65	45-65	45-65	45-65	45-65	45-65	45-65	45-65	45-65
Carbohydrate (g)	RDA	175	175	175	175	175	175	175	175	175
Fiber (g)	14g/ 1,000 kcal	25	31	34	28	34	36	25	31	34
Added Sugars (% kcal)	DGA	<10	<10	<10	<10	<10	<10	<10	<10	<10
Total lipid (% kcal)	AMDR	25-35	25-35	25-35	20-35	20-35	20-35	20-35	20-35	20-35
Saturated Fatty Acids (% kcal)	DGA	<10	<10	<10	<10	<10	<10	<10	<10	<10
18:2 Linoleic acid (g)	AI	13	13	13	13	13	13	13	13	13
18:3 Linolenic acid (g)	AI	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4
Minerals										
Calcium (mg)	RDA	1,300	1,300	1,300	1,000	1,000	1,000	1,000	1,000	1,000
Iron (mg)	RDA	27	27	27	27	27	27	27	27	27
Magnesium (mg)	RDA	400	400	400	350	350	350	360	360	360
Phosphorus (mg)	RDA	1,250	1,250	1,250	700	700	700	700	700	700
Potassium (mg)	AI	2,600	2,600	2,600	2,900	2,900	2,900	2,900	2,900	2,900
Sodium (mg)	CDRR	2,300	2,300	2,300	2,300	2,300	2,300	2,300	2,300	2,300
Zinc (mg)	RDA	12	12	12	11	11	11	11	11	11
Iodine (mcg)	RDA	220	220	220	220	220	220	220	220	220
Vitamins										
Vitamin A (mcg RAE^b)	RDA	750	750	750	770	770	770	770	770	770
Vitamin E (mg AT^b)	RDA	15	15	15	15	15	15	15	15	15
Vitamin D (IU^b)	RDA	600	600	600	600	600	600	600	600	600

Table A1-3 (continued)

Daily Nutritional Goals for Women Who Are Pregnant, by Age Group and Trimester

MACRONUTRIENTS, MINERALS & VITAMINS		Age Group (Years)								
		14-18			19-30			31-50		
		Trimester								
		1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd
Calorie Level Assessed	Source of Goal^a	1,800	2,200	2,400	2,000	2,400	2,600	1,800	2,200	2,400
Vitamins										
Vitamin C (mg)	RDA	80	80	80	85	85	85	85	85	85
Thiamin (mg)	RDA	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4
Riboflavin (mg)	RDA	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4
Niacin (mg)	RDA	18	18	18	18	18	18	18	18	18
Vitamin B-6 (mg)	RDA	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9
Vitamin B-12 (mcg)	RDA	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6	2.6
Choline (mg)	AI	450	450	450	450	450	450	450	450	450
Vitamin K (mcg)	AI	75	75	75	90	90	90	90	90	90
Folate (mcg DFE^b)	RDA	600	600	600	600	600	600	600	600	600

^a AI = Adequate Intake, CDRR = Chronic Disease Risk Reduction Level, DGA = *Dietary Guidelines for Americans, 2020-2025*, RDA = Recommended Dietary Allowance.

^b AT = alpha-tocopherol, DFE = Dietary Folate Equivalent, IU = International Units, RAE = Retinol Activity Equivalents.

Sources: Institute of Medicine. *Dietary Reference Intakes: The Essential Guide to Nutrient Requirements*. Washington, DC: The National Academies Press; 2006. Institute of Medicine. *Dietary Reference Intakes for Calcium and Vitamin D*. Washington, DC: The National Academies Press; 2011. National Academies of Sciences, Engineering, and Medicine. *Dietary Reference Intakes for Sodium and Potassium*. Washington, DC: The National Academies Press; 2019.

Table A1-4

Daily Nutritional Goals for Women Who Are Lactating, by Age Group and Months Postpartum

MACRONUTRIENTS, MINERALS & VITAMINS		Age Group (Years)					
		14-18		19-30		31-50	
		Months Postpartum					
Calorie Level Assessed	Source of Goal ³	0-6	7-12	0-6	7-12	0-6	7-12
		2,200	2,200	2,400	2,400	2,200	2,200
Macronutrients							
Protein (% kcal)	AMDR	10-30	10-30	10-35	10-35	10-35	10-35
Protein (g)	RDA	71	71	71	71	71	71
Carbohydrate (% kcal)	AMDR	45-65	45-65	45-65	45-65	45-65	45-65
Carbohydrate (g)	RDA	210	210	210	210	210	210
Fiber (g)	14g/1,000kcal	31	31	34	34	31	31
Added sugars (% kcals)	DGA	<10	<10	<10	<10	<10	<10
Total lipid (% kcal)	AMDR	25-35	25-35	20-35	20-35	20-35	20-35
Saturated Fatty Acids (% kcal)	DGA	<10	<10	<10	<10	<10	<10
18:2 Linoleic acid (g)	AI	13	13	13	13	13	13
18:3 Linolenic acid (g)	AI	1.3	1.3	1.3	1.3	1.3	1.3
Minerals							
Calcium (mg)	RDA	1,300	1,300	1,000	1,000	1,000	1,000
Iron (mg)	RDA	10	10	9	9	9	9
Magnesium (mg)	RDA	360	360	310	310	320	320
Phosphorus (mg)	RDA	1,250	1,250	700	700	700	700
Potassium (mg)	AI	2,500	2,500	2,800	2,800	2,800	2,800
Sodium (mg)	CDRR	2,300	2,300	2,300	2,300	2,300	2,300
Zinc (mg)	RDA	13	13	12	12	12	12
Iodine (mcg)	RDA	290	290	290	290	290	290

Table A1-4 (continued)

Daily Nutritional Goals for Women Who Are Lactating, by Age Group and Months Postpartum

MACRONUTRIENTS, MINERALS & VITAMINS		Age Group (Years)					
		14-18		19-30		31-50	
		Months Postpartum		Months Postpartum		Months Postpartum	
Calorie Level Assessed	Source of Goal ^a	0-6	7-12	0-6	7-12	0-6	7-12
		2,200	2,200	2,400	2,400	2,200	2,200
Vitamins							
Vitamin A (mcg RAE ^b)	RDA	1,200	1,200	1,300	1,300	1,300	1,300
Vitamin E (mg AT ^b)	RDA	19	19	19	19	19	19
Vitamin D (IU ^b)	RDA	600	600	600	600	600	600
Vitamin C (mg)	RDA	115	115	120	120	120	120
Thiamin (mg)	RDA	1.4	1.4	1.4	1.4	1.4	1.4
Riboflavin (mg)	RDA	1.6	1.6	1.6	1.6	1.6	1.6
Niacin (mg)	RDA	17	17	17	17	17	17
Vitamin B-6 (mg)	RDA	2	2	2	2	2	2
Vitamin B-12 (mcg)	RDA	2.8	2.8	2.8	2.8	2.8	2.8
Choline (mg)	AI	550	550	550	550	550	550
Vitamin K (mcg)	AI	75	75	90	90	90	90
Folate (mcg DFE ^b)	RDA	500	500	500	500	500	500

^a AI = Adequate Intake, CDRR = Chronic Disease Risk Reduction Level, DGA = Dietary Guidelines for Americans, 2020-2025, RDA = Recommended Dietary Allowance

^b AT = alpha-tocopherol, DFE = Dietary Folate Equivalent, IU = International Units, RAE = Retinal Activity Equivalents

Sources: Institute of Medicine. *Dietary Reference Intakes: The Essential Guide to Nutrient Requirements*. Washington, DC: The National Academies Press; 2006. Institute of Medicine. *Dietary Reference Intakes for Calcium and Vitamin D*. Washington, DC: The National Academies Press; 2011. National Academies of Sciences, Engineering, and Medicine. *Dietary Reference Intakes for Sodium and Potassium*. Washington, DC: The National Academies Press; 2019.

Appendix 2:

Estimated Calorie Needs

The total number of calories a person needs each day varies depending on the person's age, sex, height, weight, and level of physical activity. In addition, a need to lose, maintain, or gain weight, and other factors affect how many calories should be consumed. Estimated amounts of calories needed to maintain energy balance for various age and sex groups at three different levels of physical activity are provided in **Table A2-1** for toddlers ages 12 through 23 months and **Table A2-2** for ages 2 and older. These estimates are based on the Estimated Energy Requirements (EER) equations, using reference heights (average) and reference weights (healthy) for each age-sex group. For toddlers, children, and adolescents, reference height and weight vary by age. For adults, the reference man is 5 feet 10 inches tall and weighs 154 pounds. The reference woman is 5 feet 4 inches tall and weighs 126 pounds.

Estimates range from 700 to 1,000 calories for toddlers ages 12 through 23 months. Estimated needs for young children ages 2 through 8 range from 1,000 to 2,000 calories. A wider range of 1,400 to 3,200 calories is estimated for older children and adolescents, with males generally having higher calorie needs than females.

Adult estimated calorie needs range from 1,600 to 2,400 calories per day for females and 2,000 to 3,000 calories per day for males. As shown, males generally require more calories than females. Due to reductions in basal metabolic rate that occur with aging, calorie needs generally decrease for adults as they age.

Estimated calorie needs during the first trimester of pregnancy generally do not increase compared to prepregnancy needs. Additional calories needed for the later trimesters of pregnancy and during lactation are outlined in **Table A2-3** and include approximately 300 to 400 additional calories. It is recommended that women follow their healthcare provider's guidance regarding appropriate caloric intake during pregnancy as many factors, including prepregnancy weight status, gestational weight gain, and multiple pregnancies, may affect calorie needs. Women with overweight or obesity have lower recommended gestational weight gain during pregnancy, which may affect calorie needs.

These calorie needs are only estimates, and approximations of individual calorie needs can be determined with online tools. The DRI Calculator for Healthcare Professionals, available at nal.usda.gov/fnic/dri-calculator, can be used to estimate calorie needs based on age, sex, height, weight, activity level, and pregnancy or lactation status.

Table A2-1

Estimated Calorie Needs per Day, by Age and Sex, Ages 12 Through 23 Months

AGE IN MONTHS	Males	Females
12	800	800
15	900	800
18	1,000	900
21 through 23	1,000	1,000

Source: Institute of Medicine. *Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids*. Washington (DC): The National Academies Press; 2002.

Table A2-2

Estimated Calorie Needs per Day, by Age, Sex, and Physical Activity Level, Ages 2 and Older

AGE	Males			Females		
	Sedentary ^a	Moderately Active ^b	Active ^c	Sedentary ^a	Moderately Active ^b	Active ^c
2	1,000	1,000	1,000	1,000	1,000	1,000
3	1,000	1,400	1,400	1,000	1,200	1,400
4	1,200	1,400	1,600	1,200	1,400	1,400
5	1,200	1,400	1,600	1,200	1,400	1,600
6	1,400	1,600	1,800	1,200	1,400	1,600
7	1,400	1,600	1,800	1,200	1,600	1,800
8	1,400	1,600	2,000	1,400	1,600	1,800
9	1,600	1,800	2,000	1,400	1,600	1,800
10	1,600	1,800	2,200	1,400	1,800	2,000
11	1,800	2,000	2,200	1,600	1,800	2,000
12	1,800	2,200	2,400	1,600	2,000	2,200
13	2,000	2,200	2,600	1,600	2,000	2,200
14	2,000	2,400	2,800	1,800	2,000	2,400
15	2,200	2,600	3,000	1,800	2,000	2,400
16	2,400	2,800	3,200	1,800	2,000	2,100
17	2,400	2,800	3,200	1,800	2,000	2,400
18	2,400	2,800	3,200	1,800	2,000	2,400
19-20	2,600	2,800	3,000	2,000	2,200	2,400
21-25	2,400	2,800	3,000	2,000	2,200	2,400
26-30	2,400	2,600	3,000	1,800	2,000	2,400
31-35	2,400	2,600	3,000	1,800	2,000	2,200
36-40	2,400	2,600	2,800	1,800	2,000	2,200
41-45	2,200	2,600	2,800	1,800	2,000	2,200
46-50	2,200	2,400	2,800	1,800	2,000	2,200
51-55	2,200	2,400	2,800	1,600	1,800	2,200
56-60	2,200	2,400	2,600	1,600	1,800	2,200

Table A2-2 (continued)

Estimated Calorie Needs per Day, by Age, Sex, and Physical Activity Level, Ages 2 and Older

AGE	Males			Females		
	Sedentary ^a	Moderately Active ^b	Active ^c	Sedentary ^a	Moderately Active ^b	Active ^c
61-65	2,000	2,400	2,600	1,600	1,800	2,000
66-70	2,000	2,200	2,600	1,600	1,800	2,000
71-75	2,000	2,200	2,600	1,600	1,800	2,000
76 and up	2,000	2,200	2,400	1,600	1,800	2,000

^a Sedentary means a lifestyle that includes only the physical activity of independent living.

^b Moderately Active means a lifestyle that includes physical activity equivalent to walking about 1.5 to 3 miles per day at 3 to 4 miles per hour, in addition to the activities of independent living.

^c Active means a lifestyle that includes physical activity equivalent to walking more than 3 miles per day at 3 to 4 miles per hour, in addition to the activities of independent living.

Source: Institute of Medicine. *Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids*. Washington (DC): The National Academies Press; 2002.

Table A2-3

Estimated Change in Calorie Needs During Pregnancy and Lactation for Women With a Healthy^a Prepregnancy Weight

STAGE OF PREGNANCY OR LACTATION	Estimated Change in Daily Calorie Needs Compared to Prepregnancy Needs
Pregnancy: 1 st trimester	+ 0 calories
Pregnancy: 2 nd trimester	+ 340 calories
Pregnancy: 3 rd trimester	+ 452 calories
Lactation: 1 st 6 months	+ 330 calories ^b
Lactation: 2 nd 6 months	+ 400 calories ^c

^a These estimates apply to women with a healthy prepregnancy weight. Women with a prepregnancy weight that is considered overweight or obese should consult their healthcare provider for guidance regarding appropriate caloric intake during pregnancy and lactation.

^b The EER for the first 6 months of lactation is calculated by adding 500 calories/day to prepregnancy needs to account for the energy needed for milk production during this time period, then subtracting 170 calories/day to account for weight loss in the first 6 months postpartum.

^c The EER for the second 6 months of lactation is calculated by adding 400 calories/day to prepregnancy needs to account for the energy needed for milk production during this time period. Weight stability is assumed after 6 months postpartum.

Note: Estimates are based on Estimated Energy Requirements (EER) set by the Institute of Medicine. Source: Institute of Medicine. *Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids*. Washington, DC: The National Academies Press; 2005.

— Appendix 3:

USDA Dietary Patterns

The Healthy U.S.-Style Dietary Pattern (**Tables A3-1** and **A3-2**) is based on the types and proportions of foods Americans typically consume but in nutrient-dense forms and appropriate amounts. The Healthy Vegetarian Dietary Pattern (**Tables A3-3** and **A3-4**) and the Healthy Mediterranean-Style Dietary Pattern (**Table A3-5**) are variations that also exemplify a healthy dietary pattern. For the first time, the Healthy U.S.-Style and Healthy Vegetarian Dietary Patterns are provided for toddlers ages 12 through 23 months who are no longer receiving human milk or infant formula. These patterns are designed to meet nutrient needs while not exceeding calorie requirements and while staying within limits for overconsumed dietary components, such as added sugars, saturated fat, and sodium.

The methodology used to develop and update these Patterns builds on the rich history USDA has in developing food guides. This methodology includes using current food consumption data to determine the mix and proportions of foods to include in each group. Food composition data is used to select a nutrient-dense representative for each food and calculate nutrient profiles for each food group. As would be expected, most foods in their nutrient-dense forms do contain some sodium and saturated fat. In a few cases, such as in the case of whole-wheat bread, the most appropriate representative in current Federal databases contains a small amount of added sugars. Detailed information about the representative foods, nutrient profiles, and patterns is available in the online appendix of the *Scientific Report of the 2020 Dietary Guidelines Advisory Committee*.¹

Amounts of each food group and subgroup within the patterns are based on nutrient and *Dietary Guidelines* standards (see **Appendix 1. Nutritional Goals for Age-Sex Groups**). Standards for nutrient adequacy aim to meet the Recommended Dietary Allowances (RDA), which are designed to cover the needs of 97 percent of the population, and Adequate Intakes (AI), which are used when an average nutrient requirement cannot be determined. The Patterns meet these standards for almost all nutrients. For a few nutrients (vitamin D and vitamin E for all ages, and choline for ages 2 and older), amounts in the Patterns are marginal or below the RDA or AI standard for many or all age/sex groups. In most cases, an intake of these nutrients below the RDA or AI is not considered to be of public health concern. For more information on dietary components of public health concern, see **Chapter 1**.

The Patterns have 12 calorie levels to meet the needs of individuals across the lifespan ages 2 and older. For toddlers ages 12 through 23 months, who are no longer receiving either human milk or infant formula, the Patterns are provided at 4 calorie levels. **Chapters 2, 3, 4, 5, and 6** describe healthy dietary patterns and relevant calorie levels for each life stage. To follow these Patterns, identify the appropriate calorie level, choose a variety of foods in each group and subgroup over time in recommended amounts, and limit choices that are not in nutrient-dense forms so that the overall calorie limit is not exceeded.

¹Available at: [dietaryguidelines.gov/2020-advisory-committee-report/food-pattern-modeling](https://www.dietaryguidelines.gov/2020-advisory-committee-report/food-pattern-modeling)

Table A3-1

Healthy U.S.-Style Dietary Pattern for Toddlers Ages 12 Through 23 Months Who Are No Longer Receiving Human Milk or Infant Formula, With Daily or Weekly Amounts From Food Groups, Subgroups, and Components

CALORIE LEVEL OF PATTERN ^a	700	800	900	1,000
FOOD GROUP OR SUBGROUP^{b,c}	Daily Amount of Food From Each Group^d (Vegetable and protein foods subgroup amounts are per week.)			
Vegetables (cup eq/day)	¾	¾	1	1
	Vegetable Subgroups in Weekly Amounts			
Dark-Green Vegetables (cup eq/wk)	1	½	½	½
Red and Orange Vegetables (cup eq/wk)	1	1 ¾	2 ½	2 ½
Beans, Peas, Lentils (cup eq/wk)	¾	½	½	½
Starchy Vegetables (cup eq/wk)	1	1 ½	2	2
Other Vegetables (cup eq/wk)	¾	1 ¼	1 ½	1 ½
Fruits (cup eq/day)	½	¾	1	1
Grains (ounce eq/day)	1 ¾	2 ¼	2 ½	3
Whole Grains (ounce eq/day)	1 ½	2	2	2
Refined Grains (ounce eq/day)	¼	¼	½	1
Dairy (cup eq/day)	1 ⅔	1 ¾	2	2
Protein Foods (ounce eq/day)	2	2	2	2
	Protein Foods Subgroups in Weekly Amounts			
Meats, Poultry (ounce eq/wk)	8 ¾	7	7	7 ¾
Eggs (ounce eq/wk)	2	2 ¾	2 ¼	2 ¼
Seafood (ounce eq/wk) ^e	2-3	2-3	2-3	2-3
Nuts, Seeds, Soy Products (ounce eq/wk)	1	1	1 ¼	1 ¼
Oils (grams/day)	9	9	8	13

^a Calorie level ranges: Energy levels are calculated based on median length and body weight reference individuals. Calorie needs vary based on many factors. The DRI Calculator for Healthcare Professionals available at nal.usda.gov/fnic/dri-calculator/ can be used to estimate calorie needs based on age, sex, and weight.

^b Definitions for each food group and subgroup and quantity (i.e., cup or ounce equivalents) are provided in **Chapter 1** and are compiled in **Table A3-2 (footnote c)**.

^c All foods are assumed to be in nutrient-dense forms and prepared with minimal added sugars, refined starches (which are a source of calories but few or no other nutrients), or sodium. Foods are also lean or in low-fat forms with the exception of dairy, which includes whole-fat fluid milk, reduced-fat plain yogurts, and reduced-fat cheese. There are no calories

available for additional added sugars, saturated fat, or to eat more than the recommended amount of food in a food group.

^d In some cases, food subgroup amounts are greatest at the lower calorie levels to help achieve nutrient adequacy when relatively small number of calories are required.

^e If consuming up to 2 ounces of seafood per week, children should only be fed cooked varieties from the "Best Choices" list in the U.S. Food and Drug Administration (FDA) and the U.S. Environmental Protection Agency (EPA) joint "Advice About Eating Fish," available at FDA.gov/fishadvice and EPA.gov/fishadvice. If consuming up to 3 ounces of seafood per week, children should only be fed cooked varieties from the "Best Choices" list that contain even lower methylmercury: flatfish (e.g., flounder), salmon, tilapia, shrimp, catfish, crab, trout, haddock, oysters,

Table A3-1 Footnotes (continued)

sardines, squid, pollock, anchovies, crawfish, mullet, scallops, whiting, clams, shad, and Atlantic mackerel. If consuming up to 3 ounces of seafood per week, many commonly consumed varieties of seafood should be avoided because they cannot be consumed at 3 ounces per week by children without the potential of exceeding safe methylmercury limits; examples that should not be consumed include: canned light tuna or white (albacore) tuna, cod, perch, black sea bass. For a complete list please see: [FDA.gov/fishadvice](https://www.fda.gov/fishadvice) and [EPA.gov/fishadvice](https://www.epa.gov/fishadvice).

Table A3-2

Healthy U.S.-Style Dietary Pattern for Ages 2 and Older, With Daily or Weekly Amounts From Food Groups, Subgroups, and Components

CALORIE LEVEL OF PATTERN ^a	1,000	1,200	1,400	1,600	1,800	2,000	2,200	2,400	2,600	2,800	3,000	3,200
FOOD GROUP OR SUBGROUP^b	Daily Amount^c of Food From Each Group (Vegetable and protein foods subgroup amounts are per week.)											
Vegetables (cup eq/day)	1	1 ½	1 ½	2	2 ½	2 ½	3	3	3 ½	3 ½	4	4
	Vegetable Subgroups in Weekly Amounts											
Dark-Green Vegetables (cup eq/wk)	½	1	1	1 ½	1 ½	1 ½	2	2	2 ½	2 ½	2 ½	2 ½
Red and Orange Vegetables (cup eq/wk)	2 ½	3	3	4	5 ½	5 ½	6	6	7	7	7 ½	7 ½
Beans, Peas, Lentils (cup eq/wk)	½	½	½	1	1 ½	1 ½	2	2	2 ½	2 ½	3	3
Starchy Vegetables (cup eq/wk)	2	3 ½	3 ½	4	5	5	6	6	7	7	8	8
Other Vegetables (cup eq/wk)	1 ½	2 ½	2 ½	3 ½	4	4	5	5	5 ½	5 ½	7	7
Fruits (cup eq/day)	1	1	1 ½	1 ½	1 ½	2	2	2	2	2 ½	2 ½	2 ½
Grains (ounce eq/day)	3	4	5	5	6	6	7	8	9	10	10	10
Whole Grains (ounce eq/day) ^d	1 ½	2	2 ½	3	3	3	3 ½	4	4 ½	5	5	5
Refined Grains (ounce eq/day)	1 ½	2	2 ½	2	3	3	3 ½	4	4 ½	5	5	5
Dairy (cup eq/day)	2	2 ½	2 ½	3	3	3	3	3	3	3	3	3
Protein Foods (ounce eq/day)	2	3	4	5	5	5 ½	6	6 ½	6 ½	7	7	7
	Protein Foods Subgroups in Weekly Amounts											
Meats, Poultry, Eggs (ounce eq/wk)	10	14	19	23	23	26	28	31	31	33	33	33
Seafood (ounce eq/wk) ^e	2-3 ^f	4	6	8	8	8	9	10	10	10	10	10
Nuts, Seeds, Soy Products (ounce eq/wk)	2	2	3	4	4	5	5	5	5	6	6	6
Oils (grams/day)	15	17	17	22	24	27	29	31	34	36	44	51
Limit on Calories for Other Uses (kcal/day)^g	130	80	90	100	140	240	250	320	350	370	440	580
Limit on Calories for Other Uses (%/day)	13%	7%	6%	6%	8%	12%	11%	13%	13%	13%	15%	18%

^a Patterns at 1,000, 1,200, and 1,400 kcal levels are designed to meet the nutritional needs of children ages 2 through 8 years. Patterns from 1,600 to 3,200 kcal are designed to meet the nutritional needs of children 9 years and older and adults. If a child 4 through 8 years of age needs more energy and, therefore, is following a pattern at 1,600 calories or more, his/her recommended amount from the dairy group should be 2 ½ cup eq per day. Amount of dairy for children ages 9 through 18 is 3 cup eq per day regardless of calorie level. The 1,000 and 1,200 kcal level patterns are not intended for children 9 and older or adults. The 1,400 kcal level is not intended for children ages 10 and older or adults.

Table A3-2 Footnotes (continued)

^b Foods in each group and subgroup are:

Vegetables

Dark-Green Vegetables: All fresh, frozen, and canned dark-green leafy vegetables and broccoli, cooked or raw; for example, amaranth leaves, basil, beet greens, bitter melon leaves, bok choy, broccoli, chammamul, chrysanthemum leaves, chard, cilantro, collards, cress, dandelion greens, kale, lambsquarters, mustard greens, poke greens, romaine lettuce, spinach, nettles, taro leaves, turnip greens, and watercress.

Red and Orange Vegetables: All fresh, frozen, and canned red and orange vegetables or juice, cooked or raw; for example, calabaza, carrots, red chili peppers, red or orange bell peppers, pimento/pimiento, sweet potatoes, tomatoes, 100% tomato juice, and winter squash such as acorn, butternut, kabocha, and pumpkin.

Beans, Peas, Lentils: All cooked from dry or canned beans, peas, chickpeas, and lentils; for example, black beans, black-eyed peas, bayo beans, brown beans, chickpeas (garbanzo beans), cowpeas, edamame, fava beans, kidney beans, lentils, lima beans, mung beans, navy beans, pigeon peas, pink beans, pinto beans, split peas, soybeans, and white beans. Does not include green beans or green peas.

Starchy Vegetables: All fresh, frozen, and canned starchy vegetables; for example, breadfruit, burdock root, cassava, corn, jicama, lotus root, lima beans, immature or raw (not dried) peas (e.g., cowpeas, black-eyed peas, green peas, pigeon peas), plantains, white potatoes, salsify, tapioca, taro root (dasheen or yautia), water chestnuts, yam, and yucca.

Other Vegetables: All other fresh, frozen, and canned vegetables, cooked or raw; for example, artichoke, asparagus, avocado, bamboo shoots, bean sprouts, beets, bitter melon (bitter melon, balsam pear), broccoflower, Brussels sprouts, cabbage (green, red, napa, savoy), cactus pads (nopales), cauliflower, celestac, celery, chayote (mirliton), chives, cucumber, eggplant, fennel bulb, garlic, ginger root, green beans, iceberg lettuce, kohlrabi, leeks, Luffa (Chinese okra), mushrooms, okra, onions, peppers (chili and bell types that are not red or orange in color), rad comic, sprouted beans (e.g., sprouted mung beans), radish, rutabaga, seaweed, snow peas, summer squash, tomatillos, turnips, and winter melons.

