

VIRGINIA DEPARTMENT FOR THE AGING
MONITORING TOOL

Congregate and Home Delivered Nutrition
Disease Prevention and Health Promotion
Socialization and Recreation
Health Education and Health Screening

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**VIRGINIA DEPARTMENT FOR THE AGING
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1. Overview of Congregate Nutrition Services (Title III - C1)

Date: _____

AAA: _____ Nutrition Director: _____

OAS Staff: _____ Last OAS Monitoring: _____

Prior Monitoring Info Attached (OAS) _____ Most Recent Area Plan Attached (OAS) _____

		Y	N	Comments
	Assessment/Reassessment			
1.1	Forms: nutrition screening, federal poverty/OAS sliding fee scale, pages _____ UAI, other/ supplemental (please attach sample other/supp forms, if different)			
1.2	Who does, approval process if any			
1.3	How accomplished (e.g. site visit, home visit)			
1.4	Where participant records retained			
	Meal Options			Frequency? (e.g. 5 days/week, emergencies, as funding allows, occasionally)
1.5	Hot lunches			
1.6	Reheated frozen meals			
1.7	Shelf stable			
1.8	Additional meals: (e.g. a.m., p.m., weekend & specify frozen, chilled, shelf stable)			
1.9	Liquid nutrition supplements Approx number clients receiving _____			
1.10	Therapeutic diet meals (e.g. diabetic, renal, consistency modified)			
1.11	Number of congregate meal sites			_____
1.12	Approx number clients enrolled			_____
	Meal Preparation			
1.13	Cook at site			
1.14	Central Kitchen cooks & transports to site			
1.15	Vendor cooks & transports to site			
1.16	Purchase frozen meals and reheat at site			

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1. Overview of Congregate Nutrition Services (Title III - C1)

		Y	N	Comments
1.17	Except for holidays or emergencies, there is at least one meal site in operation each of 5 days a week (M-F)			
	Program uses expertise of RD or other individual with equivalent education and training			
1.18	Type of relationship w/RD (e.g. staff, consultant (provide name and contact info), RD works for vendor, grant funded)			
1.19	Functions provided, e.g.:			
	a. Menu preparation/ review/ nutrient analysis			
	b. Nutrition education			
	c. Management/supervision of meal prep			
	d. Nutrition assessment/counseling of participants			
	Program Evaluation			
1.20	Subcontractor monitoring (please attach recent report)			
1.21	Congregate meal site monitoring (please attach recent report)			
1.22	please attach Summary participant surveys for menu input			
1.23	please attach Summary participant surveys for programming/ outcomes/ other			
1.24	(please attach sample copies of any surveys or monitoring tools)			
	Food Temperature Review			
1.25	Have available most recent 2 months temperature logs from all congregate sites			

**VIRGINIA DEPARTMENT FOR THE AGING
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2. Overview of Home Delivered Nutrition Services (Title III - C2 and Fee For Service)

Date: _____

AAA: _____ Nutrition Director: _____

OAS Staff: Kelly Wright _____ Last OAS Monitoring: _____

Prior Monitoring Info Attached (OAS) _____ Area Plan Attached (OAS) _____

		Y	N	Comments
	Assessment/Reassessment			
2.1	Forms: nutrition screening, federal poverty/OAS sliding fee scale, pages _____ UAI, other/ supplemental (please attach sample other/supp forms, if different)			
2.2	Who does, approval process, how accomplished (e.g. home visit)			
2.3	Method for determining priority especially if waiting list (please attach sample priority scoring tool)			
2.4	Where participant records retained			
	Meal Options			Frequency? (e.g. 5 days/week, emergencies, as funding allows, occasionally)
2.5	Hot meals-ready to eat			
2.6	Frozen meals reheated-ready to eat			
2.7	Frozen meals-client must reheat			
2.8	Chilled meals-ready to eat			
2.9	Chilled meals-client must reheat			
2.10	Shelf stable			
2.11	Additional meals (e.g. a.m., p.m., weekend & specify frozen, chilled, shelf stable)			
2.12	Liquid nutrition supplements Approx number clients receiving _____			
2.13	Therapeutic diet meals (e.g. diabetic, renal, consistency modified)			
2.14	Number of routes _____			
2.15	Except for holidays or emergencies, at least one meal is provided for each of a minimum 5 days a week (M-F)			

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2. Overview of Home Delivered Nutrition Services (Title III - C2 and Fee For Service)