Fruits

All fresh, frozen, canned, and dried fruits and 100% fruit juices; for example, apples, apricots, Asian pears, bananas, berries (e.g., blackberries, blueberries, cranberries, currants, dewberries, huckleberries, kiwifruit, loganberries, mulberries, raspberries, and strawberries); citrus fruit (e.g., calamondin, grapefruit, kumquats, lemons, limes, mandarin oranges, pomelos, tangerines, and tangelos), cherries, dates, figs, grapes, guava, kiwifruit, lychee, mangoes, melons (e.g., cantaloupe, casaba, honeydew, and watermelon), nectarines, papaya, passion fruit, peaches, pears, persimmons, pineapple, plums, pomegranates, prunes, raisins, rhubarb, sapote, sour sop, starfruit, and tamarind.

Grains

Whole Grains: All whole-grain products and whole grains used as ingredients; for example, amaranth, barley (not pearled), brown rice, buckwheat, bulgur, millet, oats, popcorn, quinoa, dark rye, triticale, whole-grain cornmeal, whole-wheat bread, whole-wheat chapati, whole-grain cereals and crackers, and wild rice.

Refined Grains: All refined-grain products and refined grains used as ingredients; for example, white breads, refined grain cereals and crackers, corn grits, cream of rice, cream of wheat, barley (pearled), masa, pasta, and white rice. Refined-grain choices should be enriched.

Dairy

All fluid, dry, or evaporated milk, including lactose-free and lactose-reduced products and fortified soy beverages (soy milk), buttermilk, yogurt, kefir, frozen yogurt, dairy desserts, and cheeses (e.g., one, camembert, cheddar, cottage cheese, colby, edam, feta, fontina, goat, gouda, gruyere, limburger, Mexican cheeses [queso añejo, queso asadero, queso chihuahua], monterey mozzarella, muenster, parmesan, provolone, ricotta, and Swiss). Most choices should be fat-free or low-fat. Cream, sour cream, and cream cheese are not included due to their low calcium content.

Protein Foods

Meats, Poultry, Eggs: Meats include beef, goat, lamb, pork, and game meat (e.g., bear, bison, deer, elk, moose, opossum, rabbit, raccoon, squirrel). Poultry includes chicken, Cornish hens, dove, duck, game birds (e.g., ostrich, pheasant, and quail), goose, and turkey. Organ meats include brain, chitterlings, gizzards, heart, kidney, liver, stomach, sweetbreads, tongue, and tripe. Eggs include chicken eggs and other birds' eggs. Meats and poultry should be lean or low fat.

Seafood: Seafood examples that are lower in methylmercury include anchovy, black sea bass, catfish, clams, cod, crab, crawfish, flounder, rockfish, hake, herring, lobster, mackerel, mullet, oyster, perch, pollock, salmon, sardine, scallop, shrimp, sole, squid, tilapia, freshwater trout, light tuna, and whiting.

Nuts, Seeds, Soy Products: Nuts and seeds include all nuts (tree nuts and peanuts), nut butters, seeds (e.g., chia, flax, pumpkin, sesame, and sunflower), and seed butters (e.g., sesame or tahini and sunflower). Soy includes tofu, tempeh, and products made from soy flour, soy protein isolate, and soy concentrate. Nuts should be unsalted.

Beans, Peas, Lentils: Can be considered part of the protein foods group as well as the vegetable group, but should be counted in one group only.

^c Food group amounts shown in cup equivalents (cup eq) or ounce equivalents (ounce eq). Oils are shown in grams. Quantity equivalents for each food group are:

Vegetables, Fruits (1 cup eq): 1 cup raw or cooked vegetable or fruit, 1 cup vegetable or fruit juice, 2 cups leafy salad greens, ½ cup dried fruit or vegetable.

Grains (1 ounce eq): ½ cup cooked rice, pasta, or cereal; 1 ounce dry pasta or rice; 1 medium (1 ounce) slice bread, tortilla, or flatbread, 1 ounce of ready-to-eat cereal (about 1 cup of flaked cereal)

Dairy (1 cup eq): 1 cup milk, yogurt, or fortified soy milk, 1½ ounces natural cheese such as cheddar cheese or 2 ounces of processed cheese

Protein Foods (1 ounce eq): 1 ounce lean meats, poultry, or seafood, 1 egg, ¼ cup cooked beans or tofu, 1 tsp nut or seed butter, ½ ounce nuts or seeds.

^d Amounts of whole grains in the Patterns for children are less than the minimum of 3 ounce-eq in all Patterns recommended for adults.

^e The U.S. Food and Drug Administration (FDA) and the U.S. Environmental Protection Agency (EPA) provide joint advice regarding seafood consumption to limit methylmercury exposure for women who might become or are pregnant or breastfeeding, and children. Depending on body weight, some women and many children should choose seafood lowest in methylmercury or eat less seafood than the amounts in the Healthy US-Style Eating Pattern. For more information, see the FDA and EPA websites [FDA.gov/fishadvice](https://www.fda.gov/fishadvice); [EPA.gov/fishadvice](https://www.epa.gov/fishadvice)

^f **If consuming up to 2 ounces of seafood per week**, children should only be fed cooked varieties from the "Best Choices" list in the FDA/EPA joint "Advice About Eating Fish," available at [FDA.gov/fishadvice](https://www.fda.gov/fishadvice) and [EPA.gov/fishadvice](https://www.epa.gov/fishadvice). **If consuming up to 3 ounces of seafood per week**, children should only be fed cooked varieties from the "Best Choices" list that contain even lower methylmercury: flatfish (e.g., flounder), salmon, tilapia, shrimp, catfish, crab, trout, haddock, oysters, sardines, squid, pollock, anchovies, crawfish, mullet, scallops, whiting, clams, shad, and Atlantic mackerel. If consuming up to 3 ounces of seafood per week, many commonly consumed varieties of seafood should be avoided because they cannot be consumed at 3 ounces per week by children without the potential of exceeding safe methylmercury limits, examples that should not be consumed include: canned light tuna or white (albacore) tuna, cod, perch, black sea bass. For a complete list please see [FDA.gov/fishadvice](https://www.fda.gov/fishadvice) and [EPA.gov/fishadvice](https://www.epa.gov/fishadvice).

^g Foods are assumed to be in nutrient-dense forms, lean or low-fat and prepared with minimal added saturated fat, added sugars, refined starches, or salt. If all food choices to meet food group recommendations are in nutrient-dense forms, a small number of calories remain within the overall limit of the pattern (i.e., limit on calories for other uses). The amount of calories depends on the total calorie level of the pattern and the amounts of food from each food group required to meet nutritional goals. Calories up to the specified limit can be used for added sugars, added refined starches, saturated fat, alcohol, or to eat more than the recommended amount of food in a food group.

NOTE: The total dietary pattern should not exceed *Dietary Guidelines* limits for added sugars, saturated fat, and alcohol; be within the Acceptable Macronutrient Distribution Ranges for protein, carbohydrate, and total fats; and stay within calorie limits. Values are rounded.

Table A3-3

Healthy Vegetarian Dietary Pattern for Toddlers Ages 12 Through 23 Months Who Are No Longer Receiving Human Milk or Infant Formula, With Daily or Weekly Amounts From Food Groups, Subgroups, and Components

CALORIE LEVEL OF PATTERN ^a	700	800	900	1,000
FOOD GROUP OR SUBGROUP^{b,c}	Daily Amount of Food From Each Group^d (Vegetable and protein foods subgroup amounts are per week.)			
Vegetables (cup eq/day)	1	1	1	1
	Vegetable Subgroups in Weekly Amounts			
Dark-Green Vegetables (cup eq/wk)	½	½	½	½
Red and Orange Vegetables (cup eq/wk)	2 ½	2 ½	2 ½	2 ½
Beans, Peas, Lentils (cup eq/wk)	¾	¾	¾	¾
Starchy Vegetables (cup eq/wk)	2	2	2	2
Other Vegetables (cup eq/wk)	1 ½	1 ½	1 ½	1 ½
Fruits (cup eq/day)	½	¾	1	1
Grains (ounce eq/day)	1 ¾	2 ¼	2 ¾	3
Whole Grains (ounce eq/day)	1 ¼	1 ¾	2	2
Refined Grains (ounce eq/day)	½	½	¾	1
Dairy (cup eq/day)	1 ½	1 ¾	1 ¾	2
Protein Foods (ounce eq/day)	1	1	1	1
	Protein Foods Subgroups in Weekly Amounts			
Eggs (ounce eq/wk)	3 ½	3 ½	3 ½	3 ½
Nuts, Seeds, Soy Products (ounce eq/wk)	4	4	4	4
Oils (grams/day)	9	8 ½	10	15

^a Calorie level ranges: Energy levels are calculated based on median length and body weight reference individuals. Calorie needs vary based on many factors. The DRI Calculator for Healthcare Professionals available at nal.usda.gov/fnic/dri-calculator/ can be used to estimate calorie needs based on age, sex, and weight.

^b Definitions for each food group and subgroup and quantity (i.e., cup or ounce) equivalents are provided in **Chapter 1** and are compiled in **Table A3-2 (footnote c)**.

^c All foods are assumed to be in nutrient-dense forms and prepared with minimal added sugars, refined starches (which are a source of calories but few or no other nutrients), or sodium. Food are also lean or in low-fat forms with the exception of dairy which includes whole-fat fluid milk, reduced-fat plain yogurts, and reduced-fat cheese. There are no calories available for additional added sugars, saturated fat, or to eat more than the recommended amount of food in a food group.

^d In some cases, food subgroup amounts are greatest at the lower calorie levels to help achieve nutrient adequacy when relatively small number of calories are required.

Table A3-4

Healthy Vegetarian Dietary Pattern for Ages 2 and Older, With Daily or Weekly Amounts From Food Groups, Subgroups, and Components

CALORIE LEVEL OF PATTERN ^a	1,000	1,200	1,400	1,600	1,800	2,000	2,200	2,400	2,600	2,800	3,000	3,200
FOOD GROUP OR SUBGROUP^b	Daily Amount^c of Food From Each Group (Vegetable and protein foods subgroup amounts ^b are per week.)											
Vegetables (cup eq/day)	1	1 ½	1 ½	2	2 ½	2 ½	3	3	3 ½	3 ½	4	4
	Vegetable Subgroups in Weekly Amounts											
Dark-Green Vegetables (cup eq/wk)	½	1	1	1 ½	1 ½	1 ½	2	2	2 ½	2 ½	2 ½	2 ½
Red and Orange Vegetables (cup eq/wk)	2 ½	3	3	4	5 ½	5 ½	6	6	7	7	7 ½	7 ½
Beans, Peas, Lentils (cup eq/wk) ^d	½	½	½	1	1 ½	1 ½	2	2	2 ½	2 ½	3	3
Starchy Vegetables (cup eq/wk)	2	3 ½	3 ½	4	5	5	6	6	7	7	8	8
Other Vegetables (cup eq/wk)	1 ½	2 ½	2 ½	3 ½	4	4	5	5	5 ½	5 ½	7	7
Fruits (cup eq/day)	1	1	1 ½	1 ½	1 ½	2	2	2	2	2 ½	2 ½	2 ½
Grains (ounce eq/day)	3	4	5	5 ½	6 ½	6 ½	7 ½	8 ½	9 ½	10 ½	10 ½	10 ½
Whole Grains (ounce eq/day)	1 ½	2	2 ½	3	3 ½	3 ½	4	4 ½	5	5 ½	5 ½	5 ½
Refined Grains (ounce eq/day)	1 ½	2	2 ½	2 ½	3	3	3 ½	4	4 ½	5	5	5
Dairy (cup eq/day)	2	2 ½	2 ½	3	3	3	3	3	3	3	3	3
Protein Foods (ounce eq/day)	1	1 ½	2	2 ½	3	3 ½	3 ½	4	4 ½	5	5 ½	6
	Protein Foods Subgroups in Weekly Amounts											
Eggs (ounce eq/wk)	2	3	3	3	3	3	3	3	3	4	4	4
Beans, Peas, Lentils (cup eq/wk) ^d	1	2	4	4	6	6	6	8	9	10	11	12
Soy Products (ounce eq/wk)	2	3	4	6	6	8	8	9	10	11	12	13
Nuts, Seeds (ounce eq/wk)	2	2	3	5	6	7	7	8	9	10	12	13
Oils (grams/day)	15	17	17	22	24	27	29	31	34	36	44	51
Limit on Calories for Other Uses (kcal/day)^e	170	140	160	150	150	250	290	350	350	350	390	500
Limit on Calories for Other Uses (%/day)	17%	12%	11%	9%	8%	13%	13%	15%	13%	13%	13%	16%

^{a, b, c} See **Table A3-2 footnotes**.

^d About half of beans, peas, lentils are shown as vegetables, in cup eq, and half as protein foods, in ounce eq. Beans, peas, lentils in the patterns, in cup eq, is the amount in the vegetable group plus the amount in protein foods group (in ounce eq) divided by four.

^e See **Table A3-2 footnotes**.

NOTE: The total dietary pattern should not exceed *Dietary Guidelines* limits for added sugars, saturated fat, and alcohol; be within the Acceptable Macronutrient Distribution Ranges for protein, carbohydrate, and total fats; and stay within calorie limits. Values are rounded.

Table A3-5

Healthy Mediterranean-Style Dietary Pattern for Ages 2 and Older, With Daily or Weekly Amounts From Food Groups, Subgroups, and Components

CALORIE LEVEL OF PATTERN ^a	1,000	1,200	1,400	1,600	1,800	2,000	2,200	2,400	2,600	2,800	3,000	3,200
	Daily Amount ^{b,c} of Food From Each Group (Vegetable and protein foods subgroup amounts are per week.)											
Vegetables (cup eq/day)	1	1 ½	1 ½	2	2 ½	2 ½	3	3	3 ½	3 ½	4	4
	Vegetable Subgroups in Weekly Amounts											
Dark-Green Vegetables (cup eq/wk)	½	1	1	1 ½	1 ½	1 ½	2	2	2 ½	2 ½	2 ½	2 ½
Red and Orange Vegetables (cup eq/wk)	2 ½	3	3	4	5 ½	5 ½	6	6	7	7	7 ½	7 ½
Beans, Peas, Lentils (cup eq/wk)	½	½	½	1	1 ½	1 ½	2	2	2 ½	2 ½	3	3
Starchy Vegetables (cup eq/wk)	2	3 ½	3 ½	4	5	5	6	6	7	7	8	8
Other Vegetables (cup eq/wk)	1 ½	2 ½	2 ½	3 ½	4	4	5	5	5 ½	5 ½	7	7
Fruits (cup eq/day)	1	1	1 ½	2	2	2 ½	2 ½	2 ½	2 ½	3	3	3
Grains (ounce eq/day)	3	4	5	5	6	6	7	8	9	10	10	10
Whole Grains (ounce eq/day) ^d	1 ½	2	2 ½	3	3	3	3 ½	4	4 ½	5	5	5
Refined Grains (ounce eq/day)	1 ½	2	2 ½	2	3	3	3 ½	4	4 ½	5	5	5
Dairy (cup eq/day)^d	2	2 ½	2 ½	2	2	2	2	2 ½	2 ½	2 ½	2 ½	2 ½
Protein Foods (ounce eq/day)	2	3	4	5 ½	6	6 ½	7	7 ½	7 ½	8	8	8
	Protein Foods Subgroups in Weekly Amounts											
Meats, Poultry, Eggs (ounce eq/wk)	10	14	19	23	23	26	28	31	31	33	33	33
Seafood (ounce eq/wk) ^e	3	4	6	11	15	15	16	16	17	17	17	17
Nuts, Seeds, Soy Products (ounce eq/wk)	2	2	3	4	4	5	5	5	5	6	6	6
Oils (grams/day)	15	17	17	22	24	27	29	31	34	36	44	51
Limit on Calories for Other Uses (kcal/day)^f	130	80	90	120	140	240	250	280	300	330	400	540
Limit on Calories for Other Uses (%/day)	13%	7%	6%	8%	8%	12%	11%	12%	12%	12%	13%	17%

^{a,b,c} See **Table A3-2 footnotes**.

^d Amounts of dairy recommended for children and adolescents are as follows, regardless of the calorie level of the pattern: for age 2 years, 2 cup-eq per day; for ages 3 through 8 years, 2 ½ cup-eq per day; for ages 9 through 18 years, 3 cup-eq per day.

^e The U.S. Food and Drug Administration (FDA) and the U.S. Environmental Protection Agency (EPA) provide joint advice regarding seafood consumption to limit methylmercury exposure for women who might become or are pregnant or lactating, and children. Depending on body weight, some women and children should choose seafood lowest in methylmercury or eat less seafood than the amounts in the Healthy U.S.-Style Dietary Pattern. For more information, see the FDA and EPA websites at [FDA.gov/fishadvice](https://www.fda.gov/fishadvice) and [EPA.gov/fishadvice](https://www.epa.gov/fishadvice).

^f Foods are assumed to be in nutrient-dense forms; lean or low-fat;

and prepared with minimal added sugars, refined starches (which are a source of calories but few or no other nutrients), saturated fat, or sodium. If all food choices to meet food group recommendations are in nutrient-dense forms, a small number of calories remain within the overall limit of the pattern (i.e., limit on calories for other uses). The amount of calories depends on the total calorie level of the pattern and the amounts of food from each food group required to meet nutritional goals. Calories up to the specified limit can be used for added sugars, saturated fat, and/or alcohol (for nonpregnant adults of legal drinking age only) or to eat more than the recommended amount of food in a food group.

NOTE: The total dietary pattern should not: *Dietary Guidelines* limits for added sugars, saturated fat, and alcohol; be within the Acceptable Macronutrient Distribution Ranges for protein, carbohydrate, and total fats; and stay within calorie limits. Values are rounded.

Appendix G
Georgia Department of Human Services
Food Service Rules

Employee Health Information

2007 Georgia Food Code 290-5-14-.03 Food Employees and Conditional Employees			
Health Status of Food Employee or Conditional Employee ¹ Relating to Diseases Transmittable Through Food	Reporting Required by Person in Charge to Regulatory Authority? YES/NO	Reporting by Employee or Food Employee or Conditional Employee ¹ to the Person In Charge Required? YES/NO	
Reportable Symptoms:			
• Vomiting	NO	YES	
• Diarrhea	NO		
• Jaundice	YES		
• Sore throat with fever	NO		
• <u>Suffers</u> open or draining lesion or wound that cannot be protected by an impermeable cover.	NO		
Diagnosed with illness due to:		Presently Diagnosed with Symptoms	Diagnosed in Past History
• Salmonella Typhi (Typhoid Fever)	YES	YES	YES If within Past 3 Months without having Antibiotic Therapy
• Shigella spp. Or			NO
• Enterohemorrhagic (EHEC) or Shiga toxin-producing E coli (STEC)			
• Hepatitis A virus			
Reportable Exposure² to illness:		Time period within last exposure:	
• Norovirus	NO	YES if within 48 Hours	
• Shigella spp, or	NO	YES if within 3 Days	
• Enterohemorrhagic (EHEC) or Shiga toxin-producing E coli (STEC), or			
• Salmonella Typhi (Typhoid Fever)			
• Hepatitis A virus	NO	YES if within 30 Days	

Notes: View the entire 2005 FDA Model Food Code by visiting www.fda.gov or purchase the entire Food Code by calling (1-800-553-6847) or view the 2007 Georgia Food Code www.georgiaeh.us or call your local County Environmental Health office.

¹The person in charge shall prohibit a conditional employee (person that has been offered a job) that reports a listed diagnosis from becoming a food employee (from being allowed to work) until meeting the criteria listed in Rule. 03(4) (h) on page 35 of the 2007 Georgia Food Code Chapter 290-5-14 for reinstatement of a diagnosed food employee.

² Reportable exposure to the listed illnesses includes:

- (1) Suspected of causing or was exposed to a confirmed outbreak, because the individual prepared or consumed the implicated food, or consumed food prepared by an infected person, or
- (2) Lives with someone known to be diagnosed, or
- (3) Lives with someone known to have attended or worked at a confirmed outbreak.

Employee Health Information

2007 Georgia Food Code 290-5-14			
Exclusions and Restrictions Rule .03(4)(g) & Removal of Exclusions and Restrictions Rule .03(4)(h)			
NOTE: "Exclude" means to prevent a person from working as an employee in a food establishment or entering a food establishment as an employee. "Restrict" means to limit the activities of a food employee so that there is no risk of transmitting a disease that is transmissible through food and the food employee does not work with exposed food, clean equipment, utensils, linens, or unwrapped single-service or single-use articles. (2007 Georgia Food Code Chapter 290-5-14)			
Health Status at Facilities Not Serving Highly Susceptible Population	Action by Person In Charge	Conditions of Exclusions or Restrictions for Diagnoses	
Diagnosed with illness due to Present Condition:	Restrict or Exclude Status	When to Reinstate Diagnosed Exclusions Restrictions or Conditions of Restrictions	RA³ Approval Required?
• Salmonella Typhi (Typhoid Fever)	Exclude	With written medical documentation (i.e. medical clearance ⁵).	YES
• Shigella spp.⁴	Exclude⁴	Until 24 hours after symptoms resolve.	NO
	Restrict	Until 24 hours after symptoms resolve, and remains restricted until medically cleared ⁶ .	YES
• Norovirus⁴	Exclude⁴	Until 24 hours after symptoms resolve.	NO
	Restrict	24 hours after symptoms resolve and remains restricted until medically cleared, or more than 48 hours have passed after symptoms resolve.	YES
• Enterohemorrhagic (EHEC) or Shiga toxin-producing E coli (STEC)³	Exclude⁵	Until 24 hours after symptoms resolve.	NO
	Restrict	Until 24 hours after symptoms resolve, and remains restricted until medically cleared ⁷ .	YES
• Hepatitis A virus	Exclude If within 14 days of any symptom, or within 7 days of jaundice	The food employee has been jaundiced for more than 7 calendar days, or The infected food employee not jaundiced has had other symptoms of hepatitis A virus for more than 14 days, or The food employee provides medical documentation from a health practitioner stating that the food employee is free of a hepatitis A virus infection.	YES

Notes: ³RA means Regulatory Authority which is the **Georgia Department of Human Resources** and the **Local County Health Department** for reporting and reinstating an employee involving the five organisms listed.

⁴Regulatory Authority approval is not necessary for changing an employee status from Exclusion to Restriction for these illnesses but approval must be given by Regulatory Authority for lifting remaining restrictions involving illnesses due to these organisms.

⁵Please contact Epidemiology for guidance on medical clearance specific for S. Typhi.

⁶Exclusions for Shigella spp.; Norovirus; and Enterohemorrhagic (EHEC) or Shiga toxin-producing E coli are based on vomiting or diarrhea symptoms.

⁷Medical clearance for Shigella spp.; Enterohemorrhagic (EHEC) or Shiga toxin-producing E coli, is based on test results from a health practitioner showing 2 consecutive negative stool specimen cultures that are taken:

(a) Not earlier than 48 hours after discontinuance of antibiotics, and

(b) At least 24 hours apart.

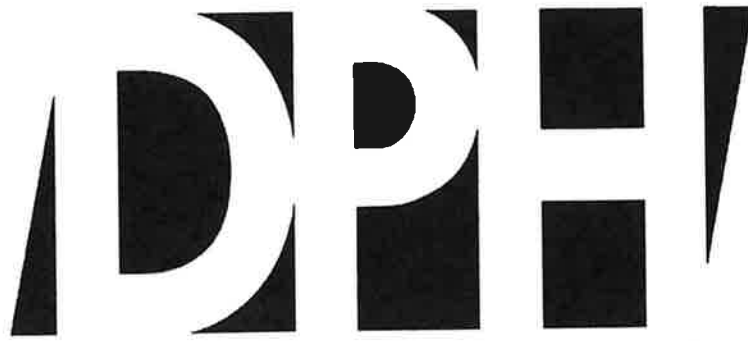
Employee Health Information

2007 Georgia Food Code 290-5-14(continued)			
Exclusions and Restrictions Rule .03(4)(g) & Removal of Exclusions and Restrictions Rule .03(4)(h)			
Suffers symptoms of illness due to:	Action by Person In Charge	Conditions of Exclusions or Restrictions for Symptoms	Regulatory Approval ² Required?
<ul style="list-style-type: none"> • Vomiting, or • Diarrhea 	Exclude	If symptom is from infectious condition Until there are no symptoms after 24 hours or medical documentation is provided that states employee is not infectious.	NO
	No Action	If symptom is from noninfectious condition Remove restriction if written medical documentation from a health practitioner states that the food employee meets one of the following conditions:	N/A
<ul style="list-style-type: none"> • Acute Onset of Sore Throat with Fever 	Restrict	Remove restriction if written medical documentation from a health practitioner states that the food employee meets one of the following conditions: (1) Has received antibiotic therapy for <i>Streptococcus Pyogenes</i> infection for more than 24 hours; (2) Has at least one negative throat specimen culture for <i>Streptococcus pyogenes</i> infection; or (3) Is otherwise determined by a health practitioner to be free of a <i>Streptococcus pyogenes</i> infection.	NO
<p><u>Suffers open or draining lesion or wound and not protected as specified in Rule .03 Subsection (4) (h) 8 on page 38 of the 2007 Georgia Food Code Chapter 290-5-14.</u></p> <p>Further reference: 2-201.12(H) of the 2005 FDA Food Code.</p>	Restrict	Remove restriction if the skin, infected wound, cut, or pustular boil is properly covered with one of the following: (1) An impermeable cover such as a finger cot or stall and a single-use glove over the impermeable cover if the infected wound or pustular boil is on the hand, finger, or wrist; or (2) An impermeable cover on the arm if the infected wound or pustular boil is on the arm; or (3) A dry, durable, tight-fitting bandage if the infected wound or pustular boil is on another part of the body.	NO
<p><u>Suffers symptom of Jaundice:</u></p> <ul style="list-style-type: none"> • Onset <u>within</u> last 7 days 	Exclude	Unless the food employee provides to the person in charge written medical documentation from a health practitioner specifying that the jaundice is not caused by hepatitis A virus or other fecal-orally transmitted infection.	See Approval Requirement for Hepatitis A

Employee Health Information

Common Symptoms⁹ of Illnesses that are Transmittable through Food	
Salmonella Typhi (Typhoid Fever)	<ul style="list-style-type: none"> • Dramatic onset of sustained fever • Marked headache • Lack of energy and appetite • Slow heart rate • Enlarged spleen and nonproductive cough. Enlarged spleen symptoms include: feeling full prematurely when eating, hiccups, and upper left side abdominal pain. • Some persons develop rose spots on skin on body trunk and suffer constipation.
Shigella spp.	<ul style="list-style-type: none"> • Abdominal pain • Diarrhea • Fever • Nausea • Cramps • Occasional vomiting • Pale skin color due to low red cell blood count • Often feeling the need to have bowel movements that are painful and often nonproductive. Stools typically contain blood or mucus.
Norovirus	<ul style="list-style-type: none"> • Acute onset explosive (projectile) vomiting • Watery diarrhea • Abdominal cramps • Occasionally low grade fever
Enterohemorrhagic (EHEC) or Shiga toxin-producing E coli (STEC)	<ul style="list-style-type: none"> • Severe abdominal pain • Diarrhea. Diarrhea may be mild and nonbloody or virtually all blood. • Occasional vomiting
Hepatitis A virus	<ul style="list-style-type: none"> • Nausea • Vomiting • Diarrhea • Abdominal pain • Fever • Fatigue • Jaundice (usually occurs 5-7 days after other symptoms) • Dark urine or light colored stools.

Note: ⁹This list is not all-inclusive. This is only a partial list of the most common symptoms, in simplified terms that would reasonably and likely be found in the workforce to assist non-medically trained persons. Only a medical practitioner can make a diagnosis.



Georgia Department of Public Health
Environmental Health Section

Rules and Regulations

Food Service

Chapter 511-6-1



Revised 09/16/2020

We Protect Lives.

511-6-1-.03 Management and Personnel

(1) Demonstration of Knowledge. Based on the risk of foodborne illness inherent to the food service operation, during inspections and upon request, the person in charge shall demonstrate to the Health Authority knowledge of foodborne disease prevention, application of the Hazard Analysis Critical Control Point principles, and the requirements of this Chapter. The person in charge shall demonstrate this knowledge in one of the following ways:

(a) Compliance with Chapter. Complying with this Chapter by having no violations of Priority Items during the current inspection; ^{Pf}

(b) Certified Food Service Manager. Being a certified food service manager who has shown proficiency of required information through passing a test that is part of an accredited program; ^{Pf} or

(c) Correct Answers to Food Safety Questions. Responding correctly to the inspector's questions as they relate to the specific food operation. The areas of knowledge include:

1. Describing the relationship between the prevention of foodborne disease and the personal hygiene of a food employee; ^{Pf}
2. Explaining the responsibility of the person in charge for preventing the transmission of foodborne disease by a food employee who has a disease or medical condition that may cause foodborne disease; ^{Pf}
3. Describing the symptoms associated with the diseases that are transmissible through food; ^{Pf}
4. Explaining the significance of the relationship between maintaining the time and temperature of time/temperature control for safety food and the prevention of foodborne illness; ^{Pf}
5. Explaining the hazards involved in the consumption of raw or undercooked meat, poultry, eggs, and fish; ^{Pf}
6. Stating the required food temperatures and times for safe cooking of time/temperature control for safety food including meat, poultry, eggs, and fish; ^{Pf}
7. Stating the required temperatures and times for the safe refrigerated storage, hot holding, cooling, and reheating of time/temperature control for safety food; ^{Pf}
8. Describing the relationship between the prevention of foodborne illness and the management and control of the following:
 - (i) Cross contamination; ^{Pf}
 - (ii) Hand contact with ready-to-eat foods; ^{Pf}
 - (iii) Handwashing, and ^{Pf}
 - (iv) Maintaining the food service establishment in a clean condition and in good repair; ^{Pf}

Rule -.03(1)(c)

9. Describing foods identified as major food allergens and the symptoms major food allergen could cause in a sensitive individual who has an allergic reaction; ^{Pf}
10. Explaining the relationship between food safety and providing equipment that is:
- (i) Sufficient in number and capacity, and ^{Pf}
 - (ii) Properly designed, constructed, located, installed, operated, maintained, and cleaned; ^{Pf}
11. Explaining correct procedures for cleaning and sanitizing utensils and food-contact surfaces of equipment; ^{Pf}
12. Identifying the source of water used and measures taken to ensure that it remains protected from contamination such as providing protection from backflow and precluding the creation of cross connections; ^{Pf}
13. Identifying poisonous or toxic materials in the food service establishment and the procedures necessary to ensure that they are safely stored, dispensed, used, and disposed of according to law; ^{Pf}
14. Identifying critical control points in the operation from purchasing through sale or service that when not controlled may contribute to the transmission of foodborne illness and explaining steps taken to ensure that the points are controlled in accordance with the requirements of this Chapter; ^{Pf}
15. Explaining the details of how the person in charge and food employees comply with the HACCP plan if a plan is required by the law, this Chapter, or an agreement between the Health Authority and the food service establishment; ^{Pf}
16. Explaining the responsibilities, rights, and authorities assigned by this Chapter to the:
- (i) Food employee, ^{Pf}
 - (ii) Conditional employee, ^{Pf}
 - (iii) Person in charge, ^{Pf}
 - (iv) Health Authority; ^{Pf} and
17. Explaining how the person in charge, food employees, and conditional employees comply with reporting responsibilities and exclusion or restriction of food employees. ^{Pf}
- (2) Responsibilities of the Person in Charge (PIC).** There must be a person in charge on the premises of the food service establishment at all times. The person in charge shall ensure compliance with the following:
- (a) Operations Not Conducted in Private Home.** Food service establishment operations are not conducted in a private home or in a room used as living or sleeping quarters; ^{Pf}

Rule -.03(2)

(b) Authorized Personnel Access. Persons unnecessary to the food service establishment operation are not allowed in the food preparation, food storage, or warewashing areas, except that brief visits and tours may be authorized by the person in charge if steps are taken to ensure that exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles are protected from contamination;
Pf

(c) Authorized Persons Compliance. Employees and other persons such as delivery and maintenance persons and pesticide applicators entering the food preparation, food storage, and warewashing areas comply with this Chapter; Pf

(d) Employee Handwashing. Employees are effectively cleaning their hands, by routinely monitoring the employees' handwashing; Pf

(e) Monitoring of Receiving. Employees are visibly observing and verifying delivered foods as they are received to determine that they are from approved sources and are placed into appropriate storage locations, as required by this Chapter, such that they are received and maintained at the required temperatures, protected from contamination, unadulterated, and accurately presented, by routinely monitoring the employees' observations, maintaining receiving/corrective action records for deliveries during non-operating hours, and periodically evaluating foods upon their receipt as specified within DPH Rule 511-6-1-.04(3)(m); Pf

(f) Proper Cooking Techniques. Employees are properly cooking cold/hot holding, and reheating for hot holding time/temperature control for safety food, being particularly careful in cooking, reheating, and holding those foods known to cause severe foodborne illness and death, such as eggs and comminuted meats, through daily oversight of the employees' routine monitoring of the cooking, holding, and reheating for hot holding temperatures using appropriate temperature measuring devices properly scaled and calibrated. Pf

(g) Proper Cooling Methods. Employees are using proper methods to rapidly cool time/temperature control for safety food, that are not held hot or are not for consumption within four hours, through daily oversight of the employees' routine monitoring of food temperatures during cooling; Pf

(h) Consumer Food Safety. Consumers who order raw or partially cooked ready-to-eat foods of animal origin are informed that the food is not cooked sufficiently to ensure its safety; Pf

(i) Proper Sanitizing. Employees are properly sanitizing cleaned multiuse equipment and utensils before they are reused, through routine monitoring of solution temperature and exposure time for hot water sanitizing, and chemical concentration, pH, temperature, and exposure time for chemical sanitizing; Pf

(j) Clean Tableware. Consumers are notified that clean tableware is to be used when they return to self-service areas such as salad bars and buffets; Pf

(k) Bare Hand Contact. Unless the conditions specified in DPH Rule 511-6-1-.04(4)(a)4 are met, employees are preventing cross-contamination of ready-to-eat food with bare hands by properly using suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment; Pf

(l) Food Safety Training. Employees are properly trained in food safety, including food allergy awareness, as it relates to their assigned duties; Pf

Rule -.03(2)

(m) Reporting Responsibilities. Food employees and conditional employees are informed in a verifiable manner of their responsibility to report in accordance with the Chapter, to the person in charge, information about their health and activities as they relate to diseases that are transmissible through food; ^{Pf} and

(n) Imminent Health Hazard. If an imminent health hazard exists because of an emergency such as a fire, flood, interruption of electrical or water service for two or more hours, sewage malfunction, misuse of poisonous or toxic materials, onset of an apparent foodborne illness outbreak, gross unsanitary occurrence or condition, or other circumstances that may endanger public health, then operations are immediately discontinued and the Health Authority is notified. ^P However, establishments may continue to operate under an emergency operation plan that has been approved by the Health Authority prior to the occurrence of such emergency events. ^{Pf}

(o) Procedures and Plans. Written procedures and plans, where specified by this Chapter and as developed by the food service establishment, are maintained and implemented as required. ^{Pf}

(3) Certified Food Safety Manager.

(a) Food Safety Manager Certification. Food service establishments shall have in its employ a Certified Food Safety Manager (CFSM) as specified in paragraph (b) of this subsection to ensure food safety is being managed within the food service establishment during all hours of operation as specified within paragraph (d) of this subsection. ^{Pf}

(b) Certification Requirements/Exemptions. At least one employee that has supervisory and management responsibility and the authority to direct and control food preparation and service shall be a certified food safety manager who has shown proficiency of required information through passing a test that is part of an accredited program that conforms to the national standards for organizations that certify individuals. Certified Food Safety Managers must be designated to one food service establishment only and maintain and renew certification in accordance with the requirements of the examination taken.

1. The following operations are not required to have a certified owner or manager:

(i) A mobile food service unit that does not process foods;

(ii) Food service establishments that serve non-time/temperature control for safety food that requires limited preparation, or those time/temperature control for safety foods which have been previously prepared in a permitted food service establishment; and

(iii) Temporary food service establishments in accordance with DPH Rule 511-6-1-.08(2)(a).

2. A food service establishment will have sixty days from the date of initial permit issuance, change of ownership permit issuance, or termination of employment of its CFSM to employ a new CFSM.

3. A food service establishment that operates without a CFSM shall notify the Health Authority within thirty days of the date that the establishment ceases to employ a CFSM with the name and certification number of the former CFSM and measures being taken to designate a new CFSM. Measures shall include:

(i) Hiring a new CFSM;

Rule -.03(3)(b)3

- (ii) Designating an existing employee who is enrolled in an approved CFSM training course; or
- (iii) Hiring a new employee who is enrolled in an approved CFSM training course.

(c) Certification Documentation.

1. The original CFSM certificate shall be posted in public view in each food service establishment. An additional copy shall be retained on file at the food service establishment at all times, and shall be made available for inspection by the Health Authority.

2. A CFSM certificate which has expired, been revoked or suspended shall not be posted in the food service establishment.

3. All licenses, certificates, diplomas, or other similar credentials issued or granted to an owner or operator who has successfully completed an approved or accredited food safety certification course and exam shall expire on the expiration date determined by the credentialing organization. Within ninety days of the expiration of the CFSM certificate, the CFSM shall enroll in an approved food safety training course, pass an approved exam and obtain a new certificate.

4. The certification is not transferable between persons.

(d) Certified Food Safety Manager Responsibility.

1. The responsibility of the CFSM shall include the safety of food preparation and service by ensuring that all employees who handle, or have responsibility for handling, unpackaged foods of any kind, have sufficient knowledge of safe preparation and service of the food. The nature and extent of the knowledge that each employee is required to have may be tailored, as appropriate, to the employee's duties related to food safety issues.

2. The CFSM shall:

(i) Be the person-in-charge while on the premises of the food service establishment and shall designate someone else to be the person in charge when not on the premises;

(ii) Supervise and instruct food service employees in the techniques of sanitary food handling and proper maintenance of the facility;

(iii) Offer a training program for all food service employees to satisfy employee proficiency in their job responsibilities for food safety;

(iv) Communicate with representatives of the Health Authority about the effectiveness of employee training programs; and

(v) Assess training needs of the food service employees and request formal training as needed.

(4) Employee Health.

(a) Requirement to Report Symptoms, Diagnosis and History of Exposure. The permit holder shall require food employees and conditional employees to report to the CFSM and person in charge, information

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about their health and activities as they relate to diseases that are transmissible through food. A food employee or conditional employee shall report the information in a manner that allows the CFSM and person in charge to reduce the risk of foodborne disease transmission, including providing necessary additional information, such as the date of onset of symptoms and an illness, or of a diagnosis without symptoms, if the food employee or conditional employee:

1. Has any of the following symptoms:

- (i) Vomiting,^P
- (ii) Diarrhea,^P
- (iii) Jaundice,^P
- (iv) Sore throat with fever,^P or
- (v) A lesion containing pus such as a boil or infected wound that is open or draining and is:
 - (I) On the hands or wrists, unless an impermeable cover such as a finger cot or stall protects the lesion and a single-use glove is worn over the impermeable cover,^P
 - (II) On exposed portions of the arms, unless the lesion is protected by an impermeable cover,^P or
 - (III) On other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage;^P

2. Has an illness diagnosed by a health practitioner due to:

- (i) Norovirus,^P
- (ii) Hepatitis A virus,^P
- (iii) *Shigella spp.*,^P
- (iv) Shiga toxin-producing *Escherichia coli*,^P
- (v) typhoid fever (caused by *Salmonella Typhi*);^P or
- (vi) nontyphoidal *Salmonella*;^P

3. Had typhoid fever (caused by *Salmonella Typhi*), diagnosed by a health practitioner, within the past three months, without having received antibiotic therapy as determined by a health practitioner;^P

4. Had been exposed to, or is the suspected source of, a confirmed disease outbreak, because the food employee or conditional employee consumed or prepared food implicated in the outbreak, or consumed food at an event prepared by a person who is infected or ill with:

- (i) Norovirus within the past 48 hours of the last exposure,^P

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- (ii) Shiga toxin-producing *Escherichia coli*, or *Shigella* spp. within the past three days of the last exposure,^P
- (iii) typhoid fever (caused by *Salmonella Typhi*) within the past 14 days of the last exposure,^P or
- (iv) Hepatitis A virus within the past 30 days of the last exposure;^P or

5. Has been exposed by attending or working in a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual who works or attends a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual diagnosed with an illness caused by:

- (i) Norovirus within the past 48 hours of the last exposure,^P
- (ii) Shiga toxin-producing *Escherichia coli*, or *Shigella* spp. within the past three days of the last exposure,^P
- (iii) typhoid fever (caused by *Salmonella Typhi*) within the past 14 days of the last exposure,^P or
- (iv) Hepatitis A virus within the past 30 days of the last exposure.^P

(b) Responsibility of Person in Charge to Notify the Health Authority. The CFSSM or person in charge shall notify the Health Authority when a food employee is:

1. Jaundiced,^{Pf} or
2. Diagnosed with an illness due to Norovirus, Hepatitis A virus, *Shigella* spp., Shiga toxin-producing *Escherichia coli*, or typhoid fever (caused by *Salmonella Typhi*).^P

(c) Person in Charge's Responsibility to Prohibit a Symptomatic Conditional Employee. The person in charge shall ensure that a conditional employee:

1. Who exhibits or reports a symptom, or who reports a diagnosed illness as specified under subsection (4)(a)1 - 3 of this Rule, is prohibited from becoming a food employee until the conditional employee meets the criteria for the specific symptoms or diagnosed illness as specified under subsection (4)(h) of this Rule;^P and
2. Who will work as a food employee in a food service establishment that serves as a highly susceptible population and reports a history of exposure as specified under subsections (4)(a)4 and 5 of this Rule, is prohibited from becoming a food employee until the conditional employee meets the criteria as specified under subsection (4)(h)10 of this Rule.^P

(d) Person In Charge's Responsibility to Exclude or Restrict a Symptomatic Employee. The person in charge shall ensure that a food employee who exhibits or reports a symptom, or who reports a diagnosed illness or a history of exposure as specified under subsections (4)(a)1 through 5 of this Rule is excluded or restricted and in compliance with a removal, adjustment or retention of an exclusion or restriction.^P

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(e) Responsibility of Food Employee and Conditional Employee to Report. A food employee or conditional employee shall report to the person in charge the information as specified under subsection (4)(a) of this Rule. ^{Pf}

(f) Responsibility of Food Employee to Comply. A food employee shall comply with an exclusion or restriction and with a removal, adjustment or retention of an exclusion or restriction. ^P

(g) Exclusions and Restrictions. The person in charge shall exclude or restrict a food employee, from a food service establishment in accordance with the following:

1. Except when the symptom is from a noninfectious condition, exclude a food employee if the food employee is:

(i) Symptomatic with vomiting or diarrhea; ^P or

(ii) Symptomatic with vomiting or diarrhea and diagnosed with an infection from Norovirus, *Shigella* spp., nontyphoidal *Salmonella*, or Shiga toxin-producing *Escherichia coli*. ^P

2. Exclude a food employee who is:

(i) Jaundiced and the onset of jaundice occurred within the last seven calendar days, unless the food employee provides to the person in charge written medical documentation from a health practitioner specifying that the jaundice is not caused by hepatitis A virus or other fecal-orally transmitted infection; ^P

(ii) Diagnosed with an infection from hepatitis A virus within 14 calendar days from the onset of any illness symptoms, or within seven calendar days of the onset of jaundice; ^P or

(iii) Diagnosed with an infection from hepatitis A virus without developing symptoms. ^P

3. Exclude a food employee who is diagnosed with typhoid fever (caused by *Salmonella Typhi*), or reports a previous diagnosis of typhoid fever (caused by *Salmonella Typhi*) within the past three months, without having received antibiotic therapy. ^P

4. Exclude a food employee that works in a food service establishment serving a highly susceptible population who is:

(i) Diagnosed with an infection from Norovirus and is asymptomatic; ^P

(ii) Diagnosed with an infection from *Shigella* spp. and is asymptomatic; ^P

(iii) Diagnosed with an infection from Shiga toxin-producing *E. coli*, and is asymptomatic; ^P or

(iv) Ill with symptoms of acute onset of sore throat with fever. ^P

5. Restrict a food employee that works in a food service establishment not serving a highly susceptible population who is:

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- (i) Diagnosed with an infection from Norovirus and is asymptomatic; ^P
 - (ii) Diagnosed with an infection from *Shigella* spp. and is asymptomatic; ^P
 - (iii) Diagnosed with an infection from Shiga toxin-producing *E. coli*, and is asymptomatic; ^P or
 - (iv) Ill with symptoms of acute onset of sore throat with fever. ^P
6. Restrict a food employee that is infected with a skin lesion containing pus such as a boil or infected wound that is open or draining and not properly covered. ^P
7. Restrict a food employee that is exposed to a foodborne pathogen as specified under subsections (4)(a)4 or 5 of this Rule, if the food employee who works in a food service establishment serving a highly susceptible population. ^P
8. Restrict a food employee that is diagnosed with an infection from nontyphoidal *Salmonella* and is asymptomatic who works in a food service establishment serving a highly susceptible population or in a food service establishment not serving a highly susceptible population.

(h) Removal, Adjustment, or Retention of Exclusions and Restrictions. The person in charge may remove, adjust, or retain the exclusion or restriction of a food employee according to the following conditions:

1. Except when a food employee is diagnosed with an infection from hepatitis A virus or typhoid fever (caused by *Salmonella Typhi*):

(i) Reinstate a food employee who was excluded for being symptomatic with vomiting or diarrhea if the food employee:

(I) Is asymptomatic for at least 24 hours; ^P or

(II) Provides to the person in charge written medical documentation from a health practitioner that states the symptom is from a noninfectious condition. ^P

(ii) If a food employee was diagnosed with an infection from Norovirus, and excluded for being symptomatic with vomiting or diarrhea:

(I) Restrict the food employee, who is asymptomatic for at least 24 hours and works in a food service establishment not serving a highly susceptible population, until the conditions for reinstatement as specified under paragraphs 4(i) or (ii) of this subsection are met; ^P or

(II) Retain the exclusion for the food employee, who is asymptomatic for at least 24 hours and works in a food service establishment that serves a highly susceptible population, until the conditions for reinstatement as specified under paragraphs 4(i) or (ii) of this subsection are met. ^P

(iii) If a food employee was diagnosed with an infection from *Shigella*, and excluded for being symptomatic with vomiting or diarrhea:

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(I) Restrict the food employee who is asymptomatic for at least 24 hours and works in a food service establishment not serving a highly susceptible population, until the conditions for reinstatement as specified under paragraphs 5(i) or (ii), of this subsection are met; ^P or

(II) Retain the exclusion for the food employee, who is asymptomatic for at least 24 hours and works in a food service establishment that serves a highly susceptible population, until the conditions for reinstatement as specified under paragraphs 5(i) or (ii), or 5(i) and 1(iii)(I) of this subsection are met. ^P

(iv) If a food service employee was diagnosed with an infection from Shiga toxin-producing *Escherichia coli* and excluded for being symptomatic with vomiting or diarrhea:

(I) Restrict the food service employee, who is asymptomatic for at least 24 hours and works in a food service establishment not serving a high susceptible population, until the conditions for reinstatement as specified under paragraphs 6(i) or (ii) of this section are met; ^P or

(II) Retain the exclusion for the food employee who is asymptomatic for at least 24 hours and works in a food service establishment that serves a highly susceptible population, until the conditions for reinstatement as specified under paragraphs (6)(i) or (ii) of this subsection are met. ^P

(v) If food employee was diagnosed with an infection from nontyphoidal *Salmonella* and excluded for being symptomatic with vomiting or diarrhea:

(I) Restrict the food employee who is asymptomatic for at least 30 days until conditions for reinstatement specified under paragraphs (7)(i) or (ii) of this subsection are met. ^P

(II) Retain the exclusion for the food employee who is symptomatic, until conditions for reinstatement under paragraphs (7)(i) or (ii) of this subsection are met. ^P

2. Reinstatement a food employee who was excluded as specified under paragraph (4)(g)2 of this Rule if the person in charge obtains approval from the Health Authority and one of the following conditions is met:

(i) The food employee has been jaundiced for more than seven calendar days; ^P

(ii) The anicteric food employee has been symptomatic with symptoms other than jaundice for more than 14 calendar days; ^P or The food employee provides to the person in charge written medical documentation from a health practitioner stating that the food employee is free of a hepatitis A virus infection. ^P

3. Reinstatement a food employee who was excluded for a diagnosis of typhoid fever (caused by *Salmonella Typhi*), or a previous infection of typhoid fever within the past 3 months without receiving antibiotic treatment if:

(i) The person in charge obtains approval from the Health Authority; ^P and

(ii) The food employee provides to the person in charge written medical documentation from a health practitioner that states the food employee is free from typhoid fever (caused by *Salmonella Typhi*). ^P

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4. Reinstate a food employee who was excluded for being symptomatic with Norovirus or asymptomatic with Norovirus and working in a food service establishment serving a highly susceptible population or who was restricted for being asymptomatic with Norovirus in a food service establishment not serving a highly susceptible population if the person in charge obtains approval from the Health Authority and one of the following conditions is met:

(i) The excluded or restricted food employee provides to the person in charge written medical documentation from a health practitioner stating that the food employee is free of a Norovirus infection; ^P

(ii) The food employee was excluded or restricted after symptoms of vomiting or diarrhea resolved, and more than 48 hours have passed since the food employee became asymptomatic; ^P or

(iii) The food employee was excluded or restricted and did not develop symptoms and more than 48 hours have passed since the food employee was diagnosed. ^P

5. Reinstate a food employee who was excluded for being symptomatic with *Shigella* or asymptomatic with *Shigella* and working in a food service establishment serving a highly susceptible population or who was restricted for being asymptomatic with *Shigella* in a food service establishment not serving a highly susceptible population if the person in charge obtains approval from the Health Authority and one of the following conditions is met:

(i) The excluded or restricted food employee provides to the person in charge written medical documentation from a health practitioner stating that the food employee is free of a *Shigella* spp. infection based on test results showing two consecutive negative stool specimen cultures that are taken:

(I) Not earlier than 48 hours after discontinuance of antibiotics, ^P and

(II) At least 24 hours apart; ^P

(ii) The food employee was excluded or restricted after symptoms of vomiting or diarrhea resolved, and more than seven calendar days have passed since the food employee became asymptomatic; ^P or

(iii) The food employee was excluded or restricted and did not develop symptoms and more than seven calendar days have passed since the food employee was diagnosed. ^P

6. Reinstate a food employee who was excluded for being symptomatic with Shiga toxin-producing *Escherichia coli* or asymptomatic with Shiga toxin-producing *Escherichia coli* and working in a food service establishment serving a highly susceptible population or who was restricted for being asymptomatic with Shiga toxin-producing *Escherichia coli* in a food service establishment not serving a highly susceptible population if the person in charge obtains approval from the Health Authority and one of the following conditions is met:

(i) The excluded or restricted food employee provides to the person in charge written medical documentation from a health practitioner stating that the food employee is free of an infection from Shiga toxin-producing *Escherichia coli* based on test results that show two consecutive negative stool specimen cultures that are taken:

(I) Not earlier than 48 hours after discontinuance of antibiotics; ^P and

(II) At least 24 hours apart; ^P

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(ii) The food employee was excluded or restricted after symptoms of vomiting or diarrhea resolved and more than seven calendar days have passed since the food employee became asymptomatic; ^P or

(iii) The food employee was excluded or restricted and did not develop symptoms and more than seven days have passed since the food employee was diagnosed. ^P

7. Reinstate a food employee who was excluded for being symptomatic with nontyphoidal *Salmonella* or who was restricted for being asymptomatic with nontyphoidal *Salmonella* and working in a Highly

Susceptible Population or a food service establishment not serving a Highly Susceptible Population if the Person in Charge obtains approval from the Health Authority and one of the following conditions is met:

(i) The excluded or restricted food employee provides to the Person in Charge written medical documentation from a health practitioner stating that the food employee is free of a nontyphoidal *Salmonella* infection based on test results showing 2 consecutive negative stool specimen cultures that are taken;

(I) Not earlier than 48 hours after discontinuance of antibiotics, ^P and

(II) At least 24 hours apart; ^P

(ii) The food employee was restricted after symptoms of vomiting or diarrhea resolved, and more than 30 days have passed since the food employee became asymptomatic: ^P or

(iii) The food employee was excluded or restricted and did not develop symptoms and more than 30 days have passed since the food employee was diagnosed.

8. Reinstate a food employee who was excluded or restricted for being ill with symptoms of acute onset of sore throat with fever if the food employee provides to the person in charge written medical documentation from a health practitioner stating that the food employee meets one of the following conditions:

(i) Has received antibiotic therapy for *Streptococcus pyogenes* infection for more than 24 hours; ^P

(ii) Has at least one negative throat specimen culture for *Streptococcus pyogenes* infection; ^P or

(iii) Is otherwise determined by a health practitioner to be free of a *Streptococcus pyogenes* infection. ^P

9. Reinstate a food employee who was restricted for a skin lesion containing pus such as a boil or infected wound that was open and draining if the skin, infected wound, cut, or pustular boil is properly covered with one of the following:

(i) An impermeable cover such as a finger cot or stall and a single-use glove over the impermeable cover if the infected wound or pustular boil is on the hand, finger, or wrist; ^P

(ii) An impermeable cover on the arm if the infected wound or pustular boil is on the arm; ^P or

(iii) A dry, durable, tight-fitting bandage if the infected wound or pustular boil is on another part of the body. ^P

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10. Reinstate a food employee who was restricted in a food service establishment serving a highly susceptible population due to exposure to one of the following pathogens as specified under subsection (4)(a)4 or 5 of this Rule:

(i) Norovirus and one of the following conditions is met:

(I) More than 48 hours have passed since the last day the food employee was potentially exposed; ^P or

(II) More than 48 hours have passed since the food employee's household contact became symptomatic. ^P

(ii) *Shigella spp.* or Shiga toxin-producing *Escherichia coli* and one of the following conditions is met:

(I) More than three calendar days have passed since the last day the food employee was potentially exposed; ^P or

(II) More than three calendar days have passed since the food employee's household contact became asymptomatic. ^P

(iii) *S. Typhi* and one of the following conditions is met:

(I) More than 14 calendar days have passed since the last day the food employee was potentially exposed; ^P or

(II) More than 14 calendar days have passed since the food employee's household contact became asymptomatic. ^P

(iv) Hepatitis A virus and one of the following conditions is met:

(I) The food employee is immune to hepatitis A virus infection because of a prior illness from hepatitis A;

(II) The food employee is immune to hepatitis A virus infection because of vaccination against hepatitis A; ^P

(III) The food employee is immune to hepatitis A virus infection because of IgG administration; ^P

(IV) More than 30 calendar days have passed since the last day the food employee was potentially exposed; ^P

(V) More than 30 calendar days have passed since the food employee's household contact became jaundiced; ^P or

(IV) The food employee does not use an alternative procedure that allows bare hand contact with ready-to-eat food through a variance until at least 30 days after the potential exposure, and the food employee receives additional training about:

I. Hepatitis A symptoms and preventing the transmission of infection, ^P

II. Proper handwashing procedures, ^P and

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III. Protecting ready-to-eat food from contamination introduced by bare hand contact. ^P

(5) Personal Cleanliness:

(a) Clean Condition. Food employees shall keep their hands and exposed portions of their arms clean. ^P

(b) Cleaning Procedure.

1. Except as specified in paragraph 4 of this subsection, food employees shall clean their hands and exposed portions of their arms, including surrogate prosthetic devices for hands or arms, for at least 20 seconds, using a cleaning compound in a handwashing sink that is properly equipped. ^P

2. Food employees shall use the following cleaning procedure in the order stated to clean their hands and exposed portions of their arms, including surrogate prosthetic devices for hands and arms:

(i) Rinse under clean, running warm water; ^P

(ii) Apply an amount of cleaning compound recommended by the cleaning compound manufacturer; ^P

(iii) Rub together vigorously for at least 10 to 15 seconds while:

(I) Paying particular attention to removing soil from underneath the fingernails during the cleaning procedure, ^P and

(II) Creating friction on the surfaces of the hands and arms or surrogate prosthetic devices for hands and arms, finger tips, and areas between the fingers; ^P

(iv) Thoroughly rinse under clean, running warm water; ^P and

(v) Immediately follow the cleaning procedure with thorough drying using disposable paper towels, a continuous towel system, or a heated-air hand drying device. ^P

3. To avoid recontaminating their hands or surrogate prosthetic devices, food employees may use disposable paper towels or similar clean barriers when touching surfaces such as manually operated faucet handles on a handwashing sink or the handle of a restroom door.

4. If approved and capable of removing the types of soils encountered in the food operations involved, an automatic handwashing facility may be used by food employees to clean their hands or surrogate prosthetic devices.

(c) When to Wash.

1. Food employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparation including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles ^P and:

(i) After touching bare human body parts other than clean hands and clean, exposed arms; ^P

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- (ii) After using the toilet room; ^P
 - (iii) After caring for or handling service animals or aquatic animals; ^P
 - (iv) After coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, eating, or drinking, except for drinking from a closed beverage container and the container is handled to prevent contamination of the hands; ^P
 - (v) After handling soiled equipment or utensils; ^P
 - (vi) During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; ^P
 - (vii) When switching between working with raw food and working with ready-to-eat food; ^P
 - (viii) Before donning gloves to initiate a task that involves working with food; ^P and
 - (ix) After engaging in other activities that contaminate the hands. ^P
2. All employees shall wash hands before leaving the restroom. All food employees leaving the restroom shall wash their hands again upon re-entering the food preparation area. ^P

(d) Where to Wash. Food employees shall clean their hands in a handwashing sink or approved automatic handwashing facility and may not clean their hands in a sink used for food preparation or warewashing, or in a service sink or curbed cleaning facility used for the disposal of mop water and similar liquid waste. ^{Pf}

(e) Hand Antiseptics.

1. A hand antiseptic used as a topical application, a hand antiseptic solution used as a hand dip, or a hand antiseptic soap shall:

(i) Comply with one of the following:

(I) Be an approved drug that is listed in the FDA publication, "Approved Drug Products with Therapeutic Equivalence Evaluations" as an approved drug based on safety and effectiveness, ^{Pf} or

(II) Have active antimicrobial ingredients that are listed in the FDA monograph for OTC Health-Care Antiseptic Drug Products as an antiseptic handwash, ^{Pf} and

(ii) Consist only of components which the intended use of each complies with one of the following:

(I) A threshold of regulation exemption as specified in 21 CFR 170.39 - Threshold of regulation for substances used in food-contact articles, ^{Pf} or

(II) 21 CFR 178 - Indirect Food Additives: Adjuvants, Production Aids, and Sanitizers as regulated for use as a food additive with conditions of safe use, ^{Pf} or

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(III) A determination of generally recognized as safe (GRAS). Partial listings of substances with food uses that are GRAS may be found in 21 CFR 182 – Substances Generally Recognized as Safe, 21 CFR 184 - Direct Food Substances Affirmed as Generally Recognized as Safe, or 21 CFR 186 – Indirect Food Substances Affirmed as Generally Recognized as Safe for use in contact with food; and in FDA's Inventory of GRAS Notices, ^{Pf} or

(IV) A prior sanction listed under 21 CFR 181 – Prior Sanctioned Food Ingredients, ^{Pf} or

(V) A Food Contact Notification that is effective, ^{Pf} and

(iii) Be applied only to hands that are clean. ^{Pf}

2. If a hand antiseptic or a hand antiseptic solution used as a hand dip does not meet the criteria specified under paragraph 1(ii) of this subsection, use shall be:

(i) Followed by thorough hand rinsing in clean water before hand contact with food or by the use of gloves; ^{Pf} or

(ii) Limited to situations that involve no direct contact with food by the bare hands. ^{Pf}

3. A hand antiseptic solution used as a hand dip shall be maintained clean and at a strength equivalent to at least 100 mg/L chlorine. ^{Pf}

(f) Fingernails. Employees shall keep their fingernails clean and trimmed to no longer than the tips of the fingers. ^{Pf} Unless wearing gloves in good repair, a food employee may not wear fingernail polish or artificial fingernails when working with exposed food. ^{Pf}

(g) Jewelry. Except for a plain ring such as a wedding band food employees may not wear jewelry including medical information jewelry on their arms and hands while preparing food.

(h) Clothing. The outer layer of clothing of all employees shall be clean. Food employees shall wear clean outer clothing to prevent contamination of food, equipment, utensils, linen, and single-service and single-use articles.

(i) Hair Restraints.

1. Employees preparing or handling food shall use effective and clean, disposable or easily cleanable nets or other hair restraints approved by the Health Authority, worn properly to restrain loose hair including beards and mustaches longer than one half inch.

2. This does not apply to employees such as counter staff who only serve beverages and wrapped or packaged foods, hostesses, and wait staff if they present a minimal risk of contaminating exposed food, clean utensils and linens and unwrapped single-service and single-use articles.

(j) Hygienic Practices.

1. Employees shall not use tobacco in any form, or electronic devices that simulate tobacco smoking, while engaged in food preparation or service, nor while in areas used for equipment or utensil washing and

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storage, food preparation or food storage. Employees shall only use tobacco products or electronic devices that simulate tobacco smoking in approved designated areas.

2. Employees shall consume food only in approved designated areas separate from food preparation and serving areas, equipment or utensil areas and food storage areas. However, drinking from a single service beverage cup with a secure lid and straw that is handled to prevent contamination of the employee's hands, the container, exposed food, clean equipment, utensils and linens, unwrapped single-service and single-use articles will be allowed.
3. Employees shall handle soiled tableware in a way that minimizes contamination of their hands.
4. Employees shall maintain a high degree of personal cleanliness and shall use good hygienic practices during all working periods in the food service establishment.
5. Food employees experiencing persistent sneezing, coughing, or runny nose that cause discharges from the eyes, nose, or mouth may not work with exposed food; clean equipment; utensils, and linens; or unwrapped single-service articles.
6. Food employees may not care for or handle animals that may be present such as patrol dogs, service animals, or pets that are allowed as specified in DPH Rule 511-6-1-.07(5)(o)2(ii) through (vi).^{PF} Food employees with service animals may handle or care for their service animal and food employees may handle or care for fish in aquariums or molluscan shellfish or crustacean in display tanks if they wash their hands as specified in this Rule.

(6) Responding to Contamination Events. A food establishment shall have procedures for employees to follow when responding to vomiting or diarrheal events that involve the discharge of vomitus or fecal matter onto surfaces in the food service establishment. The procedures shall address the specific actions employees must take to minimize the spread of contamination and the exposure of employees, consumers, food, and surfaces to vomitus or fecal matter.^{PF}

Authority O.C.G.A. 26-2-373, 31-2A-6. Administrative History. Original Rule entitled "Permits Required" was filed and effective on July 19, 1965 as 270-5-6-.03. Amended: Rule repealed and a new Rule entitled "Food Supplies" adopted. Filed January 24, 1967; effective February 12, 1967. Amended: Rule renumbered as 290-5-14-.03. Filed June 10, 1980; effective June 30, 1980. Amended: Rule repealed and a new Rule entitled "Food Care" adopted. Filed July 10, 1986; effective July 30, 1986. Amended: Rule repealed and a new Rule of the same title adopted. Filed July 11, 1995; effective July 31, 1995. Amended: Rule repealed and a new rule entitled "Management and Personnel" adopted. Filed Jan. 26, 2006; effective Feb. 15, 2006. Amended: Rule repealed and a new rule of same title adopted. Filed Jan. 24, 2007; effective Feb. 13, 2007. Amended: Rule repealed and a new rule of same title adopted. Filed August 23, 2007; effective Sept. 12, 2007. Amended: Rule repealed and new rule of same title renumbered as 511-6-1 adopted. Effective October 29, 2015.

511-6-1-.04 Food

(1) **Condition.** Food shall be safe, unadulterated, and honestly presented. ^P

(2) **Source.**

(a) **Compliance with Food Law.**

1. Food shall be obtained from sources that comply with law. ^P

2. Food prepared in a private home or received from a consumer may not be used or offered for human consumption in a food service establishment. ^P

3. Packaged food shall be labeled as specified in law, including 21 CFR 101 Food Labeling, 9 CFR 317 Labeling, Marking Devices, and Containers, and 9 CFR 381 Subpart N Labeling and Containers, and as specified under subsections (3)(g) and (3)(h) of this Rule. ^{Pf}

4. Fish, other than molluscan shellfish, that are intended for consumption in their raw or undercooked form may be offered for sale or service in a food service establishment not serving a highly susceptible population if they are obtained from a supplier that freezes the fish to destroy parasites or frozen on the premises and records are retained.

5. Whole - muscle, intact beef steaks that are intended for consumption in an undercooked form without a consumer advisory shall be:

(i) Obtained from a food processing plant that, upon request by the purchaser, packages the steaks and labels them, to indicate that the steaks meet the definition of whole- muscle, intact beef, ^{Pf} or

(ii) Deemed acceptable by the Health Authority based on other evidence, such as written buyer specifications or invoices, that indicates that the steaks meet the definition of whole-muscle, intact beef, ^{Pf} and

(iii) If individually cut in a food service establishment:

(I) Cut from whole-muscle intact beef that is labeled by a food processing plant as specified in paragraph 5(i) of this subsection or identified as specified in paragraph 5(ii) of this subsection, ^{Pf}

(II) Prepared so they remain intact, ^{Pf} and

(III) If packaged for undercooking in a food service establishment, labeled as specified in paragraph 5(i) of this subsection or identified as specified in paragraph 5(ii) of this subsection. ^{Pf}

6. Meat and poultry that is not a ready-to-eat food, and is in a packaged form when it is offered for sale or otherwise offered for consumption, shall be labeled to include safe handling instructions as specified in law, including 9 CFR 317.2(I) and 9 CFR 381.125(b).

7. Eggs that have not been specifically treated to destroy all viable *Salmonellae* shall be labeled to include safe handling instructions as specified in law, including 21 CFR 101.17(h).

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(b) Food Received in a Hermetically Sealed Container. Food received in a hermetically sealed container shall be obtained from a food processing plant that is regulated by the food regulatory agency that has jurisdiction over the plant. ^P

(c) Fluid Milk and Milk Products. Fluid milk and milk products shall be obtained from sources that comply with grade A standards as specified in law. ^P

(d) Fish. Fish that are received for sale or service shall be commercially and legally caught or harvested; or approved for sale or service. ^P

(e) Molluscan Shellfish.

1. Molluscan shellfish shall be obtained from sources according to law and the requirements specified in the U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration, National Shellfish Sanitation Program Guide for the Control of Molluscan Shellfish. ^P

2. Molluscan shellfish received in interstate commerce shall be from sources that are listed in the Interstate Certified Shellfish Shippers List. ^P

3. Molluscan shellfish that are recreationally caught may not be received for sale or service. ^P

(f) Wild Mushrooms.

1. Except as specified in paragraph 2 of this subsection, mushroom species picked in the wild shall not be offered for sale or service by a food establishment unless the food service establishment has been approved to do so. ^P

2. This subsection does not apply to:

(i) Cultivated wild mushroom species that are grown, harvested, and processed in an operation that is regulated by the food regulatory agency that has jurisdiction over the operation; or

(ii) Wild mushroom species if they are in packaged form and are the product of a food processing plant that is regulated by the food regulatory agency that has jurisdiction over the plant.

(g) Game Animals.

1. Game animals are received for sale or service shall be:

(i) Commercially raised for food ^P and:

(I) Raised, slaughtered, and processed under a voluntary inspection program that is conducted by the agency that has animal health jurisdiction, ^P or

(II) Under a routine inspection program conducted by a regulatory agency other than the agency that has animal health jurisdiction, ^P and

(III) Raised, slaughtered, and processed according to:

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I. Laws governing meat and poultry as determined by the agency that has animal health jurisdiction and the agency that conducts the inspection program, ^P and

II. Requirements which are developed by the agency that has animal health jurisdiction and the agency that conducts the inspection program with consideration of factors such as the need for antemortem and postmortem examination by an approved veterinarian or veterinarian's designee; ^P

(ii) Under a voluntary inspection program administered by the USDA for game animals such as exotic animals (reindeer, elk, deer, antelope, water buffalo, or bison) that are "inspected and approved" in accordance with 9 CFR 352 Exotic animals; voluntary inspection or rabbits that are "inspected and certified" in accordance with 9 CFR 354 voluntary inspection of rabbits and edible products thereof; ^P

(iii) As allowed by law, for wild game animals that are live-caught:

(I) Under a routine inspection program conducted by a regulatory agency such as the agency that has animal health jurisdiction, ^P and

(II) Slaughtered and processed according to:

(A) Laws governing meat and poultry as determined by the agency that has animal health jurisdiction and the agency that conducts the inspection program, ^P and

I. Requirements which are developed by the agency that has animal health jurisdiction and the agency that conducts the inspection program with consideration of factors such as the need for antemortem and postmortem examination by an approved veterinarian or veterinarian's designee; ^P or

II. As allowed by law, for field-dressed wild game animals under a routine inspection program that ensures the animals:

(I) Receive a postmortem examination by an approved veterinarian or veterinarian's designee, ^P or

(II) Are field-dressed and transported according to requirements specified by the agency that has animal health jurisdiction and the agency that conducts the inspection program, ^P and

(III) Are processed according to laws governing meat and poultry as determined by the agency that has animal health jurisdiction and the agency that conducts the inspection program. ^P

2. A game animal may not be received for sale or service if it is a species of wildlife that is listed in 50 CFR 17 Endangered and threatened wildlife and plants.

(3) Specifications for Receiving.

(a) Temperature.

1. Except as specified in paragraph 2 of this subsection, refrigerated, time/temperature control for safety food shall be at a temperature of 41°F (5°C) or below when received. ^P

2. If a temperature other than 41°F (5°C) for a time/temperature control for safety food is specified in law governing its distribution, such as laws governing milk and molluscan shellfish, the food may be received at the specified temperature.

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3. Raw eggs shall be received in refrigerated equipment that maintains an ambient air temperature of 45°F (7°C) or less. ^P
4. Time/temperature control for safety food that is cooked and received hot shall be at a temperature of 135°F (57°C) or above. ^P
5. A food that is labeled frozen and shipped frozen by a food processing plant shall be received frozen. ^{PF}
6. Upon receipt, time/temperature control for safety food shall be inspected to ensure that there is no evidence of previous temperature abuse. ^{PF}

(b) Additives. Food may not contain unapproved food additives or additives that exceed amounts specified in 21 CFR 170-180 relating to food additives, generally recognized as safe or prior sanctioned substances that exceed amounts specified in 21 CFR 181-186, substances that exceed amounts specified in 9 CFR Subpart C Section 424.21(b) Food ingredients and sources of radiation, or pesticide residues that exceed provisions specified in 40 CFR 180 Tolerances for pesticides chemicals in food, and exceptions. ^P

(c) Eggs. Eggs shall be received clean and sound and may not exceed the restricted egg tolerances for U.S. Consumer Grade B as specified in United States Standards, Grades, and Weight Classes for Shell Eggs, AMS 56.200 *et seq.*, administered by the Agricultural Marketing Service of USDA. ^P

(d) Eggs and Milk Products, Pasteurized.

1. Egg products shall be obtained pasteurized. ^P
2. Fluid and dry milk and milk products shall:
 - (i) Be obtained pasteurized; ^P and
 - (ii) Comply with Grade A standards as specified in law. ^P
3. Frozen milk products, such as ice cream, shall be obtained pasteurized as specified in 21 CFR 135 - Frozen desserts. ^P
4. Cheese shall be obtained pasteurized unless alternative procedures to pasteurization are specified in 21 CFR 133 - Cheeses and related cheese products, for curing certain cheese varieties. ^P

(e) Package Integrity. Food packages shall be in good condition and protect the integrity of the contents so that the food is not exposed to adulteration or potential contaminants. ^{PF}

(f) Ice. Ice for use as a food or a cooling medium shall be made from drinking water. ^P

(g) Shucked Shellfish, Packaging and Identification.

1. Raw shucked shellfish shall be obtained in nonreturnable packages which bear a legible label that identifies the: ^{PF}
 - (i) Name, address, and certification number of the shucker, packer, or repacker of the molluscan shellfish; ^{PF} and

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(ii) The "sell by" or "best if used by" date for packages with a capacity of less than one-half gallon (1.89 L) or the date shucked for packages with a capacity of one-half gallon (1.89 L) or more. ^{Pf}

2. A package of raw shucked shellfish that does not bear a label or which bears a label which does not contain all the information as specified under paragraph 1 of this subsection shall be subject to a hold order, as allowed by law, or seizure and destruction in accordance with 21 CFR Subpart D - Specific Administrative Decisions Regarding Interstate Shipments, Section 1240.60(d) Molluscan shellfish.

(h) Shellstock Identification.

1. Shellstock shall be obtained in containers bearing legible source identification tags or labels that are affixed by the harvester or dealer that depurates, ships, or reships the shellstock, as specified in the National Shellfish Sanitation Program Guide for the Control of Molluscan Shellfish, and that list: ^{Pf}

(i) Except as specified under paragraph 3 of this subsection, on the harvester's tag or label, the following information in the following order: ^{Pf}

(I) The harvester's identification number that is assigned by the shellfish control authority, ^{Pf}

(II) The date of harvesting, ^{Pf}

(III) The most precise identification of the harvest location or aquaculture site that is practicable based on the system of harvest area designations that is in use by the shellfish control authority and including the abbreviation of the name of the state or country in which the shellfish are harvested, ^{Pf}

(IV) The type and quantity of shellfish, ^{Pf} and

(V) The following statement in bold, capitalized type: "This tag is required to be attached until container is empty or retagged and thereafter kept on file for 90 days;" ^{Pf} and

(ii) Except as specified in paragraph 4 of this subsection, on each dealer's tag or label, the following information in the following order: ^{Pf}

(I) The dealer's name and address, and the certification number assigned by the shellfish control authority, ^{Pf}

(II) The original shipper's certification number including the abbreviation of the name of the state or country in which the shellfish are harvested, ^{Pf}

(III) The same information as specified for a harvester's tag under paragraphs 1(i)(II) through (IV) of this subsection, ^{Pf} and

(IV) The following statement in bold, capitalized type: "This tag is required to be attached until container is empty and thereafter kept on file for 90 days." ^{Pf}

2. A container of shellstock that does not bear a tag or label or that bears a tag or label that does not contain all the information as specified under paragraph 1 of this subsection shall be subject to a hold order, as allowed by law, or seizure and destruction in accordance with 21 CFR Subpart D - Specific Administrative Decisions Regarding Interstate Shipments, Section 1240.60(d).

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3. If a place is provided on the harvester's tag or label for a dealer's name, address, and certification number, the dealer's information shall be listed first.

4. If the harvester's tag or label is designed to accommodate each dealer's identification as specified under paragraphs 1(ii)(I) and (II) of this subsection, individual dealer tags or labels need not be provided.

(i) Shellstock, Condition. When received by a food service establishment, shellstock shall be reasonably free of mud, dead shellfish, and shellfish with broken shells. Dead shellfish or shellstock with badly broken shells shall be discarded.

(j) Juice Treated. Pre-packaged juice shall:

1. Be obtained from a processor with a HACCP system as specified in 21CFR Part 120 Hazard Analysis and Critical Control (HACCP) Systems; ^{Pf} and

2. Be obtained pasteurized or otherwise treated to attain a 5-log reduction of the most resistant microorganism of public health significance as specified in 21 CFR Part 120.24 Process Controls. ^P

(k) Molluscan Shellfish, Original Container.

1. Except as specified in paragraphs 2 through 4 of this subsection, Molluscan shellfish may not be removed from the container in which they are received until immediately before sale or preparation for service.

2. For display purposes, shellstock may be removed from the container in which they are received, displayed on drained ice, or held in a display container, and a quantity specified by a consumer may be removed from the display or display container and provided to the consumer if:

(i) The source of the shellstock on display is identified and recorded; and

(ii) The shellstock are protected from contamination.

3. Shucked shellfish may be removed from the container in which they were received and held in a display container from which individual servings are dispensed upon a consumer's request if:

(i) The labeling information for the shellfish on display is retained and correlated to the date when, or dates during which, the shellfish are sold or served; and

(ii) The shellfish are protected from contamination.

4. Shucked shellfish may be removed from the container in which they were received and repacked in consumer self service containers where allowed by law if:

(i) The labeling information for the shellfish is on each consumer self service container;

(ii) The labeling information is retained and correlated with the date when, or dates during which, the shellfish are sold or served;

(iii) The labeling information and dates specified under paragraph 4(ii) of this subsection are maintained for 90 days; and

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(iv) The shellfish are protected from contamination.

(l) Shellstock, Maintaining Identification.

1. Except as specified under paragraphs 3 (ii) of this subsection, shellstock tags shall remain attached to the container in which the shellstock are received until the container is empty. ^{PF}

2. The date when the last shellstock from the container is sold or served shall be recorded on the tag or label. ^{PF}

3. The identity of the source of shellstock that are sold or served shall be maintained by retaining shellstock tags or labels for 90 calendar days from the date that is recorded on the tag or label, as specified under paragraph 2 of this subsection, by: ^{PF}

(i) Using an approved record keeping system that keeps the tags or labels in chronological order correlated to the date when, or dates during which, the shellstock are sold or served; and

(ii) If shellstock are removed from their tagged or labeled container:

(I) Preserving source identification by using a record keeping system that keeps the tags or labels in chronological order correlated to the date when, or dates during which, the shellstock are sold or served, ^{PF} and

(II) Ensuring that shellstock from one tagged or labeled container are not commingled with shellstock from another container with different certification numbers; different harvest dates; or different growing areas as identified on the tag or label before being ordered by the consumer. ^{PF}

(m) After Business Hours of Operations – Key Drop Deliveries. The Health Authority may allow a food service establishment to receive deliveries after the business hours of the operation, if the following criterion is found to be in compliance by the Health Authority:

1. The permit holder or person in charge of the food service establishment notifies the local Health Authority that key drop deliveries will be received after its business operating hours; ^{PF}

2. For purposes of enforcing this Chapter, an entity performing work under contract for the establishment shall be considered to be an employee of the establishment as defined in DPH Rule 5116-1-.01(42); ^{PF}

3. The business entity providing key drop deliveries to the establishment shall certify in writing to the establishment that the products delivered will be under its control throughout the delivery process to the establishment, and that all products will be delivered to the establishment during the key drop delivery hours pursuant to the secured access arrangement set by the food service establishment complies with paragraphs 4, 5 and 6 of this subsection; ^{PF} and

4. The entity providing the key drop deliveries shall ensure that all products are stored within the food service establishment and not left on loading docks or in an area accessible by the public. Food products shall be stored in compliance with applicable provisions of DPH Rule 511-6-1-.04 and as follows: ^P

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(i) Food products requiring temperature control for safety shall be immediately stored within approved temperature control storage equipment verified by the food service establishment management that is capable of maintaining food product temperatures of: ^P

(I) 41°F (5°C) or less, if held cold; ^P or

(II) 135°F (57°C) or higher if held hot; ^P or

(III) frozen if delivered frozen; ^P and

(ii) All food shall be placed within appropriate storage facilities of the establishment to maintain food safety and security so as to protect against contamination and adulteration; ^{Pf}

5. The food service establishment shall maintain records of the written agreement as specified in subsection (3)(m)3 of this Rule as well as records that show the delivery condition and temperature of the products upon receipt of delivery. Records shall be made available upon request by the Health Authority; ^{Pf} and

6. Receipt of delivery by the food service establishment must be immediately verified by its employees. ^{Pf}

(4) Protection From Contamination After Receiving.

(a) Preventing Contamination from Hands.

1. Food employees shall wash their hands as specified under DPH Rule 511-6-1-.03(5).

2. Except when washing fruits and vegetables or as specified under subsection (a)4, food employees shall not contact exposed, ready-to-eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves, or dispensing equipment. ^P

3. Food employees shall minimize bare hand and arm contact with exposed food that is not in a ready-to-eat form. ^{Pf}

4. Paragraph (a)2. of this subsection does not apply to a food employee that contacts exposed, ready-to-eat food with bare hands at the time the ready-to-eat food is being added as an ingredient to a food that:

(i) contains a raw animal food and is to be cooked in the food service establishment to heat all parts of the food to at least the minimum time/temperatures specified in DPH Rule 511-6-1-.04(5)(a)1 and 2 and DPH Rule 511-6-1-.04(5)(b); ^P or

(ii) does not contain a raw animal food but is to be cooked in the food service establishment to heat all parts of the food to a time/temperature of at least 145°F (63°C); ^P and

(iii) the ready-to-eat food must be identified for cooking use only and kept separate from other ready-to-eat food that will not be cooked as specified in paragraphs 4.(i) and (ii) of this subsection. ^{Pf}

(b) Preventing Contamination When Tasting. A food employee may not use a utensil more than once to taste food that is to be sold or served. ^P

(c) Packaged and Unpackaged Food - Separation, Packaging, and Segregation.

Rule -.04(4)c

1. Food shall be protected from cross contamination by:

(i) Except as specified in paragraph (i)(III) of this subsection, separating raw animal foods during storage, preparation, holding, and display from:

(I) Raw ready-to-eat food including other raw animal food such as fish for sushi or molluscan shellfish, or other raw ready-to-eat food such as fruits and vegetables, ^P and

(II) Cooked ready-to-eat food; and ^P

(III) Frozen, commercially processed and packaged raw animal food may be stored or displayed with or above frozen, commercially processed and packaged, ready-to-eat food.

(ii) Except when combined as ingredients, separating types of raw animal foods from each other such as beef, fish, lamb, pork, and poultry during storage, preparation, holding, and display by:

(I) Using separate equipment for each type, ^P or

(II) Arranging each type of food in equipment so that cross contamination of one type with another is prevented, ^P and

(III) Preparing each type of food at different times or in separate areas; ^P

(iii) Cleaning and sanitizing equipment and utensils;

(iv) Except as specified under paragraph 2. of this subsection and when cooling as specified in DPH Rule 511-6-1-.04(6)(c)2.(ii), storing the food in packages, covered containers, or wrappings, except for loosely covered or uncovered containers in which food is being cooled if protected from overhead contamination;

(v) Cleaning hermetically sealed containers of food of visible soil before opening;

(vi) Protecting food containers that are received packaged together in a case or overwrap from cuts when the case or overwrap is opened;

(vii) Storing damaged, spoiled, or recalled food being held in the food service establishment separate from food, equipment, utensils, linens and single-service and single-use articles; or

(viii) Separating fruits and vegetables, before they are washed from ready-to-eat food.

2. The requirement in paragraph 1(iv) of this subsection does not apply to:

(i) Whole, uncut, raw fruits and vegetables and nuts in the shell that require peeling or hulling before consumption;

(ii) Primal cuts, quarters, or sides of raw meat or slab bacon that are hung on clean, sanitized hooks or placed on clean, sanitized racks;

(iii) Whole, uncut, processed meats such as country hams, and smoked or cured sausages that are placed on clean, sanitized racks;

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(iv) Food being cooled in cooling or cold holding equipment loosely covered, or uncovered if protected from overhead contamination; or

(v) Shellstock.

(d) Food Storage Containers, Identified with Common Name of Food. Except for containers holding food that can be readily and unmistakably recognized, such as dry pasta, working containers holding food or food ingredients that are removed from their original packages for use in the food establishment, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be clearly and legibly identified, in English, with the common name of the food.

(e) Pasteurized Eggs, Substitute for Raw Eggs for Certain Recipes. Pasteurized eggs or egg products shall be substituted for raw eggs in the preparation of foods such as Caesar salad, hollandaise or Béarnaise sauce, mayonnaise, meringue, eggnog, ice cream, and egg-fortified beverages if raw eggs are not cooked to the required temperatures specified under subsection (5)(a)1(i) or (ii) of this Rule or served with a consumer advisory in a food establishment that serves a population that is not a highly susceptible population.

(f) Protection from Unapproved Additives.

1. As specified in subsection (3)(b) of this Rule, food shall be protected from contamination that may result from the addition of:

(i) Unsafe or unapproved food or color additives; ^P and

(ii) Unsafe or unapproved levels of approved food and color additives. ^P

2. A food employee may not:

(i) Apply sulfiting agents to fresh fruits and vegetables intended for raw consumption or to a food considered to be a good source of vitamin B1; ^P or

(ii) Except for grapes, serve or sell food specified under paragraph 2(i) of this subsection that is treated with sulfiting agents before receipt by the food service establishment. ^P

(g) Washing Fruits and Vegetables.

1. Except as specified in paragraphs (g)2 and 3 of this subsection and except for whole, raw fruits and vegetables that are intended for washing by the consumer before consumption, raw fruits and vegetables shall be thoroughly washed in water, in a sink designated for that purpose only, to remove soil and other contaminants before being cut, combined with other ingredients, cooked, served, or offered for human consumption in ready-to-eat form.

2. Fruits and vegetables may be washed by using chemicals as specified under DPH Rule 511-6-1-.07 (6)(h).

3. Ready-to-eat food such as potatoes, soups, chili, sauces, etc., may be thawed, rehydrated, or cooled after cooking in the sink if the sink is cleaned and sanitized before ready to eat food is placed in the sink and again before washing whole, raw fruits and vegetables. This does not apply to ready to eat food that is served as raw or undercooked animal foods.

Rule -.04(4)(g)

4. Devices used for on-site generation of chemicals meeting the requirements specified in 21 CFR 173.315, Chemicals used in the washing or to assist in the peeling of fruits and vegetables, for the washing of raw, whole fruits and vegetables shall be used in accordance with the manufacturer's instructions. ^{Pf}

(h) Ice Used as Exterior Coolant, Prohibited as Ingredient. Ice may not be used as food after it has been used as a medium for cooling the exterior surfaces of food such as melons or fish, packaged foods such as canned beverages, or cooling coils and tubes of equipment. ^P

(i) Storage or Display of Food in Contact with Water or Ice.

1. Packaged food may not be stored in direct contact with ice or water if the food is subject to the entry of water because of the nature of its packaging, wrapping, or container or positioning in the ice or water.

2. Except as specified in paragraphs 3 and 4 of this subsection, unpackaged food may not be stored in direct contact with undrained ice.

3. Whole, raw fruits or vegetables; cut, raw vegetables such as celery or carrot sticks or cut potatoes; and tofu may be immersed in ice or water.

4. Raw poultry and raw fish that are received immersed in ice in shipping containers may remain in that condition while in storage awaiting preparation, display, service, or sale.

(j) Food Contact with Equipment and Utensils. Food shall only contact surfaces of:

1. Equipment and utensils that are cleaned and sanitized as specified under DPH Rule 511-6-1-.05(7) and (8); ^P or

2. Single-service and single-use articles; ^P or

3. Linens, such as cloth napkins, that have been laundered as specified under DPH Rule 511-6-1.05(9).

(k) Storage of In-Use Utensils. During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored:

1. Except as specified under paragraph 2 of this subsection, in the food with their handles above the top of the food and the container;

2. In food that is not time / temperature control for safety food with their handles above the top of the food within containers or equipment that can be closed, such as bins of sugar, flour, or cinnamon;

3. On a clean portion of the food preparation table or cooking equipment only if the in-use utensil and the food-contact surface of the food preparation table or cooking equipment are cleaned and sanitized at a frequency specified under DPH Rule 511-6-1-.05(7)(b) and (8)(a);

4. In running water of sufficient velocity to flush particulates to the drain, if used with moist food such as ice cream or mashed potatoes;

5. In a clean, protected location if the utensils, such as ice scoops, are used only with a food that is not time/temperature control for safety food; or

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6. In a container of water if the water is maintained at a temperature of at least 135°F (57°C) and the container is cleaned at a frequency specified under DPH Rule 511-6-1-.05(7)(b)3(vi).

(l) Linens and Napkins, Use Limitation. Linens, such as cloth napkins, may not be used in contact with food unless they are used to line a container for the service of foods and the linens and napkins are replaced each time the container is refilled for a new consumer.

(m) Wiping Cloths, Use Limitation.

1. Cloths in-use for wiping food spills from tableware and carry-out containers that occur as food is being served shall be:

- (i) Maintained dry; and
- (ii) Used for no other purpose.

2. Cloths in-use for wiping counters and other equipment surfaces shall be:

- (i) Held between uses in a chemical sanitizer solution at a concentration specified under DPH Rule 511-6-1-.05(6)(n); and
- (ii) Laundered daily.

3. Cloths in-use for wiping surfaces in contact with raw animal foods shall be kept separate from cloths used for other purposes.

4. Dry wiping cloths and the chemical sanitizing solutions in which wet wiping cloths are held between uses shall be free of food debris and visible soil.

5. Containers of chemical sanitizing solutions in which wet wiping cloths are held between uses shall be stored off the floor and used in a manner that prevents contamination of food, equipment, utensils, linens, single-service, or single-use articles.

6. Single-use disposable sanitizer wipes shall be used in accordance with EPA-approved manufacturer's label use instructions.

(n) Gloves, Use Limitation.

1. If used, single-use gloves shall be used for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation. ^P

2. Except as specified in paragraph 3 of this subsection, slash-resistant gloves that are used to protect the hands during operations requiring cutting shall be used in direct contact only with food that is subsequently cooked as specified under subsection (5) such as frozen food or a primal cut of meat.

3. Slash-resistant gloves may be used with ready-to-eat food that will not be subsequently cooked if the slash-resistant gloves have a smooth, durable, and nonabsorbent outer surface; or if the slash-resistant gloves are covered with a smooth, durable, nonabsorbent glove, or a single-use glove.

Rule -.04(4)n

4. Cloth gloves may not be used in direct contact with food unless the food is subsequently cooked, such as frozen food or a primal cut of meat.

(o) Using Clean Tableware for Second Portions and Refills.

1. Except for refilling a consumer's drinking cup or container without contact between the pouring utensil and the lip-contact area of the drinking cup or container, food employees may not use tableware, or single-service articles, soiled by the consumer, to provide second portions or refills.

2. Except as specified in paragraph 3 of this subsection, self-service consumers may not be allowed to use soiled tableware, including single-service articles, to obtain additional food from the display and serving equipment.

3. Drinking cups and containers may be reused by self-service consumers if refilling is a contamination-free process.

(p) Refilling Returnables.

1. Except as specified in paragraphs 2. and 5. of this subsection, empty containers returned to a food service establishment for cleaning and refilling with food shall be cleaned and refilled in a regulated food processing plant.

2. A take-home food container returned to a food service establishment may be refilled at a food service establishment with food if the food container is:

(i) Designed and constructed for reuse and in accordance with the requirements as specified in DPH Rule 511-6-1-.05(1) and (2);^P

(ii) One that was initially provided by the food service establishment to the consumer, either empty or filled with food by the food service establishment, for the purpose of being returned, for reuse;

(iii) Returned to the food service establishment by the consumer after use;

(iv) Visually inspected by a food employee to verify that the container, as returned meets the requirements in DPH Rule 511-6-1-.05(1) and (2), and is cleaned and sanitized before being refilled with food^P; and

3. A take-home food container returned to a food service establishment may be refilled at a food service establishment with beverage if:

(i) The beverage is not a Time/Temperature Control for Safety Food;

(ii) The design of the container and of the rinsing equipment and the nature of the beverage, when considered together, allow effective cleaning at home or in the food service establishment;

(iii) Facilities for rinsing before refilling returned containers with fresh, hot water that is under pressure and not recirculated are provided as part of the dispensing system or by the food service establishment if the consumer is notified by signage;

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(iv) The consumer-owned container returned to the food service establishment for refilling is refilled for sale or service only to the same consumer; and

(v) The container is refilled by:

(I) An employee of the establishment, or

(II) The owner of the container if the beverage system includes a contamination-free transfer process as specified under DPH Rule 511-6-1-.05 (2)(p)1., 2., and 4. that cannot be bypassed by the container owner.

4. Consumer-owned, personal take-out beverage containers, such as thermally insulated bottles, nonspill coffee cups, and promotional beverage glasses, may be refilled by employees or the consumer if refilling is a contamination-free process as specified under DPH Rule 511-6-16-1-.05 (2)(p)1., 2., and 4.

5. Consumer-owned containers that are not food-specific may be filled at a water vending machine or system.

(q) Food Storage.

1. Except as specified in paragraphs 2 and 3 of this subsection, food shall be protected from contamination by storing the food:

(i) In a clean, dry location;

(ii) Where it is not exposed to splash, dust, or other contamination; and

(iii) At least 6 inches (15 cm) above the floor.

2. Food in packages and working containers may be stored less than 6 inches (15 cm) above the floor on case lot handling equipment if the equipment can be moved by hand or by conveniently available apparatuses such as hand trucks and forklifts.

3. Pressurized beverage containers, cased food in waterproof containers such as bottles or cans, and milk containers in plastic crates may be stored on a floor that is clean and not exposed to floor moisture.

(r) Food Storage, Prohibited Areas. Food may not be stored in the following areas:

1. Locker rooms;

2. Toilet rooms;

3. Dressing rooms;

4. Garbage rooms;

5. Mechanical rooms;

6. Under sewer lines that are not shielded to intercept potential drips;

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7. Under leaking water lines, including leaking automatic fire sprinkler heads, or under lines on which water has condensed;
8. Under open stairwells; or
9. Under other sources of contamination.

(s) Vended Time/Temperature Control for Safety Food, Original Container. Time/temperature control for safety food dispensed through a vending machine shall be in the package in which it was placed at the food service establishment or food processing plant at which it was prepared.

(t) Food Preparation. During preparation, unpackaged food shall be protected from environmental sources of contamination.

(u) Food Display.

1. Except for nuts in the shell and whole, raw fruits and vegetables that are intended for hulling, peeling, or washing by the consumer before consumption, food on display shall be protected from contamination by the use of packaging; counter, service line, or salad bar food guards, display cases, or other effective means. ^P
2. Protective devices for counters, serving lines, salad bars and other similar food displays in food service establishments shall be designed and constructed so as to intercept contaminants which may be expelled from the customer's mouth or nose.
3. All food, whether on display, being prepared for service or placed for consumer self-service must be protected from contamination from consumers standing or sitting within eight feet of the food, except that table side finishing as approved by the Health Authority and hibachi grills will be allowed when food preparation is for immediate service.

(v) Condiments, Protection.

1. Condiments shall be protected from contamination by being kept in dispensers that are designed to provide protection, protected food displays provided with the proper utensils, original containers designed for dispensing, or individual packages or portions.
2. Condiments at a vending machine location shall be in individual packages or provided in dispensers that are filled at an approved location, such as the food service establishment that provides food to the vending machine location, a food processing plant that is regulated by the agency that has jurisdiction over the operation, or a properly equipped facility that is located on the site of the vending machine location.

(w) Consumer Self-Service Operations.

1. Raw, unpackaged animal food, such as beef, lamb, pork, poultry, and fish may not be offered for consumer self-service. ^P This paragraph does not apply to:

- (i) Consumer self-service of ready-to-eat foods at buffets or salad bars that serve foods such as sushi or raw shellfish;

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- (ii) Ready-to-cook individual portions for immediate cooking and consumption on the premises such as consumer-cooked meats or consumer-selected ingredients for Mongolian barbecue; or
 - (iii) Raw, frozen, shell-on shrimp, or lobster.
2. Consumer self-service operations for ready-to-eat foods shall be provided with suitable utensils or effective dispensing methods that protect the food from contamination. ^{Pf}
3. Clean tableware shall be provided to consumers returning to the self-service area for additional food. A public notice informing consumers to use clean tableware shall be posted in a conspicuous place in the self-service area. Beverage cups and glasses, and flatware including forks, knives and spoons are exempt from this requirement. ^{Pf}
4. When refilling containers of Time/Temperature Control for safety (TCS) foods on a self-service display, the new food product shall not be mixed with the old food product unless:
- (i) The displayed product is holding at 41°F or below or 135°F or above; ^{Pf} and
 - (ii) The self-service operation is being monitored by employees trained in safe operating procedures; ^{Pf} and
 - (iii) The date and time of the earliest food prepared shall either be marked on the container, or documented by an alternate method acceptable to the Health Authority. ^{Pf}
5. All unwrapped foods on a self-service buffet or salad bar shall be disposed of at the end of the business day or after a maximum of 24 hours. Written procedures for tracking the total accumulative time that unwrapped food is displayed shall be prepared in advance, maintained within the food service establishment, and made available to the Health Authority upon request. Those written procedures shall specify: ^{Pf}
- (i) How displayed foods will be identified; ^{Pf}
 - (ii) How food shall be monitored in regards to tracking time during display for each food item; ^{Pf} and
 - (iii) Corrective action to be taken should a total accumulative display time as specified in subsection (4)(w)5 above is exceeded. ^{Pf}
6. Family-style of self-service may be allowed in facilities that do not serve a highly susceptible population as long as the following provisions are met: ^{Pf}
- (i) The permit holder shall fully disclose how the family-style of service will be provided to consumers prior to their being seated for service. Disclosure shall be in the form of a prominently displayed sign containing descriptive language of a letter height of at least 1 inch so as to be easily readable by consumers at the location where consumers wait to be seated and then again, verbally by the host, hostess or server prior to consumers being seated; ^{Pf}
 - (ii) A group of consumers will be seated at a table for one sitting; ^{Pf}

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(iii) Each container of food shall have its own serving utensils as required within paragraph 2 of this subsection; ^{Pf}

(iv) All food will be placed in bulk on a table, and served to only one sitting of people; ^{Pf}

(v) Any food served to a consumer shall not later be offered as food for human consumption to other consumers. ^{Pf}

(x) Returned Food and Re-Service of Food.

1. Except as specified in paragraph 2 of this subsection, after being served or sold and in the possession of a consumer, food that is unused or returned by the consumer may not be offered as food for human consumption. ^P

2. Except for food served to patients or clients who are under contact precautions or protective environment isolation in a facility serving a highly susceptible population, a container of food that is not time/temperature control for safety food may be re-served from one consumer to another if:

(i) The food is dispensed so that it is protected from contamination and the container is closed between uses, such as a narrow-neck bottle containing catsup, steak sauce, or wine; or

(ii) The food, such as crackers, salt, or pepper, is in an unopened original package and is maintained in sound condition.

(y) Outdoor Cooking and Service of Food.

1. For special events, foods requiring only cooking may be prepared, if served immediately, in an outside area on the premises of a permitted food service establishment. Prior approval must be obtained from the Health Authority. ^P

2. The presentation of food orders and limited table side finishing, such as tossing salad and flaming desserts, is permissible from a permitted food service establishment in an adjoining outdoor seating area. Outdoor salad bars or unenclosed dessert carts are prohibited. ^P

3. Outdoor barbeque pits or barbeque cookers may be allowed on the premises of a food service establishment with the approval of the Health Authority if the following requirements are met: ^{Pf}

(i) The cooking equipment is used only for cooking bulk volume of meats and poultry such as hams, chicken or beef and not as a grill for cooking individual orders; ^P

(ii) Within the food service establishment, all meats and poultry will be placed within clean and sanitized containers and then covered prior to being carried to the cooking equipment; ^P

(iii) All of the meat and poultry will be placed at one time onto cooking surfaces of cooking equipment that has been preheated and then cooked as required in subsection (5) of this Rule. Once meats have completed the cooking process, they will be placed in a clean and sanitized food grade container, using separate utensils from handling raw meats and poultry and then covered and transported into the food service establishment for further processing and service. No food preparation other than seasoning will be allowed at outdoor barbeque pits or barbeque cookers; ^P

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(iv) Utensils and food shall not be left outside of the cooking equipment or outside of the food service establishment;^P

(vi) Outdoor barbeque pits or barbeque cookers shall be protected with permanent overhead protection and placed on an easily cleanable surface such as smooth finished concrete;^{Pf}

(vii) Outdoor barbeque pits or barbeque cookers shall be equipped with closable lids and kept closed except for cleaning and working with food such as turning and seasoning;^{Pf}

(viii) The outside cooking area shall be designed and constructed so as to control the presence of vermin;^{Pf} and

(ix) The outside cooking area shall be designed and constructed so as to facilitate the ease of routine cleaning and to promote good sanitation.^{Pf}

(z) Miscellaneous Sources of Contamination. Food shall be protected from contamination that may result from a factor or source not specified under paragraphs (a) through (y) of this subsection.

(5) Pathogen Destruction.

(a) Raw Animal Foods.

1. Except as specified under paragraphs 2, 3 and 4 of this subsection, raw animal foods such as eggs, fish, meat, poultry, and foods containing these raw animal foods, shall be cooked to heat all parts of the food to a temperature and for a time that complies with one of the following methods based on the food that is being cooked:

(i) 145°F (63°C) or above for 15 seconds for;^P

(I) Raw eggs that are broken and prepared in response to a consumer's order and for immediate service;^P and

(II) Except as specified under paragraphs 1(ii) and (iii), 2, and 3 of this subsection, fish and meat including game animals commercially raised for food or under a voluntary inspection program;^P

(ii) 155°F (68°C) for 15 seconds or the temperature specified in the following chart that corresponds to the holding time for ratites, mechanically tenderized, and injected meats; the following if they are comminuted: fish, meat, game animals raised for food, and commercially game animals or under a voluntary inspection program; and raw eggs that are not prepared to a consumer's order and for immediate service^P; or

Minimum	
Temperature °F (°C)	Time
145 (63)	3 minutes
150 (66)	1 minute
158 (70)	< 1 second (instantaneous)

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(iii) 165°F (74°C) or above for 15 seconds for poultry, baluts, wild game animals, stuffed fish, stuffed meat, stuffed pasta, stuffed poultry, stuffed ratites, or stuffing containing fish, meat, poultry, or ratites.
P

2. Whole meat roasts including beef, corned beef, lamb, pork, and cured pork roasts such as ham shall be cooked:

(i) In an oven that is preheated to the temperature specified for the roast's weight in the following chart and that is held at that temperature: ^P

Oven Type	Oven Temperature Based on Roast Weight	
	Less than 10 lbs (4.5 kg)	10 lbs (4.5 kg) or More
Still Dry	350°F (177°C) or more	250°F (121°C) or more
Convection	325°F (163°C) or more	250°F (121°C) or more
High Humidity ¹	250°F (121°C) or less	250°F (121°C) or less

¹ Relative humidity greater than 90% for at least 1 hour as measured in the cooking chamber or exit of the oven; or in a moisture-impermeable bag that provides 100% humidity.

and

(ii) As specified in the following chart, to heat all parts of the food to a temperature and for the holding time that corresponds to that temperature: ^P

Temperature °F (°C)	Time ¹ in Minutes	Temperature °F (°C)	Time ¹ in Seconds
130 (54.4)	112	147 (63.9)	134
131 (55.0)	89	149 (65.0)	85
133 (56.1)	56	151 (66.1)	54
135 (57.2)	36	153 (67.2)	34
136 (57.8)	28	155 (68.3)	22
138 (58.9)	18	157 (69.4)	14
140 (60.0)	12	158 (70.0)	0
142 (61.1)	8		
144 (62.2)	5		
145 (62.8)	4		

¹Holding time may include postoven heat rise.

3. A raw or undercooked whole-muscle, intact beef steak may be served or offered for sale in a ready-to-eat form if:

(i) The food service establishment serves a population that is not a highly susceptible population, and

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(ii) The steak is labeled by the producer or supplier to indicate that it meets the definition of "whole muscle, intact beef", and

(iii) The steak is cooked on both the top and bottom to a surface temperature of 145°F (63°C) or above and a cooked color change is achieved on all external surfaces.

4. A raw animal food such as raw egg, raw fish, raw-marinated fish, raw molluscan shellfish, or steak tartare; or a partially cooked food such as lightly cooked fish, soft cooked eggs, or rare meat other than whole-muscle, intact beef steaks as specified in paragraph 3 of this subsection, may be served or offered for sale upon consumer request or selection in a ready-to-eat form if:

(i) The food service establishment serves a population that is not a highly susceptible population; and

(ii) The food, if served or offered for service by consumer selection from a children's menu, does not contain comminuted meat, ^{Pf} and

(iii) The consumer is informed that to ensure its safety, the food should be cooked as specified under paragraphs 1 or 2 of this subsection; or

(iv) The Health Authority grants a variance from paragraphs 1 or 2 of this subsection as specified in DPH Rule 511-6-1-.10(5)(a) based on a HACCP plan that:

(I) Is submitted by the permit holder and granted as specified under DPH Rule 511-6-1-.10(5)(b), and

(II) Documents scientific data or other information showing that a lesser time and temperature regimen results in a safe food, and

(III) Verifies that equipment and procedures for food preparation and training of food employees at the food service establishment meet the conditions of the variance.

(b) Microwave Cooking. Raw animal foods cooked in a microwave oven shall be:

1. Rotated or stirred throughout or midway during cooking to compensate for uneven distribution of heat;

2. Covered to retain surface moisture;

3. Heated to a temperature of at least 165°F (74°C) in all parts of the food; ^P and

4. Allowed to stand covered for 2 minutes after cooking to obtain temperature equilibrium.

(c) Plant Food Cooking for Hot Holding. Fruits and vegetables that are cooked for hot holding shall be cooked to a temperature of 135°F (57°C). ^{Pf}

(d) Non-Continuous Cooking of Raw Animal Foods. Raw animal foods that are cooked using a noncontinuous cooking process shall be:

1. Subject to an initial heating process that is no longer than sixty minutes in duration; ^P

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2. Immediately after initial heating, cooled according to the time and temperature parameters as specified in subsection (6)(d) of this Rule for cooked time/temperature control for safety food; ^P
3. After cooling, held frozen or cold, as specified for time/temperature control for safety food as specified in subsection (6)(f) of this Rule; ^P
4. Prior to sale or service, cooked using a process that heats all parts of the food to a temperature for a time as specified under subsection (5)(a)1-3 of this Rule; ^P
5. Cooled according to the time and temperature parameters specified for cooked time/temperature control for safety food as specified in 2 of this subsection if not either hot held as specified in subsection (6)(f) of this Rule, served immediately, or held using time as a public health control as specified in subsection (6)(i) of this Rule after complete cooking; ^P and
6. Prepared and stored according to written procedures that:
 - (i) Have obtained prior approval from the Health Authority; ^{Pf}
 - (ii) Are maintained in the food service establishment and are available to the Health Authority upon request; ^{Pf}
 - (iii) Describe how the requirements specified in paragraphs 1 through 5 of this subsection are to be monitored and documented by the permit holder and the corrective actions to be taken if the requirements are not met; ^{Pf}
 - (iv) Describe how the foods, after initial heating, but prior to complete cooking, are to be marked or otherwise identified as foods that must be cooked as specified in paragraph 4 of this subsection prior to being offered for sale or service; ^{Pf} and
 - (v) Describe how the foods, after initial heating but prior to cooking as specified in paragraph 4 of this subsection, are to be separated from ready-to-eat foods as specified in subsection (4)(c)1 of this Rule. ^{rr}

(e) Parasite Destruction.

1. Before service or sale in ready-to-eat form, raw, raw-marinated, partially cooked, or marinated partially cooked fish shall be:
 - (i) Frozen and stored at a temperature of -4°F (-20°C) or below for a minimum of 7 days (168 hours) in a freezer; ^P(ii) Frozen at -31°F (-35°C) or below until solid and stored at -31°F (-35°C) or below for a minimum of 15 hours; ^P or
 - (iii) Frozen at -31°F (-35°C) or below until solid and stored at -4°F (-20°C) or below for a minimum of 24 hours. ^P
2. The requirement in paragraph 1 of this subsection does not apply to:
 - (i) Molluscan shellfish;
 - (ii) A scallop product consisting only of the shucked adductor muscle;

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(iii) Tuna of the species *Thunnus alalunga*, *Thunnus albacares* (Yellowfin tuna), *Thunnus atlanticus*, *Thunnus maccoyii* (Bluefin tuna, Southern), *Thunnus obesus* (Bigeye tuna), or *Thunnus thynnus* (Bluefin tuna, Northern); or

(iv) Aquacultured fish, such as salmon, that:

(I) If raised in open water, are raised in net-pens, or

(II) Are raised in land-based operations such as ponds or tanks, and

(III) Are fed formulated feed, such as pellets, that contains no live parasites infective to the aquacultured fish.

(v) Fish eggs that have been removed from the skin and rinsed.

(f) Records, Creation and Retention.

1. Except as specified in subsections (2) and (5)(e) of this Rule, if raw, raw-marinated, partially cooked, or marinated-partially cooked fish are served or sold in ready-to-eat form, the person in charge shall record the freezing temperature and time to which the fish are subjected and shall retain the records of the food service establishment for 90 calendar days beyond the time of service or sale of the fish. ^{Pf}

2. If the fish are frozen by a supplier, a written agreement or statement from the supplier stipulating that the fish supplied are frozen to a temperature and for a time specified under subsection (5)(e) of this Rule may substitute for the records specified under paragraph 1 of this subsection.

3. If raw, raw-marinated, partially cooked, or marinated-partially cooked fish are served or sold in ready-to-eat form, and the fish are raised and fed as specified in subsection (5)(e)2(iv) of this Rule, a written agreement or statement from the supplier or aquaculturist stipulating that the fish were raised and fed as specified in subsection (5)(e)2(iv) of this Rule shall be obtained by the person in charge and retained in the records of the food service establishment for 90 calendar days beyond the time of service or sale of the fish. ^{Pf}

(g) Preparation for Immediate Service. Cooked and refrigerated food that is prepared for immediate service in response to an individual consumer order, such as a roast beef sandwich au jus, may be served at any temperature.

(h) Reheating for Hot Holding.

1. Except as specified under paragraphs 2, 3, and 5 of this subsection, time/temperature control for safety food that is cooked, cooled, and reheated for hot holding shall be reheated so that all parts of the food reach a temperature of at least 165°F (74°C) for 15 seconds. ^P

2. Except as specified under paragraph 3 of this subsection, time/temperature control for safety food reheated in a microwave oven for hot holding shall be reheated so that all parts of the food reach a temperature of at least 165°F (74°C) and the food is rotated or stirred, covered, and then allowed to stand covered for 2 minutes after reheating. ^P

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3. Ready-to-eat time/temperature control for safety food that has been commercially processed and packaged in a food processing plant that is inspected by the food regulatory authority that has jurisdiction over the plant, shall be heated to a temperature of at least 135°F (57°C) for hot holding. ^P

4. Reheating for hot holding shall be done rapidly and the time the food is between the temperatures of 41°F (5°C) and 165°F (74°C) and 41°F (5°C) and 135°F (57°C) for commercially processed food, may not exceed 2 hours. ^P

5. Remaining unsliced portions of meat roasts that are cooked as specified under subsection (5)(a)2 of this Rule may be reheated for hot holding using the same oven parameters and minimum time and temperature conditions under which it was cooked.

(i) Treating Juice. Juice packaged in a food service establishment shall be:

1. Treated under a HACCP plan to attain a 5-log reduction, which is equal to a 99.999% reduction, of the most resistant microorganism of public health significance; ^P or

2. Labeled, if not treated to yield a 5-log reduction of the most resistant microorganism of public health significance: ^{Pf}

(i) As specified under subsection (7)(c) of this Rule, ^{Pf} and

(ii) As specified in 21 CFR 101.17(g) Food labeling, warning, notice, and safe handling statements, juices that have not been specifically processed to prevent, reduce, or eliminate the presence of pathogens with the following, "WARNING: This product has not been pasteurized and, therefore, may contain harmful bacteria that can cause serious illness in children, the elderly, and persons with weakened immune systems." ^{Pf}

(6) Limiting the Growth of Pathogens

(a) Frozen Food. Stored frozen foods shall be maintained frozen.

(b) Time/Temperature Control for Safety Food, Slacking. Frozen time/temperature control for safety food that is slacked to moderate the temperature shall be held:

1. Under refrigeration that maintains the food temperature at 41° F (5°C) or less; or

2. At any temperature if the food remains frozen.

(c) Thawing. Except as specified in paragraph 4 of this subsection, time/temperature control for safety food shall be thawed:

1. Under refrigeration that maintains the food temperature at 41°F (5°C) or less; or

2. Completely submerged under running water:

(i) At a water temperature of 70°F (21°C) or below,

(ii) With sufficient water velocity to agitate and float off loose particles in an overflow, and

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(iii) For a period of time that does not allow thawed portions of ready-to-eat food to rise above 41°F (5°C), or

(iv) For a period of time that does not allow thawed portions of a raw animal food requiring cooking to be above 41°F (5°C), for more than 4 hours including:

- (I) The time the food is exposed to the running water and the time needed for preparation for cooking, or
- (II) The time it takes under refrigeration to lower the food temperature to 41°F (5°C);

3. As part of a cooking process if the food that is frozen is:

- (i) Cooked as specified under subsections (5)(a)1 or 2 or (5)(b) of this Rule, or
- (ii) Thawed in a microwave oven and immediately transferred to conventional cooking equipment, with no interruption in the process; or

4. Using any procedure if a portion of frozen ready-to-eat food is thawed and prepared for immediate service in response to an individual consumer's order.

5. Reduced oxygen packaged fish that bears a label indicating that it is to be kept frozen until time of use shall be removed from the reduced oxygen environment:

- (i) Prior to its thawing under refrigeration that maintains the food temperature at 41°F (5°C) or less; or
- (ii) Prior to, or immediately upon completion of its thawing, using procedures to completely submerge in running water as specified in paragraph 2 of this subsection.

(d) Cooling.

1. Cooked time/temperature control for safety food shall be cooled:

- (i) Within 2 hours from 135°F (57°C) to 70°F (21°C);^P and
- (ii) Within a total of 6 hours from 135°F (57°C) to 41°F (5°C) or less.^P

2. Time/temperature control for safety food shall be cooled within 4 hours to 41°F (5°C) or less if prepared from ingredients at ambient temperature, such as reconstituted foods and canned tuna.^P

3. Except as specified under paragraph 4 of this subsection, a time/temperature control for safety food received in compliance with laws allowing a temperature above 41°F (5°C) during shipment from the supplier shall be cooled within 4 hours to 41°F (5°C).^P

4. Raw eggs shall be received and immediately placed in refrigerated equipment that maintains an ambient air temperature of 41°F (5°C) or less.^P

(e) Cooling Methods.

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1. Cooling shall be accomplished in accordance with the time and temperature criteria specified under DPH Rule 511-6-1-.04(6)(d) by using one or more of the following methods depending on the type of food being cooled:

- (i) Placing the food in shallow pans; ^{Pf}
- (ii) Separating the food into smaller or thinner portions; ^{Pf}
- (iii) Using rapid cooling equipment; ^{Pf}
- (iv) Stirring the food in a container placed in an ice water bath; ^{Pf}
- (v) Using containers that facilitate heat transfer; ^{Pf}
- (vi) Adding ice as an ingredient; ^{Pf} or
- (vii) Other effective methods. ^{Pf}

2. When placed in cooling or cold holding equipment, food containers in which food is being cooled shall be:

- (i) Arranged in the equipment to provide maximum heat transfer through the container walls; and
- (ii) Loosely covered, or uncovered if protected from overhead contamination during the cooling period to facilitate heat transfer from the surface of the food.

(f) Time/Temperature Control for Safety Food, Hot and Cold Holding. Except during preparation, cooking, or cooling, or when time is used as the public health control, time/temperature control for safety food shall be maintained at 41°F (5°C) or below or 135°F (57°C) or above, except that roasts cooked to a temperature and for a time specified in subsection (5)(a)2 of this Rule and reheated using the same temperature and time conditions as cooking may be held at a temperature of 130°F (54°C) or above. ^P

(g) Ready-to-Eat Time/Temperature Control for Safety Food, Date Marking

1. Except when packaging food using a reduced oxygen packaging method, and except as specified in paragraphs 4 and 5 of this subsection, refrigerated, ready-to-eat, time/temperature control for safety food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, when held at a temperature of 41°F (5°C) or below for a maximum of 7 days. The day of preparation shall be counted as Day 1. ^{Pf}

2. Except as specified in paragraphs 4 through 6 of this subsection, refrigerated, ready-to-eat, time/temperature control for safety food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food service establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, when held at a temperature of 41°F (5°C) or below for a maximum of 7 days after the original container is opened. The day the original container is opened in the food service establishment shall be counted as Day 1, except, the day or date marked by the food service establishment

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may not exceed a manufacturer's use by date if the manufacturer determined the use-by date based on food safety; ^{Pf}

3. A refrigerated, ready-to-eat, time/temperature control for safety food ingredient or a portion of a refrigerated, ready-to-eat, time/temperature control for safety food that is subsequently combined with additional ingredients or portions of food shall retain the date marking of the earliest-prepared or first-prepared ingredient. ^{Pf}

4. A date marking system that meets the criteria stated in paragraphs 1 and 2 of this subsection may include:

(i) Using a method approved by the Health Authority for refrigerated, ready-to-eat time / temperature control for safety food that is frequently rewrapped, such as lunchmeat or a roast, or for which date marking is impractical, such as soft serve mix or milk in a dispensing machine;

(ii) Marking the date or day of preparation, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded;

(iii) Marking the date or day the original container is opened in a food service establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded; or

(iv) Using calendar dates, days of the week, color-coded marks, or other effective marking methods, provided that the marking system is disclosed to the Health Authority upon request.

5. The requirements in paragraphs 1 and 2 of this subsection do not apply to individual meal portions served or repackaged for sale from a bulk container upon a consumer's request.

6. The requirements in paragraphs 1 and 2 of this subsection do not apply to shellstock.

7. The requirement in paragraph 2 of this subsection does not apply to the following foods prepared and packaged by a food processing plant inspected by a Health Authority:

(i) Deli salads, such as ham salad, seafood salad, chicken salad, egg salad, pasta salad, potato salad, and macaroni salad, manufactured in accordance with 21 CFR 110 Current good manufacturing practice in manufacturing, packing, or holding human food;

(ii) Hard cheeses containing not more than 39% moisture as defined in 21 CFR 133 Cheeses and related cheese products, such as cheddar, gruyere, parmesan and reggiano, and romano;

(iii) Semi-soft cheeses containing more than 39% moisture, but not more than 50% moisture, as defined in 21 CFR 133 Cheeses and related cheese products, such as blue, edam, gorgonzola, gouda, and monterey jack;

(iv) Cultured dairy products as defined in 21 CFR 131 Milk and cream, such as yogurt, sour cream, and buttermilk;

(v) Preserved fish products, such as pickled herring and dried or salted cod, and other acidified fish products defined in 21 CFR 114 Acidified foods;

(vi) Shelf stable, dry fermented sausages, such as pepperoni and Genoa salami; and

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(vii) Shelf stable salt-cured products, such as prosciutto and Parma ham.

(h) Ready-to-Eat, Time/Temperature Control for Safety Food, Disposition.

1. A food that requires datemarking shall be discarded if it:

- (i) Exceeds 7 days, not including the time that the product is frozen; ^P
- (ii) Is in a container or package that does not bear a date or day; ^P or
- (iii) Is appropriately marked with a date or day that exceeds 7 days . ^P

2. Refrigerated, ready-to-eat, time / temperature control for safety food prepared in a food service establishment and dispensed through a vending machine with an automatic shutoff control shall be discarded if it exceeds 7 days. ^P

(i) Time as a Public Health Control.

1. Except as specified under paragraph 4 of this subsection, if time without temperature control is used as the public health control for a working supply of time/temperature control for safety food before cooking, or for ready-to-eat time/temperature control for safety food that is displayed or held for sale or service, written procedures shall be prepared in advance, maintained in the food service establishment, and made available to the regulatory authority upon request that specify: ^{Pf}

- (i) Methods of compliance with paragraphs 2(i) - (iii) or 3(i) through (v) of this subsection; and
- (ii) Methods of compliance with the cooling of time/temperature control for safety food that is prepared, cooked, and refrigerated before time is used as a public health control. ^{Pf}

2. If time without temperature control is used as the public health control up to a maximum of 4 hours:

- (i) The food shall have an initial temperature of 41°F (5°C) or less when removed from cold holding temperature control, or 135°F (57°C) or greater when removed from hot holding temperature control; ^P
- (ii) The food shall be marked or otherwise identified to indicate the time that is 4 hours past the point in time when the food is removed from temperature control; ^{Pf}
- (iii) The food shall be cooked and served, served at any temperature if ready-to-eat, or discarded, within 4 hours from the point in time when the food is removed from temperature control; ^P and

(iv) The food in unmarked containers or packages, or marked to exceed a 4-hour limit shall be discarded. ^P

3. If time without temperature control is used as the public health control up to a maximum of 6 hours:

- (i) The food shall have an initial temperature of 41°F (5°C) or less when removed from temperature control and the food temperature may not exceed 70°F (21°C) within a maximum time period of 6 hours; ^P

Rule -.04(6)(i)3

(ii) The food shall be monitored to ensure the warmest portion of the food does not exceed 70°F (21°C) during the 6-hour period, unless an ambient air temperature is maintained that ensures the food does not exceed 70°F (21°C) during the 6-hour holding period; ^{Pf}

(iii) The food shall be marked or otherwise identified to indicate: ^{Pf}

(I) The time when the food is removed from 41°F (5°C) or less cold holding temperature control, ^{Pf} and

(II) The time that is 6 hours past the point in time when the food is removed from cold holding temperature control;

(iv) The food shall be:

(I) Discarded if the temperature of the food exceeds 70°F (21°C), ^P or

(II) Cooked and served, served at any temperature if ready-to-eat, or discarded within a maximum of 6 hours from the point in time when the food is removed from 41°F (5°C) or less cold holding temperature control; ^P and

(v) The food in unmarked containers or packages, or marked with a time that exceeds the 6-hour limit shall be discarded. ^P

4. A food service establishment that serves a highly susceptible population may not use time as the public health control for raw eggs.

(j) Variance Requirement. A food service establishment shall obtain a variance from the Health Authority as specified in DPH Rule 511-6-1-.10(5)(a) and (5)(b) before: ^{Pf}

1. Smoking food as a method of food preservation rather than as a method of flavor enhancement; ^{Pf}

2. Curing food; ^{Pf}

3. Using food additives or adding components such as vinegar: ^{Pf}

(i) As a method of food preservation rather than as a method of flavor enhancement, ^{Pf} or

(ii) To render a food so that it is not time/temperature control for safety food; ^{Pf}

4. Operating a molluscan shellfish life-support system display tank used to store or display shellfish that are offered for human consumption; ^{Pf}

5. Packaging time/temperature control for safety food using a reduced oxygen packaging method except where the growth and toxin formation of *Clostridium botulinum* and growth of *Listeria monocytogenes* are controlled as specified under (k) of this Rule; ^{Pf}

6. Custom processing animals that are for personal use as food and not for sale or service in a food service establishment; ^{Pf}

Rule -.04(6)(j)

7. Preparing food by another method that is determined by the Health Authority to require a variance;
Pf or

8. Sprouting seeds or beans. Pf

(k) Reduced Oxygen Packaging Without a Variance But HACCP Plan Required, Criteria.

1. Except for a food service establishment that obtains a variance as specified under (j) of this Rule, a food service establishment that packages time/temperature control for safety food using a reduced oxygen

packaging method shall control the growth and toxin formation of *Clostridium botulinum* and the growth of *Listeria monocytogenes*. P

2. Except as specified under paragraph 6 of this subsection, a food service establishment that packages time/temperature control for safety food using a reduced oxygen packaging method shall implement a HACCP plan that contains the information specified under DPH Rule 511-5-14-.02(6)(b) and (d) and that:
Pf

(i) Identifies the food to be packaged; Pf

(ii) Except as specified under paragraphs 3 through 5 of this subsection, requires that the packaged food shall be maintained at 41°F (5°C) or less and meet at least one of the following criteria: Pf

(I) Has an a_w of 0.91 or less, Pf

(II) Has a pH of 4.6 or less, Pf

(III) Is a meat or poultry product cured at a food processing plant regulated by the USDA using substances specified in 9 CFR 424.21, Use of food ingredients and sources of radiation, and is received in an intact package, Pf or

(IV) Is a food with a high level of competing organisms such as raw meat, raw poultry, or raw vegetables;
Pf

(iii) Describes how the package shall be prominently and conspicuously labeled on the principal display panel in bold type on a contrasting background, with instructions to: Pf

(I) Maintain the food at 41°F (5°C) or below, Pf and

(II) Discard the food if within 30 calendar days of its packaging if it is not served for on-premises consumption, or consumed if served or sold for off-premises consumption; Pf

(iv) Limits the refrigerated shelf life to no more than 30 calendar days from packaging to consumption, except the time the product is maintained frozen, or the original manufacturer's "sell by" or "use by" date, whichever occurs first; P

(v) Includes operational procedures that:

Rule -04(6)(k)2(v)

- (I) Prohibit contacting ready-to-eat food with bare hands, ^{Pf}
 - (II) Identify a designated work area and the method by which: ^{Pf}
 - (A) Physical barriers or methods of separation of raw foods and ready-to-eat foods minimize cross contamination, ^{Pf} and
 - (B) Access to the processing equipment is limited to responsible trained personnel familiar with the potential hazards of the operation, ^{Pf} and
 - (III) Delineate cleaning and sanitization procedures for food-contact surfaces; ^{Pf} and
 - (vi) Describes the training program that ensures that the individual responsible for the reduced oxygen packaging operation understands the: ^{Pf}
 - (I) Concepts required for a safe operation, ^{Pf}
 - (II) Equipment and facilities, ^{Pf} and
 - (III) Procedures specified under paragraph 2(v) of this subsection and DPH Rule 511-6-1-.02(6)(b) and (d). ^{Pf}
3. Except for fish that is frozen before, during, and after packaging, a food service establishment may not package fish using a reduced oxygen packaging method. ^P
4. Except as specified under paragraph 3 of this subsection and subsection (1) of this Rule, a food service establishment that packages food using a cook-chill or sous vide process shall:
- (i) Prior to implementation, provide a HACCP plan that contains the information as specified under DPH Rule 511-6-1-.02(6)(b) and (d) to the Health Authority; ^{Pf}
 - (ii) Ensure the food is:
 - (I) Prepared and consumed on the premises, or prepared and consumed off the premises but within the same business entity with no distribution or sale of the bagged product to another business entity or the consumer, ^{Pf}
 - (II) Cooked to heat all parts of the food to a temperature and for a time as specified under DPH Rule 511-6-1-.04(5)(a), ^P
 - (III) Protected from contamination before and after cooking as specified within DPH Rule 511-6-1-.04 (4) and (5) of this Rule, ^P
 - (IV) Placed in a package with an oxygen barrier and sealed before cooking, or placed in a package and sealed immediately after cooking and before reaching a temperature below 135°F (57°C), ^P
 - (V) Cooled to 41°F (5°C) in the sealed package or bag as specified under DPH Rule 511-6-1-.04 (6) of this Rule and subsequently: ^P

Rule .04(6)(k)4(ii)(V)

I. Cooled to 34°F (1°C) within 48 hours of reaching 41°F (5°C) and held at that temperature until consumed or discarded within 30 days after the date of packaging; ^P

II. Held at 41°F (5°C) or less for no more than 7 days, at which time the food must be consumed or discarded; ^P or

III. Held frozen with no shelf life restriction while frozen until consumed or used. ^P

(VI) Held in a refrigeration unit that is equipped with an electronic system that continuously monitors time and temperature and is visually examined for proper operation twice daily, ^{Pf}

(VII) If transported off-site to a satellite location of the same business entity, equipped with verifiable electronic monitoring devices to ensure that times and temperatures are monitored during transportation, ^{Pf} and

(VIII) Labeled with the product name and the date packaged, ^{Pf} and

(iii) Maintain the records required to confirm that cooling and cold holding refrigeration time/temperature parameters are required as part of the HACCP plan for at least six months and, make such records available to the Health Authority upon request; ^{Pf}

(iv) Implement written operational procedures as specified under paragraph 2(v) of this subsection and a training program as specified under paragraph 2(vi) of this subsection. ^{Pf}

5. Except as specified under subsection (l) below, a food service establishment that packages cheese using a reduced oxygen packaging method shall:

(i) Limit the cheeses packaged to those that are commercially manufactured in a food processing plant with no ingredients added in the food service establishment and that meet the Standards of Identity as specified in 21 CFR 133.150 Hard cheeses, 21 CFR 133.169 pasteurized process cheese or 21 CFR 133.187 Semisoft Cheeses; ^P

(ii) Have a HACCP plan that contains the information specified under DPH Rule 511-6-1-.02(6)(b) and (d) and as specified under paragraphs 2(i), (iii)(I), (v), and (vi) of this subsection; ^{Pf}

(iii) Labels the package on the principal display panel with a “use by” date that does not exceed 30 days from its packaging or the original manufacturer’s “sell by” or “use by” date, whichever occurs first; ^{Pf} and

(v) Discards the reduced oxygen packaged cheese if it is not sold for off-premises consumption or consumed within 30 calendar days of its packaging. ^{Pf}

(l) Reduced Oxygen Packaging Without a Variance and no HACCP Plan Required, Criteria.

A HACCP Plan is not required when a food service establishment uses a reduced oxygen packaging method to package time/temperature control for safety food that is always:

1. Labeled with the production time and date,
2. Held at 41°F (5°C) or less during refrigerated storage, and

Rule -.04(6)(f)

3. Removed from its package in the food service establishment within 48 hours after packaging.

(7) Food Identity, Presentation, and On-Premises Labeling.

(a) Standards of Identity. Packaged food shall comply with standard of identity requirements in 21 CFR 131-169 and 9 CFR 319 Definitions and standards of identity or composition, and the general requirements in 21 CFR 130 Food Standards: General and 9 CFR 319 Subpart A – General.

(b) Honestly Presented.

1. Food shall be offered for human consumption in a way that does not mislead or misinform the consumer.

2. Food or color additives, colored overwraps, or lights may not be used to misrepresent the true appearance, color, or quality of a food.

(c) Food Labels.

1. Food packaged in a food service establishment, shall be labeled as specified in law, including 21 CFR 101- Food labeling, and 9 CFR 317 Labeling, marking devices, and containers.

2. Label information shall include:

(i) The common name of the food, or if there is no common name, an adequately descriptive identity statement;

(ii) If made from two or more ingredients, a list of ingredients and sub-ingredients in descending order of predominance by weight, including a declaration of artificial color or flavors and chemical preservatives, if contained in the food;

(iii) An accurate declaration of the net quantity of contents;

(iv) The name and place of business of the manufacturer, packer, or distributor; and

(v) The name of the food source for each major food allergen contained in the food unless the food source is already part of the common or usual name of the respective ingredient. ^{Pr}

(vi) Except as exempted in the Federal Food, Drug, and Cosmetic Act § 403(Q)(3) - (5), nutrition labeling as specified in 21 CFR 101 - Food Labeling and 9 CFR 317 Subpart B Nutrition Labeling.

(vii) For any salmonid fish containing canthaxanthin or astaxanthin as a color additive, the labeling of the bulk fish container, including a list of ingredients, displayed on the retail container or by other written means, such as a counter card, that discloses the use of canthaxanthin or astaxanthin.

3. Bulk food that is available for consumer self-dispensing shall be prominently labeled with the following information in plain view of the consumer:

(i) The manufacturer's or processor's label that was provided with the food; or

Rule -.04(7)(c)3

(ii) A card, sign, or other method of notification that includes the information specified under paragraphs 2(i), (ii), and (vi) of this subsection.

4. Bulk, unpackaged foods such as bakery products and unpackaged foods that are portioned to consumer specification need not be labeled if:

(i) A health, nutrient content, or other claim is not made;

(ii) There are no state or local laws requiring labeling; and

(iii) The food is manufactured or prepared on the premises of the food service establishment or at another food service establishment or a food processing plant that is owned by the same person and is regulated by the food regulatory agency that has jurisdiction.

(d) Other Forms of Information.

1. If required by law, consumer warnings shall be provided.

2. Food service establishment or manufacturers' dating information on foods may not be concealed or altered.

(e) Consumption of Animal Foods that are Raw, Undercooked, or Not Otherwise Processed to Eliminate Pathogens.

1. Except as specified in subsections (5)(a)3, and (5)(a)(iv), and (9)(a)3 of this Rule, if an animal food such as beef, eggs, fish, lamb, pork, poultry, or shellfish is served or sold raw, undercooked, or without otherwise being processed to eliminate pathogens, either in ready-to-eat form or as an ingredient in another ready-to-eat food, the permit holder shall inform consumers of the significantly increased risk of consuming such foods by way of a disclosure and reminder, as specified in paragraphs 2 and 3 of this subsection using brochures, deli case or menu advisories, label statements, table tents, placards, or other effective written means. The disclosure and reminder statements shall be worded in legible type in all capital letters and no smaller than font size #8, or if displayed on a menu board shall be printed no smaller than the smallest lettering used for a menu item. ^{Pf}

2. Disclosure shall include:

(i) A description of the animal-derived foods, such as "oysters on the half shell (raw oysters)," "rawegg Caesar salad," and "hamburgers (can be cooked to order);" ^{Pf} or

(ii) Identification of the animal-derived foods by asterisking them to a footnote that states that the items are served raw or undercooked, or contain (or may contain) raw or undercooked ingredients. ^{Pf}

3. The reminder shall include asterisking the animal-derived foods requiring disclosure to a footnote that states:

(i) Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness; ^{Pf} or

(ii) Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions. ^{Pf}

Rule -.04

(8) Contaminated Food.

(a) Discarding or Reconditioning Unsafe, Adulterated, or Contaminated Food.

1. A food that is unsafe, adulterated, or not honestly presented shall be discarded or reconditioned according to an approved procedure. ^P
2. Food that is not from an approved source shall be discarded. ^P
3. Ready-to-eat food that may have been contaminated by an employee who has been restricted or excluded shall be discarded. ^P
4. Food that is contaminated by food employees, consumers, or other persons through contact with their hands, bodily discharges, such as nasal or oral discharges, or other means shall be discarded. ^P

(b) Expired Foods. Prepackaged sandwiches, eggs, infant formula, shucked oysters, milk, and time/temperature control safety foods that are labeled as “keep refrigerated” and that are for sale or service to the consumer or used as an ingredient in other foods shall be immediately discarded and shall not be sold, served, or used after the manufacturer’s expiration date or the sell-by date. ^P

(9) Special Requirements for Highly Susceptible Populations (Pasteurized Foods, Prohibited Re-Service, and Prohibited Food).

(a) In a food service establishment that serves a highly susceptible population:

1. The following criteria apply to juice:

- (i) For the purposes of this paragraph only, children who are age 9 or less and receive food in a school, day care setting, or similar facility that provides custodial care are included as highly susceptible populations;
- (ii) Prepackaged juice or a prepackaged beverage containing juice, that bears a warning label as specified in 21 CFR, 101.17(g) Food labeling, warning, notice, and safe handling statements, juices that have not been specifically processed to prevent, reduce, or eliminate the presence of pathogens, or a packaged juice or beverage containing juice, that bears a warning label may not be served or offered for sale; ^P and
- (iii) Unpackaged juice that is prepared on the premises for service or sale in a ready-to-eat form shall be processed under a HACCP plan that contains the information specified under DPH Rule 511-6-1.02 (6)(b) through (e) and as specified in 21 CFR Part 120 – Hazard Analysis and Critical Control Point (HACCP) Systems, Subpart B Pathogen Reduction 120.24 Process controls. ^P

2. Pasteurized eggs or egg products shall be substituted for raw eggs in the preparation of:

- (i) Foods such as Caesar salad, hollandaise or Béarnaise sauce, mayonnaise, meringue, eggnog, ice cream, and egg-fortified beverages, ^P and
- (ii) Except as specified in paragraph 6 of this subsection, recipes in which more than one egg is broken and the eggs are combined; ^P

Rule -.04(9)(a)

3. The following foods may not be served or offered for sale in a ready-to-eat form: ^P
 - (i) Raw animal foods such as raw fish, raw-marinated fish, raw molluscan shellfish, and steak tartare, ^P
 - (ii) A partially cooked animal food such as lightly cooked fish, rare meat, soft-cooked eggs that are made from raw eggs, and meringue; ^P and
 - (iii) Raw seed sprouts. ^P
4. Except when washing fruits and vegetables, food employees shall handle ready to eat food as specified under (4)(a)2. of this Rule. ^P
5. Time only, as the public health control may not be used for raw eggs. ^P
6. The requirement in paragraph 2(ii) of this subsection does not apply if:
 - (i) The raw eggs are combined immediately before cooking for one consumer's serving at a single meal, cooked to 145°F (63°C) for 15 seconds, and served immediately, such as an omelet, soufflé, or scrambled eggs;
 - (ii) The raw eggs are combined as an ingredient immediately before baking and the eggs are thoroughly cooked to a ready-to-eat form, such as a cake, muffin, or bread; or
 - (iii) The preparation of the food is conducted under a HACCP plan that:
 - (I) Identifies the food to be prepared,
 - (II) Prohibits contacting ready-to-eat food with bare hands,
 - (III) Includes specifications and practices that ensure:
 - I. *Salmonella Enteritidis* growth is controlled before and after cooking, and
 - II. *Salmonella Enteritidis* is destroyed by cooking the eggs to 155°F (68°C) for 15 seconds or
 - (IV) Contains the information specified under DPH Rule 511-6-1-.02(6)(d) including procedures that:
 - I. Control cross contamination of ready-to-eat food with raw eggs, and
 - II. Set forth cleaning and sanitization procedures for food-contact surfaces, and
 - (v) Describes the training program that ensures that the food employee responsible for the preparation of the food understands the procedures to be used.
7. Except as specified in paragraph 8 of this subsection, food may be re-served if the food is dispensed so that it is protected from contamination and the container is closed between uses, such as a narrowneck bottle containing catsup, steak sauce, or wine; or the food, such as crackers, salt, or pepper, is in an unopened original package and is maintained in sound condition.

Rule -04(9)(a)

8. Food may not be re-served under the following conditions:

(i) Any food served to patients or clients who are under contact precautions in medical isolation or quarantine, or protective environment isolation may not be re-served to others outside.

(ii) Packages of food from any patients, clients, or other consumers should not be re-served to persons in protective environment isolation.

Authority O.C.G.A. 26-2-373; 31-2A-4. Administrative History. Original Rule entitled "Application; Filing of" was filed and effective on July 19, 1965 as 270-5-6-.04. Amended: Rule repealed and a new Rule entitled "Food Protection" adopted. Filed January 24, 1967; effective February 12, 1967. Amended: Rule renumbered as 290-5-14-.04. Filed June 10, 1980; effective June 30, 1980. Amended: Rule repealed and a new Rule entitled "Personnel" adopted. Filed July 10, 1986; effective July 30, 1986. Amended: Rule repealed and a new Rule of the same title adopted. Filed July 11, 1995; effective July 31, 1995. Amended: Rule repealed and a new Rule entitled "Food Care" adopted. Filed Jan. 26, 2006; effective Feb. 15, 2006. Amended: Rule repealed and a new Rule entitled "Food" adopted. Filed. Jan. 24, 2007; effective Feb. 13, 2007. Amended: Rule repealed and a new Rule of same title adopted. Filed August 23, 2007; effective Sept. 12, 2007. Amended: Rule repealed and new rule of same title renumbered as 511-6-1 adopted. Effective October 29, 2015.

Appendix H

Georgia Department of Human Resources Guidelines for Nutrition Services

**Georgia Department of Human Resources Division of Aging Services
Requirements for Non-Medicaid Home and Community Based Services**

Section 300.

Individual Service Requirements

§304 Nutrition Service Program Guidelines and Requirements	January 2002 revised 3/2008
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§304.1 Purpose

This section establishes requirements for Area Agencies on Aging and their subcontractors in the administration and provision of a comprehensive program of nutrition services to the elderly.

§304.2 Scope.

These requirements apply to all congregate and/or home delivered nutrition services contracted and provided through or by the Area Agency on Aging, supported by any and all non-Medicaid sources of funding.

§304.3 Congregate Nutrition Program Description and Performance Requirements

- (a) Service objective. To promote better physical and mental health for older people through the provision of nutritious meals and opportunities for social contact. Congregate nutrition services shall be a part of a system of services which promotes independent living for the elderly.
- (b) Service outcomes. At a minimum to identify persons at nutritional risk through nutrition screening and assessment, to reduce nutritional risk among consumers through the provision of nutritious meals, education and counseling and to reduce isolation/increase the sense of well being of consumers through socialization.
- (c) Service activities. Service activities include:
 - (1) the provision of meals and nutrition education in a group setting at a nutrition site, senior center, or multipurpose senior center, and ongoing outreach to the community.
 - (2) access by participants to nutrition screening and assessment, nutrition education, and counseling on an individual basis, when appropriate;
 - (3) access to the congregate site through transportation services;
 - (4) shopping assistance;
 - (5) health, fitness, and other educational programs;

- (6) and recreational activities.
- (d) Eligibility. Client eligibility is established by provisions of the Older Americans Act at §307(a)(13)(A) and (I) for nutrition services provided through all non-Medicaid fund sources.
- Eligible persons are:
- (1) persons aged 60 and over;
 - (2) their spouses, regardless of age;
 - (3) handicapped/disabled¹ residents of housing facilities occupied primarily by the elderly at which congregate nutrition services are provided;
 - (4) handicapped/disabled individuals who live in a non-institutional household with and accompany an eligible person to the congregate nutrition program.
 - (5) conditional upon AAA policies, volunteers, staff and guests age 60 and above. (Also see §304.7)
- (e) Schedule of meal service. Each provider agency shall serve meals in accordance with provisions stated in the Older Americans Act at § 331, Subpart 1, concerning Program Authorization.
- (1) Providers of congregate nutrition services shall use an advance reservation system to determine the number of meals necessary for each day's service and inform participants of procedures for reserving meals.
 - (2) Providers shall serve eligible drop-in seniors and other unscheduled guests only after participants who have made advance reservations are served a meal which provides all of the Recommended Dietary Allowances.
- (f) Participant records. The service provider agency shall maintain files in a form and format approved/accepted by DAS, including information which, at a minimum, identifies regular participants; documents individuals' eligibility for the program; and contains instructions for emergency contacts and care preferences. All providers shall maintain any other additional individual participant information as specified by DAS service program policies and procedures.

¹ Reference Section 200, §204 "Definitions." Medical certification of disability is not required.

Files of participants served through the DAS contract are confidential and are the property of the Department of Human Resources. All participant files are subject to review and monitoring by the AAA, the Division, the Department, and the federal granting agencies.

- (g) Meal service requirements. Nutrition service providers shall use procedures which provide for the safety, sanitation, accessibility and convenience needs of participants, and efficiency of service, and shall include the following:
- (1) using correct portion sizes and utensils as specified on approved menus;
 - (2) adherence of staff and volunteers to food sanitation requirements, as prescribed by applicable Federal, State and local rules and regulations;²
 - (3) taking and recording food temperatures daily to document that safe temperatures are maintained; and
 - (4) to prevent cross-contamination, kitchenware and food-contact surfaces of equipment shall be washed, rinsed and sanitized³ after each use and following any interruption of operations during which contamination may have occurred;
 - (5) if cafeteria-style service is used, assisting those participants who have physical difficulties with trays.
 - (6) food shall be available to participants for at least 30 minutes after serving begins.
 - (7) providers shall establish policies and procedures which assure that participants do not take potentially hazardous foods from the site.
 - (8) providers shall make available to visually-impaired, blind or otherwise handicapped persons, food containers and utensils appropriate to their needs.
 - (9) after offering additional servings to program participants if appropriate, providers *may* donate unconsumed food

² County health departments have the right of amendment to add requirements to State rules and regulations. The higher of the two sets of standards shall apply.

³ Refer to Appendix 304-A of this section for instructions on preparing and using a sanitizing solution.

products to other charitable community social service or public service organizations. Providers wishing to make such donations shall obtain a "hold harmless" agreement from the receiving organization, which protects the provider from any liability.

- (10) providers shall not arrange for or provide covered dish meals at nutrition sites or other locations, using any funds which are administered through the contract with the Area Agency on Aging to support the cost of such activities.
- (h) Food storage safety.⁴ Potentially hazardous foods shall be stored at safe temperatures as stated at §290-5-14-.03 of the Administrative Rules and Regulations of The State of Georgia, "Food Care, Amended," which states, in part, that "The temperature of potentially hazardous food shall be (maintained at) either 41 degrees Fahrenheit or below or at 140 degrees Fahrenheit or above at all times." Frozen food shall be stored at a temperature of 32 degrees Fahrenheit or below. All rules found at § 290-5-14.03 shall apply.
- (i) Holding time. Providers shall assure that holding times for hot foods do not exceed 4 (four) hours from the final stage of food preparation until the meal is served to the participant, including delivery to the homes of home delivered meals participants.
- (j) Nutrition outreach. Providers shall conduct outreach activities with emphasis on identifying potential program participants who are among those in greatest social and economic need. Providers shall refer potential participants to the Area Agency for intake and screening, including administration of the NSI-D checklist, according to procedures developed by the AAA. See §304.7(b)(1). AAAs may fund outreach activities through Older Americans Act Title III-B, Title III-C₁ and C₂ and state funds.
- (k) Nutrition education.⁵ The provision of information about foods and nutrients, diets, lifestyle factors, community nutrition resources and services to people to improve their nutritional status. Providers shall conduct

revised 12/2004

⁴ Reference <http://www.nal.usda.gov/fnic/foodborne/wais.shtml>, maintained by the USDA Food and Nutrition Service for information and resources on food safety.

⁵ Nevada State Unit on Aging

nutrition education activities at each congregate nutrition site, as follows:

- (1) Sessions shall be provided at least once monthly consisting of a session of not less than 15 minutes in length.
- (2) Each provider shall develop written nutrition education programming, including a calendar, which documents subject matter, presenters, and materials to be used, in accordance with requirements below. If AAAs/providers employ or contract with Registered Dietitians, the RDs may develop a single educational curriculum, which may be used by multiple sites or review or approve curricula developed by the providers.
- (3) Providers shall assure that nutrition education content and materials^{6, 7} are developed to be consistent with the nutritional needs, literacy levels, and vision and hearing capacities, as well as the multi-cultural composition of participating seniors. At a minimum, providers shall incorporate into the curriculum the content provided in the "Take Charge of Your Health Train-the-Trainer" manual materials.
- (4) A qualified dietician, home economist, or other qualified source shall develop or review and approve nutrition education content/materials.
- (5) Each nutrition service provider shall maintain written documentation of programs presented to verify that the requirements are met.

⁶ Websites which may assist in the development of nutrition education materials include <http://nutrition4living.org> maintained by Benedictine University, Lisle IL; <http://trc.ucdavis.edu/gerinutr/Resources/Educational%20Materials.htm> maintained by the Gerontological Nutritionists, a practice group of the American Dietetic Association; and <http://nirc.cas.psu.edu/links.cfm?area=275> maintained by the Penn State College of Agriculture Nutrition Information and Resource Center.

⁷ Reference: The Nutrition Interventions Manual for Professionals Caring for Older Georgians, Nutrition Intervention and Patient Outcomes, A Self-Study Manual, and Managing Nutrition Care in Health Plans. Contact the Nutrition Screening Initiative, 10101 Wisconsin Avenue, NW, Washington, D.C. 20007 for further information or additional copies.

revised 12/2004

- (l) Nutrition screening⁸ - Nutrition screening is the process of using characteristics known to be associated with nutrition problems to identify individuals who are nutritionally at risk.⁹ Nutrition screening begins at the AAA with the administration of the Nutrition Screening Initiative DETERMINE (NSI-D) Checklist as part of the intake and screening process. The AAA may allow congregate meal sites with no waiting lists to perform initial applicant intake and screening directly. Congregate meal providers shall complete the checklist six months after services begin and, at a minimum, annually thereafter, or at anytime that a change in the participant's condition or circumstances warrants. The AAA and provider(s) jointly shall develop protocols to assure that applicants/recipients whose NSI-D score is 6 or greater (at high nutrition risk) receive or are referred for a Level One Screening (or higher); receive a comprehensive nutrition assessment, when indicated; receive individual nutrition counseling, if indicated; are referred to their primary health care providers for follow-up; or are referred for any other assistance or services needed.¹⁰

revised 12/2004

- (m) Nutrition Assessment. An evaluation of nutritional status at a given point in time, which may include estimation of nutritional requirements and a care plan with measurable goals.¹¹ Area Agencies and nutrition service providers are to work collaboratively to identify or develop resources for the provision of nutrition assessments for persons at high nutrition risk. Registered dietitians and/or other qualified professionals may conduct nutrition assessments.

revised 12/2004

- (n) Nutrition counseling. The provision of individualized guidance by a qualified professional on appropriate food and nutrient intakes for those with special needs, taking into consideration health, cultural, socioeconomic, functional and psychological factors. Nutrition counseling may include advice to increase or decrease nutrients in the diet; to change the timing, size or composition of meals; to modify food textures; and, in extreme instances, to

revised 12/2004

⁸ Reference note 7 and also see <http://www.aafp.org>, the website of the American Academy of Family Physicians.

⁹ Definition adapted from the Guidelines and Standards of the American Society of Parenteral and Enteral Nutrition, A.S.P.E.N. Board of Directors, 1995

¹⁰ If the AAA contracts for or provides case management services for recipients of non-Medicaid services, the case management provider is responsible for comprehensive client assessment and reassessment, including the administration of the NSI-D Checklist. The case management provider is responsible for arranging for and/or coordinating nutrition services, including obtaining additional nutrition screening, with the nutrition service provider.

¹¹ "Nutrition Screening, Triage, and Assessment." Paula Davis McCallum, MS, RD, LDN, In "Nutrition in Cancer Treatment." Eureka, CA: Nutrition Dimension, Inc., 2003.

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change the route of administration – from oral to feeding tube to intravenous. The AAA or provider shall develop protocols to determine those participants with special needs who would benefit from individual counseling and assure that such counseling is made available by qualified professionals. Please note that individual counseling may not be indicated, regardless of the level of nutritional risk if the person would not benefit from the counseling due to cognitive impairments or otherwise could not participate the development of a nutrition care plan, or it is the documented opinion of a social service or health care professional that the person would not comply with a nutrition care plan. See note 7 for resources.

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(o) Alternative meals.

(1) Picnic, holiday and weekend meals must meet at least 1/3 DRI/RDA requirements and provide nutrient levels according to the Georgia Program Targets for adults aged 55 and over (see Appendix 304-F); meet temperature requirements for hot and cold foods; and must be prepared in a commercial food service or on-site kitchen.

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(2) Shelf-stable, dehydrated chilled and frozen meals must meet at least 1/3 DRI/RDA requirements for nutritional value and provide nutrient levels according to the Georgia Program Targets for adults aged 55 and over (see Appendix 304-F); and applicable temperature standards. Package labeling must be legible and show the packaging date, list of food items in the pack, storage instructions, and instructions for preparation or safe thawing and re-heating, or reconstituting.

(o) Facility access and safety. All nutrition sites shall comply with the Americans with Disabilities Act requirements, relating to access, with any other relevant DAS standards or program requirements.¹²

¹² Facility requirements for senior centers which house congregate meal programs are found in Section 200, §206.

**§304.4 Home Delivered Meal
Program Description and
Performance Requirements**

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- (a) Service objective. To promote better health for frail, older people, and eligible members of their households, through the provision of nutritious meals; nutrition screening, education and counseling services, if indicated, and collateral opportunities for social contact. Home delivered nutrition services shall be a part of a system of services which promotes independent living for the elderly and support for caregivers.¹³

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- (b) Service outcomes. At a minimum to measure the degree of nutritional risk of program participants; to delay decline in health/nutritional status through nutrition screening and assessment; to reduce identified nutritional risk among consumers through the provision of nutritious meals education and counseling; and to reduce isolation/increase the sense of well being of consumers through collateral contacts with program staff/ volunteers.

- (c) Service activities. Service activities include the provision of meals, and nutrition screening, nutrition assessment, education and counseling to clients and their caregivers in the home and appropriate referral to other services/resources.

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- (d) Eligibility and priority for services. Eligible persons are those aged 60 and over, whose functional impairments¹⁴ prevent them from participating in a congregate meals program, or who provide care to a dependent, disabled person in the home, to the extent that they cannot leave the person to attend a congregate site. AAAs shall give priority to those in those in greatest social and economic need, in conjunction with nutrition risk status, as indicated by the NSI-DETERMINE Checklist Score and high functional impairment levels, as documented on the DON-R instrument. Persons with NSI-D Checklist. Scores of 6 or higher are considered to be at high nutritional risk and are to be given priority for services, relative to comparative scores of other applicants. Providers may offer a meal to the spouse/caregivers of a homebound eligible person if the provision of the collateral meal supports maintaining the person at home.

¹³ Home delivered meals may be provided as a supplemental service through the Title III-E National Family Caregiver Support Program.

¹⁴ Functional impairment status and need for assistance are determined by the AAA at the time of intake and screening through the use of the Determination of Need-Revised (DON-R) instrument, and subsequently at the time of initial assessment and annual reassessment. Impairments in the eating and meal preparation items of the DON-R are particular indicators that a person may be at nutritional risk. However, staff shall consider the complete DON-R assessment and NSI-D Checklist in determining nutritional risk.

Providers also may offer meals to the non-elderly, disabled individuals, who reside in the households of elderly (age 60+) persons and are dependent on them for care.

- (e) Schedule of meal service. The service provider shall provide home delivered meals, at a minimum, in accordance with the Older Americans Act, § 336, Subpart 2, concerning Program Authorization. Providers shall make meals available at least once a day, five days or more a week, with arrangements for the provision of meals to participants during weather-related or other states of emergency.
- (f) Participant records. The service provider agency shall maintain files in a form and format approved/accepted by DAS, including information which, at a minimum, identifies regular participants and documents individuals' eligibility for the program. All providers shall maintain any other additional individual participant information as specified by DAS service program policies and procedures. Files of participants served through the DAS contract are confidential and are the property of the Department of the Human Resources. Files are subject to review and monitoring by the AAA, DAS, the Department and federal funding agencies.
- (g) Conditions for referral to other services. When appropriate, service providers shall work with the Area Agency (or case management agency, if available¹⁵) to refer participants to other service resources which may be appropriate to assist them with remaining independent and safe in their home, and/or to assist care givers with maintaining their own health and well-being.
- (h) Meal delivery. Providers shall develop and implement procedures for assuring safe meal delivery in accordance with applicable DHR Food Service and Food Safety rules and DAS requirements for holding times.
- (i) Meal packaging. Providers shall use supplies and carriers which allow for packaging and transporting hot foods separately from cold foods.
 - (1) Providers shall use meal carriers of appropriate design, construction and materials to transport trays or containers of potentially hazardous food, and other hot or cold foods. Carriers shall be

¹⁵ See note 16. Case management agencies, when available, oversee the coordination and provision of all services for non-Medicaid service participants.

- enclosed to protect food from contamination, crushing or spillage, and be equipped with insulation and/or supplemental sources of heat and/or cooling as is necessary to maintain safe temperatures.
- (2) Providers shall clean and sanitize meal carriers daily or use carriers with inner liners which can be sanitized.
 - (3) Meal packaging, condiments and utensils must meet the following criteria:
 - (A) be sealed to prevent moisture loss or spillage to the outside of the container;
 - (B) be designed with compartments to separate food items for maximum visual appeal and minimize leakage between compartments;
 - (C) be easy for the participant to open or use. Providers must make every effort to provide assistive devices or modified utensils to persons who needed them, to assure maximum consumption and benefit from the meals.
- (j) Frozen, dehydrated, chilled or shelf-stable meals. These meals shall be prepared and served in accordance with DAS requirements and may be used only if the following criteria can be met:¹⁶
- (1) The provider and the participant or caregiver can assure sanitary and safe conditions for storage, thawing (if applicable), and reheating, or reconstituting.
 - (2) The participant can safely handle the meal, or when the participant is frail, cognitively impaired or otherwise disabled, s/he has someone available to assist with food preparation, meal handling, and eating, if necessary.
- (k) Monitoring by service provider. Each provider shall monitor meal and document daily that temperatures of hot meals received from vendors are within acceptable ranges upon delivery to the

¹⁶ If the AAA contracts for or provides case management services to HCBS participants, the case management provider is responsible for assessing the ability of the home delivered meal recipient to store and prepare alternative meal types, as well as to determine whether the available meal is appropriate to meet the participant's health and dietary needs. See Appendix 304-D for documentation content.

site. Providers will monitor no less than twice per month and document the temperature of the last meal delivered on a given delivery route to assure that holding times, safe temperatures and quality of meals are maintained. Providers shall select routes randomly for monitoring.

- (l) Nutrition outreach. Providers shall conduct outreach activities with emphasis on identifying potential program participants who are among those in greatest social and economic need. Providers shall refer potential participants to the Area Agency for intake and screening, when appropriate, according to procedures developed by the AAA.
- (m) Nutrition education. The provision of information about foods and nutrients, diets, lifestyle factors, community nutrition resources and services to people to improve their nutritional status.¹⁷ Each provider shall provide nutrition education services to recipients of home delivered meals and/or their caregivers at least once per month.
- (1) Providers shall develop written nutrition education programming, outlining activities to be performed; identifying materials to be sent to the homes of program participants and/or their caregivers. If the AAA/provider employs or contracts with a Registered Dietician, individual sites may use a single education curriculum developed or approved by the staff RD.
 - (2) Nutrition education content shall address the nutritional needs of home-bound elderly and be developed, approved or distributed by a qualified dietician, county extension agent, home economist, or other qualified source. Educational content also may include advice on maintaining adequate personal nutritional status to caregivers of frail elderly.
 - (3) Providers shall make available print materials which are in sufficiently large (14 point or larger), clear and commonly used type faces, such as Arial and Verdana or Georgia and Times New Roman, to be easily read, and in language which is appropriate for the educational levels and cultural backgrounds of the participants.

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¹⁷ Reference note 5.

- (4) Each nutrition service provider shall maintain written documentation of educational materials provided, monthly distribution lists to verify that the requirements are met. Providers also shall document telephone and/or home visit contacts.

revised 12/2004

- (n) Nutrition screening. Nutrition screening is the process of using characteristics known to be associated with nutrition problems to identify individuals who are nutritionally at risk.¹⁸ Nutrition screening begins at the AAA with the administration of the NSI-D checklist as part of the intake and screening process. The home delivered meals provider shall administer the NSI-D checklist¹⁹, at six months following the beginning of services and annually thereafter, or more frequently if indicated by a change in the participant's condition or situation. The AAA and provider(s) jointly shall develop protocols to assure that applicants/recipients whose NSI-D score is 6 or higher receive or are referred for a Level One Screening (or higher) and nutritional assessment; receive individual nutrition counseling, if indicated; are referred to his/her primary health care provider for follow-up; or are referred for any other assistance or services needed. (Also see note 7 for NSI interventions reference materials.)

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- (o) Nutrition Assessment. An evaluation of nutritional status at a given point in time, which may include estimation of nutritional requirements and a care plan with measurable goals.²⁰ Area Agencies and nutrition service providers are to work collaboratively to identify or develop resources for the provision of nutrition assessments for persons at high nutrition risk. Registered dietitians and/or other qualified professionals may conduct nutrition assessments.

Nutrition counseling. The AAA and home delivered meals provider(s) jointly shall develop protocols to determine which program participants would benefit from individual counseling and assure that such counseling is made available by qualified professionals. (Also see note 7 for NSI interventions resources.)

¹⁸ See citation at note 9.

¹⁹ See notes 10, 15 and 16 regarding the provision of case management services. Case management staff may administer the NSI-D checklist and make necessary and appropriate referrals for additional nutrition interventions, coordinating such activities with the provider.

²⁰ See citation at note 11.

**§304.5 Requirements
for Meals.**

- (a) Each meal shall comply with provisions in the Older Americans Act, Title III, Subpart 3 § 339, concerning compliance with Dietary Guidelines for Americans.
- (b) Nutrient content. Nutrient content of meals is determined by the application of the Dietary Reference Intake (DRI) Guidelines and the Dietary Guidelines for Americans, including the Food Guide Pyramid.²¹ Within the DRIs are the Recommended Dietary Allowances (RDAs) and Adequate Intake (AI) levels. The nutrient content of meals shall provide a minimum of 1/3 of the RDA/AI and shall not exceed the Tolerable Upper Intake Levels (ULs) for targeted nutrients on average over the week. If RDA/AI differ for men and women, the higher value of the two will be used. See Appendix 304-E, "Nutrient Values for Meal Planning and Evaluation," and Appendix 304-F, "Georgia Nutrition Program Nutrient Targets for Meals."
- (c) Menu approval. A qualified dietician shall certify menus in each cycle as meeting the dietary guidelines and providing recommended dietary allowances. The AAA shall submit copies of certified menus and nutritional analyses to the Division of Aging Services on a quarterly basis.
- (1) The provider shall request and document approvals by the AAA to substitutions or other menu revisions.
- (2) The AAA shall assure that the services of registered dietician are available for menu review and certification. This dietician shall not be employed by the commercial food vendor which provides meals for the planning and service area, if the provider subcontracts meal preparation.
- (3) The certified menus are subject to the audit process and are to be retained for a minimum of six years, according to state record retention requirements.²²
- (d) Nutrient analysis. The provider shall obtain and maintain documentation of nutrient analysis for each meal per menu cycle. If the AAA allows the use of alternative protein sources, the procurement documents must clearly state how

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²¹ Established by the U.S Department of Agriculture and the U.S. Department of Health and Human Services.

²² The AAA may elect to maintain certified menus at that level for a lesser period of time, as long as the nutrition service provider complies with record retention requirements.

frequently alternative protein may be used on a monthly basis and to what degree.

revised 12/2004

- (e) Meal patterns. Providers may plan menus using the meal pattern(s) established by DAS, but must assure that individual meals provide at least 1/3 of the DRIs/RDAs/AIs, per Appendix 304-E and Georgia Nutrition Program Nutrient Targets in Appendix 304-F. Following is the revised, updated standard meal pattern.

Table 304-2 Standard Meal Pattern Requirements – Basic Meal Components

Food Group	Servings per Meal	Dietary Guidelines Servings per Day
Bread or Bread Alternate	2 servings (1 cup pasta or rice); 2 slices of bread (1 ounce each) or equivalent combinations	6-9 servings daily. Include several servings of whole grain (high fiber) food
Vegetables	2 servings: ½ cup or equivalent measure (may serve an additional vegetable instead of a fruit.)	3-4 servings daily. Include dark green, leafy, or orange vegetables; cooked dry peas and beans.
Fruits	1 serving: ½ cup or equivalent measure (may serve an additional fruit instead of a vegetable.)	2-3 servings daily. Include deeply colored fruits, such as orange fruits
Milk or Milk Alternates	1 serving: 1 cup (8 ounces) or equivalent measure	3 servings daily; select low fat products.
Meat or Meat Alternates	1 serving: 3 ounces or equivalent measure	2 servings daily, total of 6 ounces
Fats	1 serving: 1 teaspoon or equivalent measure	Select foods lower in fat, saturated fat and cholesterol. Limit total fat to 30% and saturated fat to 10% of calories.
Dessert	Varies.	Select foods high in whole grains, low in fat and sugars.
Optional Beverages: Water, coffee, tea, decaffeinated beverages, fruit juices.	8 ounces, minimum, according to seasonal preferences.	

- (1) Providers/vendors shall use standardized recipes which yield all requirements of the meal pattern.
- (2) Food items chosen for each meal must vary daily, and must vary within the category of food.

- (f) Menu cycles. Providers shall develop twenty to twenty-eight day menu cycles, which can be repeated quarterly. Menus for therapeutic/modified meals may be prepared on a six-month cycle (three or four-month cycle optional), in accordance with the Georgia Dietetic Association Manual.
- (g) Modified diets. Modified and/or therapeutic medical diets *may* be provided and may deviate from the standard menu pattern as required by the participant's special needs and medical condition, providing
 - (1) The nutrition service provider obtains a physician's prescription for each participant needing a special meal and maintains documentation of specific guidance on meal modification,
 - (2) Appropriate foods and staff with the skills necessary to prepare modified/therapeutic meals are available in the planning and service area.
- (h) Menu monitoring. Each nutrition service provider shall retain on file each menu with meals as served, for monitoring purposes. If providing services at multiple sites, each site must have a copy of the menus with meals as served.

§304.6 Administrative Responsibilities of Nutrition Service Providers

- (a) Compliance with the Older Americans Act. All providers shall comply with all provisions for nutrition services contained in the Older Americans Act, as amended.²³
- (b) Nutrition outreach. Each provider of nutrition services shall conduct outreach activities and document outreach strategies and contacts.
- (c) Compliance with other laws and regulations. Each provider agency shall use procedures that comply with all applicable state and local fire, health, sanitation, and safety laws and regulations. All food preparation, handling and serving activities shall comply with applicable requirements as found at § 290-5-14 of the Administrative Rules and Regulations of the State of Georgia.²⁴

²³ Title III, Part A, Section 307(a)(8), (a)(16); Part A, Section 311; Part A, Section 315; Part C, Subpart 1, Section 331, Subpart 2, Sections 336 and 337; Subpart 3, Section 339.

²⁴ Complete State Food Service Rules and Regulations may be found at <http://www.ph.dhr.state.ga.us/publications/foodservice/iii.shtml> or may be obtained from county health departments.

- (d) Food production. Nutrition service providers shall assure that food production is planned and managed using standardized recipes adjusted to yield the desired number of servings, and to provide for consistency in quality and documented nutrient content of food prepared.
- (e) Food borne illness complaints. The provider shall promptly initiate investigation by local health authorities of complaints involving two or more persons with symptoms of food borne illness within a similar time frame after consuming food supplied through the nutrition service program. Providers shall report such complaints to the contracting Area Agency on Aging, within two business days of the occurrence of and/or receipt of a complaint regarding a food borne illness.
- (f) Weather-related emergencies, fires, and other disasters.
 - (1) The provider agency shall make facilities, equipment, and services available to the fullest extent possible in emergencies and disasters, according to the AAA regional emergency/disaster plan.
 - (2) The provider agency shall develop and implement written procedures to provide for the availability of food to participants in anticipation of and during emergencies and disasters, including contingency planning for delivery vehicle breakdowns, inclement weather, shortages in deliveries, food contamination, spoilage, etc.
- (g) Management and oversight of the nutrition program. The service provider agency shall identify an individual who is responsible for the overall management of nutrition services and compliance with performance requirements, standards and procedures. This person, and any other employee(s) responsible for food service management, shall complete appropriate coursework in food protection, hazard avoidance and contamination control procedures,²⁵ and maintain any related certification according to the certifying entity's schedule, through continuing education or other professional development.

²⁵ AAAs and providers are referred to the ServSafe ® training program offered by the County Cooperative Extension Service, or to area technical schools and adult education programs for similar training courses in food safety and related topics.

- (h) Staff orientation and training²⁶. The service provider shall assure that orientation and ongoing training for administrative and direct service staff and volunteers shall be adequate to provide for safe, appropriate, and efficient services to the elderly, and compliance with all applicable requirements and procedures. Providers shall document and maintain records of all content and dates of orientation and training for monitoring purposes.
- (i) Health inspections. It is the responsibility of the nutrition service provider to obtain required health inspections and certificates from the appropriate local health authorities, and post the annual certificates in each
- (j) Recordkeeping and reporting. Nutrition service providers shall comply with all record keeping and reporting and retention requirements as prescribed by the Division. Documentation requirements specific to food service include, but are not limited to, maintenance of :
 - (1) Daily records documenting persons who receive meals, for both congregate and home delivered meals program, if applicable;
 - (2) Meal counts or reports, including meals eligible and ineligible for the Nutrition Service Incentive Program (NSIP);
 - (3) Perpetual and physical inventory records for all foods, if meals are prepared on site.
 - (4) Food cost records, if applicable.
 - (5) Documentation of daily temperature checks for congregate meals and bi-weekly checks for home delivered meals.
 - (6) Documentation of daily meal reports.
 - (7) Documentation of participant feedback, and the method used to obtain feedback on a routine basis and the feedback obtained.
- (k) Contributions. Nutrition service providers shall comply with the Older Americans Act, as reauthorized, related to providing participants the opportunity to make voluntary contributions in support of the program, in a manner that protects their confidentiality.

²⁶ See Appendix 304-B for basic topics required for training. Providers may offer additional topics.

- (1) Providers shall assure that contributions shall be used only to support or expand the nutrition program, including:
 - (A) provision of additional outreach activities;
 - (B) provision of additional nutrition screening and assessment, education and counseling services;
 - (C) purchase of transportation services that will increase or enhance attendance at nutrition sites;
 - (D) expansion of meal service availability; or
 - (E) improvements in meal quality.
 - (2) The service provider may accept Electronic Benefits Transfers (EBT) if available, from eligible participants as a form of voluntary contribution.
 - (3) Providers shall assure that no participant is denied service due to an inability or unwillingness to make a voluntary contribution.
 - (4) Providers shall assure that solicitations of voluntary contributions are non-coercive in nature.
- (I) Other program income and fees.
- (1) The provider agency shall recover, at a minimum, the full meal cost as determined by the Uniform Cost Methodology for those meals served to staff and guests under age 60. The provider shall account for payment for these meals on separate receipts from contributions and handle funds in the same manner as program income. The meal cost for purposes of cost recovery from staff and guests under age 60 shall be posted in a prominent location and updated on an annual basis. For the purpose of determining the amount to be recovered, the meal cost will be calculated only for central kitchen or food vendor costs. The total costs, including overhead/operating costs shall be posted as well.

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- (2) Providers shall not apply a cost share to meals paid for with Older Americans Act funds or with State Community Based Services funds.
- (m) Nutrition Services Incentive Program (NSIP)
The cash allotment made available by the United States Department of Agriculture (USDA) shall be used in accordance with the Older Americans Act and United States Department of Agriculture policy and procedures. Meals provided through the NSIP must meet all requirements of the former USDA cash reimbursement program and must be served to eligible participants. Meals eligible for NSIP funding are those which:
 - (1) Meet at least one-third of the Recommended Dietary Allowances (RDA), Dietary Reference Intakes for each meal served;²⁷
 - (2) are served to eligible individuals [see §304.3(d) and §304.4(d);]
 - (3) are served by a nutrition service provider who is under the jurisdiction, control, management and audit authority of the State Unit on Aging, or the Area Agency on Aging.

**§304.7 Area Agency on Aging
Responsibilities for the
Nutrition Services Program**

- (a) Policies and procedures. The AAA shall develop and implement any necessary additional policies and procedures for the following:
 - (1) compliance with the Older Americans Act, as reauthorized, with regard to the elderly nutrition program.
 - (2) program evaluation activities, including conducting periodic evaluations of assessment, reassessment and nutrition risk information for congregate and home delivered meals participants to assure that those persons in greatest need are being served and desired outcomes are achieved;
 - (3) verification that all providers comply with the Older Americans Act, as reauthorized,

²⁷ Exception: Meals which are modified in nutrient content for medical reasons and which are prescribed by a physician.

- concerning use of NSIP funding; that only eligible meals are funded through NSIP; and that cash will be used to purchase only meals prepared from food grown or commodities produced in the United States.
- (4) the election to allow providers to provide meals to volunteers, guests and staff.
- (A) Nutrition services staff guests and volunteers age 60 and over are considered to be eligible older persons for purposes of receiving meals and shall be given the same opportunity to make voluntary contributions as any other participant.
- (B) Staff, guests, and volunteers under age 60 (except for spouses of eligible participants) may consume a meal only when it will not deprive an eligible older person of the opportunity to receive a meal. These individuals shall pay the full cost of any meals received.
- (b) Compliance requirements. AAAs are responsible for:
- (1) assuring that all meals served meet requirements as specified in §304.5;
- (2) establishing procedures for consistent AAA management of waiting lists and communications with nutrition providers regarding referrals to and openings in the program.
- (3) assuring that service provider staff have made appropriate arrangements for providing meals in emergency situations or natural disasters, with emphasis on plans for providing services during periods of inclement weather, particularly to people residing in geographically remote areas.

- (c) Staffing for nutrition program contract management duties. The AAA shall designate one or more staff to manage the nutrition service contracts or obtain the services of consultants to coordinate with staff for the management of nutrition services contracts. The minimum qualification for staff or consultants shall be:
- (1) satisfactory completion of a DAS-approved course in food safety, food protection, or equivalent (see note 25); and/or
 - (2) Licensure through the state of Georgia as a registered dietician.
- (d) Compliance Monitoring.
- (1) The AAA shall monitor each nutrition service provider and individual provider site at least once annually within the first six months of the contract year, placing additional emphasis on monitoring more often those sites which continue to demonstrate substantial non-compliance for the previous year, or new provider(s)/site(s).
 - (2) The AAA shall monitor each commercial food vendor kitchen or commissary on-site at least once annually. Follow-up during the contract period shall be made as desired or indicated.
- (e) Negotiation of contracts.
- (1) Using the Uniform Cost Methodology²⁸ and principles of performance based contracting to procure Congregate and Home Delivered Meals, AAAs shall assure that potential subcontractors establish a base meal cost. AAAs shall base reimbursement rates on actual cash costs, excluding estimates of volunteer time, and the value of contributed goods and services. The base meal cost shall be the basis for negotiation between the AAA and any respondents to requests for proposals.
 - (2) Costs of services other than the base meal rate must be accounted for in other service categories.

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²⁸ Area Agencies may waive the use of the Uniform Cost Methodology by food vendors who already employ a per meal unit cost analysis with comparable cost centers.

(3) The AAA has the authority to renegotiate reimbursement rates during the contract period, based on documentation from the provider which identifies additional costs and the rationale for including any additional costs as necessary and reasonable to the provision of meals.

(f) Program Planning and Evaluation. The AAA shall use NSI-D Checklist data at a minimum, and any other relevant data, to identify and target nutrition services to the at-risk population. On an annual basis, the AAA shall analyze client and cost data, in addition to compliance monitoring results to identify necessary program improvements. The AAA shall involve the provider(s) in the evaluation process and provide written feedback regarding required corrective actions or program improvement initiatives.

§304.8 Registered Dietitians

- (a) The AAA is responsible for assuring compliance with the Older Americans Act, as reauthorized, which provides that the nutrition program be administered with the advice of dietitians or individuals with comparable expertise. The AAA may employ directly the dietitian(s) or contract for consultation services. Nutrition service providers may also employ or contract for dietitian services in fulfillment of this requirement.
- (b) Duties of the dietitian include, but are not limited to:
- (1) Menu planning - the development (or oversight of the development of) regular four week cycle menus (four or six-month cycle for special diets) which will change quarterly with consideration of input from program participants and staff. The dietitian shall convene quarterly menu planning meetings with senior center managers, and on-site kitchen staff or commercial food vendor staff. The dietitian shall assure that the menus conform to the Division of Aging Services' meal patterns and nutrient content.
- (3) Development of standardized recipes and nutritional analysis - The dietitian shall develop, select, and/or approve standardized recipes as needed/ appropriate and provide/obtain full nutritional analysis for all proposed menus.

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- (3) Training - The dietician shall provide quarterly (or more frequently as needed) in-service training to on-site kitchen staff and senior center staff on such topics as food sanitation and safety; portion control; quality control; cost control; special nutritional needs of the elderly; planning low-cost nutritious meals for one or two people and other nutrition and health related topics.
- (4) Nutrition Education - The dietician shall develop and/or disseminate approved nutrition education materials to food service personnel (for use with kitchen staff) and to senior center managers (for use with congregate and home delivered meals program participants).
- (5) Technical Assistance - The Dietician shall provide technical assistance in the areas of food service management and nutrition program management to Area Agency staff, nutrition project personnel and food service personnel. The dietician will provide technical assistance to food vendors to offer flexibility and choices for program participants.
- (6) Nutrition Screening and Intervention - The dietician shall assist the Area Agency staff and implementation of the Nutrition Screening Initiative in the planning and service area, including assisting with developing protocols and mechanisms to provide access to Level I Screening (or higher) and assessments, or referrals to appropriate health care providers for individuals identified as being at high nutritional risk.
- (7) Nutrition Counseling — The dietician shall provide, oversee and/or develop resources for the provision of individualized nutrition counseling for persons identified as being at high nutrition risk, including developing protocols for targeting client groups and priorities for using available resources. The counseling shall include referral to other needed services and assistance and follow-up. The dietician shall coordinate service referrals with case managers, if present.

revised 12/2004

- (8) Program Monitoring, Planning and Evaluation — the dietician shall oversee or assist with program monitoring and evaluation; the analysis of programmatic data; oversee or assist in the development of bid specifications; and oversee or assist in developing the Area Plan with regard to meal service and nutrition program initiatives. RDs will coordinate with Wellness Program staff, Care Coordinators, and other Area Agency or provider staff in the implementation and promotion of Wellness Program activities.

revised 12/2004

- (9) Quality Assurance - It is the responsibility of the dietician:
- (1) to assure that the meals served in the OAA Nutrition Program meet the nutrition and dietary standards.
 - (2) to assure that the vendor/provider has used standardized recipes;
 - (3) to assure that the menu items used for nutrient analysis and menu items provided to consumers are the same;
 - (4) to assure that program participants have had an opportunity to provide input in the development of menus.

§304.9 Transfers of Program Funding

AAAs may transfer up to 40% of the funding between the congregate and home delivered meals program, and an additional 30% between the nutrition services program and supportive services, with approval from the Division, to assure that the Division does not exceed the transfer percentages in the aggregate. AAAs shall provide in the Area Plan/Update a description of the amounts to be transferred, the purpose, the need, and the impact on the provision of services from which funding will be transferred. AAAs may request waivers to transfer a larger percentage, with justification, and DAS may approve excess transfers, conditional on not exceeding the maximum percentage statewide.

§304.10 Provider Quality Assurance and Program Evaluation

- (a) AAAs shall assure that each nutrition program provider organization develops and implements an annual plan to evaluate and improve the effectiveness of program operations and services

to ensure continuous improvement in service delivery.

- (b) The evaluation process shall include:
 - (1) a review of the existing program.
 - (2) satisfaction survey results from consumers, staff, and program volunteers.
 - (3) program modifications made that responded to changing needs or interests of consumers, staff or volunteers.
 - (4) proposed program and administrative improvements.
- (c) Each provider with an individual contract shall prepare and submit to the AAA annually a written report which summarizes the evaluation findings, improvement goals, and implementation plan for each site. The provider shall submit the report no later than the end of the first quarter of the new fiscal year (September 30.)
- (d) Providers which also operate senior centers shall incorporate the evaluation of the nutrition program into the annual senior center program evaluation.

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§304.11 Fiscal Management

Contractors providing nutrition services shall practice sound and effective fiscal planning and management, financial and administrative record keeping and reporting. Contractors will use the Division's Uniform Cost Methodology on an annual basis to analyze, evaluate and manage the costs of the program.

§304.12 Laws and Codes

Each nutrition service program site shall be operated in compliance with all federal, state, and local laws and codes that govern facility operations, specifically related to fire safety; sanitation; insurance coverage; and wage and hour requirements.

§304.13 Clients' Rights and Responsibilities and Complaint Resolution

revised 12/2004

Nutrition Service Providers, including Area Agencies on Aging, if applicable, shall assure that consumers, or their caregivers/ representatives, receive written notice of their rights and responsibilities upon admission to the program, according to Chapter 202, *General Service Requirements*. For ongoing consumers, the information may be provided at the next re-assessment.

Effective Date: Upon issuance.

Appendix 304-A
Making a Sanitizing Solution

SANITATION OF FOOD PREPARATION WORK AREAS AND EQUIPMENT

A number of factors influence the effectiveness of any chemical sanitizer. They are:

Contact

In order to lower the number of microorganisms to an acceptable level, the sanitizing solution must make contact with the surface or the utensil for the amount of time required by the state or local regulatory authority.

Selectivity

All sanitizers may not reduce the number of certain microorganisms to an acceptable level.

Concentration

The concentration of the sanitizing solution is a critical factor. In the case of chlorine bleach, the 1997 FDA Model Food Code recommends a concentration of 25-100 ppm (parts per million) depending on the job to be done, the temperature of the water and the pH of the solution. Concentrations higher than necessary can create a safety hazard, cause taste and odor problems, corrode metals and other materials and leave residues. The effectiveness of a chlorine bleach sanitizing solution diminishes with use. Therefore it is necessary to test the sanitizing solution using test strips. These are readily available from foodservice supply houses.

Temperature

Chlorine sanitizing solutions should be at a minimum temperature of 75°F. They are less effective at lower temperatures. At temperatures higher than 120°F chlorine may evaporate from the solution and corrode certain metals. In general all sanitizers work best at temperatures between 75° and 120°F.

To Sanitize Work surfaces

- After each use, especially after working with raw meat, fish or poultry, thoroughly wash with hot water and soap/detergent and rinse with warm water.
- Use a sanitizing solution of 1 teaspoon of liquid chlorine bleach to one gallon of warm water (at least 75°F) (200 ppm solution) with clean wiping cloth. (Note: solution should be changed often). Wiping cloths should be kept in the sanitizing solution. (Also, see note below)
- Air dry.

To Sanitize Dishes, Glassware, Utensils, Pots and Pans

- Wash thoroughly in warm water and soap/detergent.
- Rinse thoroughly in warm water.
- Soap/detergent residue and organic matter (food/soil) even in small amounts reduces the effectiveness of the sanitizing solution.
- Immerse in a solution of one teaspoon of liquid chlorine bleach to one gallon of water for at least one minute (60 seconds).
- Air dry.

To Sanitize Dishtowels, Dishcloths and Wiping Towels

In the sink

- Fill sink with warm water and appropriate amount of laundry detergent.
- Add one teaspoon of liquid chlorine bleach for each gallon of water.
- Swish around.
- Rinse in warm water
- Air dry.

In the washing machine

- Wash in washing machine with laundry detergent/soap and one cup of liquid chlorine bleach.
- Always thoroughly mix with water as directed before using.
- Do not allow undiluted liquid chlorine bleach to come in contact with any fabric (If it does, rinse out immediately with clear, cold water)
- Do not use on steel, aluminum, silver or chipped enamel.

In addition to cleaning and sanitizing work surfaces, equipment and utensils, also note the areas of the facility that may have been overlooked for cleaning, e.g., walls, ceiling, light fixtures, floors, floor drains and shelves.

Note: Solution proportions are based on the concentration of chlorine in bleach-

- 2%: Use 2 teaspoons of bleach to 1 quart of water or
Use 2 tablespoons of bleach to 1 gallon of water
- 4% Use 1 teaspoon of bleach to 1 quart of water, or
Use 1 tablespoon of bleach to 1 gallon of water
- 6% Use 1/2 teaspoon of bleach to 1 quart of water, or
Use 2 teaspoons of bleach to 1 gallon of water

Sources: The University of Georgia Cooperative Extension Service, University of Rhode Island Cooperative Extension Service and FoodServiceSearch.Com,
http://www.foodservicesearch.com/food_safety

Appendix 304-B

Basic Training Topics for Nutrition Program Staff

Training Topics

The following topics at a minimum are to be covered in initial training and orientation for all program staff and volunteers involved in the serving of meals, prior to their assuming their job responsibilities:

- Agency orientation
- Food safety and sanitation
- DAS meal temperature standards
- Policies on voluntary contributions and fees for service
- Portion control
- Emergency management procedures
- Handling client emergencies (health/medical)
- Policies on client confidentiality
- Policies on non-discrimination and Americans with Disabilities Act requirements
- Meal packaging (for home delivered meals only)

Additional training content to be covered during the first quarter of employment includes, but is not limited to:

- Basic nutrition for older adults
- Food service management (for congregate meals staff)
- Training participants on food safety, good nutrition and health conditions
- Coordination with the Area Agency on Information, Referral and Assistance services
- Reporting and record maintenance
- Food service evaluation and procedures for communicating with food vendors
- Participant Assessment (if applicable)
- Coordination with AAA on waiting list administration

Appendix I

Certificate Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; DRUG-FREE WORKPLACE REQUIREMENTS AND LOBBYING

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature on this form provides for compliance with certification requirements under 15 CFR Part 26, "Governmentwide Debarment and Suspension (Nonprocurement)" and "Governmentwide Requirements for Drug-Free Workplace" and 15 CFR Part 28, "New Restrictions on Lobbying." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Commerce determines to award the covered transaction, grant, or cooperative agreement.

1. DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

As required by Executive Order 12549, Debarment and Suspension, and implemented at 15 CFR Part 26, for prospective participants in primary covered transactions, as defined at 15 CFR Part 26, Sections 26.105 and 26.110 -

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

2. DRUG-FREE WORKPLACE REQUIREMENTS Alternate I. Grantees Other Than Individuals

As required by the Drug-Free Workplace Act of 1988, and implemented at 15 CFR Part 26, Subpart F, for grantees, as defined at 15 CFR Part 26, Sections 26.605 and 26.610 -

A. The grantee certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's

workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about --

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will--

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to the Director, Office of Federal Assistance, Office of Federal Assistance and Management Support, HCHB Room 6054, U.S. Department of Commerce, Washington, DC 20230. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted--

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

B. The grantee shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance: (Street address, city, county, state, ZIP code):

Check if there are workplaces on file that are not identified here.

Alternate II. Grantees Who Are Individuals

As required by the Drug-Free Workplace Act of 1988, and implemented at 15 CFR 26, Subpart F, for grantees, as defined at 15 CFR Part 26, Sections 26.605 and 26.610 -

(A) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(B) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to the Director, Office of Federal Assistance, Office of Federal Assistance and Management Support, HCHB Room 6054, U.S. Department of Commerce, Washington, DC 20230. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

3. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 15 CFR Part 28, for persons entering into a grant, cooperative agreement or contract over \$100,000, or loan or loan guarantee over \$150,000, as defined at 15 CFR Part 28, Sections 28.105 and 28.110, the applicant certifies that to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee

of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above applicable certification(s).

NAME OF APPLICANT	AWARD NUMBER AND/OR PROJECT NAME
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
SIGNATURE	DATE

Appendix J

Certification Regarding Lobbying Form

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

By _____ Date _____
(Signature of Official Authorized to Sign)

Appendix K

Health Insurance and Portability and Accountability Business Association Agreement (HIPAA)

**Health Insurance Portability and Accountability Act (HIPAA)
Business Associate Agreement**

The Contractor named below satisfactorily assures the Atlanta Regional Commission, as Area Agency on Aging (AAA), that it is in compliance with Health Insurance Portability and Accountability Act (HIPAA), Public Law No. 104-191, 110 Stat. 1936. (Kassenbaum, Kennedy), 45 CFR 160, et seq. (HIPAA Privacy Regulations) and its regulations, including but not limited to the Privacy rule promulgated in 45 CFR 160 and Part 164 subparts A and E, that pursuant to HIPAA which became effective April 14, 2003. The Contractor understands and acknowledges that the Georgia Department of Human Resources, (DHR) is a covered entity as defined by HIPAA and as required to adopt and implement standards and procedures for the handling of protected health information by April 14, 2003. Further, as the Area Agency on Aging is for purposes of HIPAA, a business associate of DHR, its contractors that handle protected health information are business associates of both the AAA and DHR. The Contractor further understands and acknowledges that upon entering a contract with the AAA, it is a business associate of both DHR and the Area Agency on Aging, as defined by HIPAA, and is required to comply with and abide by the DHR and AAA privacy standards and procedures. Contractor therefore agrees that any use of protected health information pursuant to this contract will comply with all HIPAA, DHR and AAA requirements and privacy standards and procedures.

Further, Contractor agrees to provide training for its employees as required by HIPAA. Contractor shall provide the privacy, security and electronic data interchange safeguards as outlined by federal law and regulations. Contractor shall provide notice of privacy policies, maintain minimum necessary and de-identified information as required by HIPAA and will comply, at a minimum, with any policies of DHR and/or the AAA. Contractor further acknowledges and agrees that the DHR, Division of Aging Services, and the Area Agency on Aging provide functions that are considered health oversight in funding, quality improvement and regulatory functions. As health oversight agencies, protected health information must be shared with DHR, Division of Aging Services and the AAA, and does not require authorization, according to HIPAA.

I HAVE REVIEWED, UNDERSTAND AND AGREE TO ABIDE BY ALL
CONDITIONS AS STATED ABOVE.

Date

Rockdale County Board of Commissioners
Name of Contractor Agency

Chairman and CEO
Title

Signature of Legally Authorized Person

Appendix L

Revenue Plan and Units/Persons/Cost Chart