		Y	N	Comments
2.16	How often delivered-if less than once weekly-submit plan for OAS approval			
Meal Delivery				
2.17	Volunteers			
2.18	Staff			
2.19	Contract with provider/ organization			
2.20	Length of time required to deliver the longest route _____			
Meal Preparation				
2.21	Meal site kitchen			
2.22	Central kitchen			
2.23	Vendor cooks & transports to site of meal pick up			
2.24	Purchase prepared meals			
Program uses expertise of RD or other individual with equivalent education and training				
2.25	Type of relationship w/RD (e.g. staff, consultant (provide name and contact info), RD works for vendor, grant funded)			
2.26	Functions provided, e.g.:			
	a. Menu preparation/review/nutrient analysis			
	b. Nutrition education			
	c. Management/supervision of meal prep			
	d. Nutrition assessment/counseling of participants			
Management & Administration				
2.27	Staff demonstrate knowledge of eligibility:			
	a. Homebound			

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2. Overview of Home Delivered Nutrition Services (Title III - C2 and Fee For Service)

		Y	N	Comments
	b. Unable to prepare and no assist c. Safe at home, meals are a support			
	d. Participant's spouse (under 60)			
	e. Person with disabilities (under 60) who lives at home with participant (over 60)			
	Information provided to participants/their representative (please attach sample service confirmation/ letter/ handbook)			
2.28	• Service to be provided			
2.29	• Scheduled days of service			
2.30	• Information regarding voluntary contributions (please attach copy all correspondence regarding donations)			
2.31	• Emergency situations, including severe weather			
2.32	• Procedures to be followed if a client is ill or injured when meal is delivered			
2.33	• Service termination policy			
2.34	• Nutrition education 2x/year, food safety info annually (e.g. newsletter, pamphlet, other - please attach samples)			
	Fee For Service Home Delivered Meals			
2.35	Clear explanation of how program differs from Title III C2 HDM			
	(please attach copy all correspondence regarding fees and payment)			
	Program Evaluation			
2.36	Subcontractor monitoring (please attach recent report)			
2.37	Home delivered meal route monitoring (please attach recent report)			
2.38	please attach Summary of participant surveys for menu input			
2.39	please attach Summary of			

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2. Overview of Home Delivered Nutrition Services (Title III - C2 and Fee For Service)

		Y	N	Comments
	participant surveys for program satisfaction/ outcomes/ other			
2.40	(please attach sample copies of any surveys or monitoring tools)			
	Food Temperature Review			
2.41	Have available most recent 2 months temperature logs from all HDM routes			

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3. Monitoring of Congregate Meal Site

Date: _____

Site Name: _____ Director: _____

		Y	N	Comments
	Management and Administration			
3.1	Current food permit and recent health inspection report (attach copy report)			date: _____
3.2	Evidence of fire safety inspection			
3.3	attach Documentation of any staff members qualified or trained in safe food handling			
3.4	attach Documentation of ongoing volunteer & staff nutrition services training to include orientation and 10 hours annually			
3.5	Material Safety Data Sheets (MSDS) readily available on any chemicals			
3.6	Participant records demonstrate that clients receive orientation to the site (attach sample service confirmation/ letter/new client packet)			
	a. Service to be provided			
	b. Scheduled days of service			
	c. Information regarding voluntary contributions			
	d. Emergency situations, including severe weather			
	e. Procedures to be followed if a client is ill or injured at site			
	f. Service termination policy			
3.7	Staff demonstrate knowledge of eligibility			
	Activity/Dining Area, Accessibility, and Equipment			
3.8	Areas of building used in nutrition program are accessible to those with disabilities			
3.9	Tables and chairs are sturdy and appropriate for older persons			
3.10	Spacious to accommodate persons with canes, walkers, wheelchairs, and other assistive			

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3. Monitoring of Congregate Meal Site

		Y	N	Comments
	devices			
3.11	Door exit signs			
3.12	Telephone accessible to staff			
3.13	Fire extinguisher in good working order			
3.14	Readily accessible, recently stocked first aid kit			
	Kitchen/Food Serving Area - Cleanliness			
3.15	Cleaning procedures are posted or readily accessible & consistently followed			
3.16	Clean & free of litter, no unnecessary articles. No insect/rodent harborage			
3.17	Food contact surfaces, utensils clean			
3.18	Refrigerator, freezer, counters, & other non-food-contact surfaces clean & sanitized			
3.19	Separate sinks for handwashing & food service. Soap, disposable hand towels, waste receptacle located near handwashing sink			
3.20	Manual utensil & dishwashing set-up for wash, rinse, sanitize & proper sanitizing rinse - either water 171+ ° F or chemical (bleach)			
	Personnel—Hygiene			
3.21	Written policies & procedures that restrict food service duties of staff & volunteers with infection are followed consistently			
3.22	Hands washed as required, clean			
3.23	Clean outer clothes, effective hair restraint			
3.24	No eating, drinking, or smoking in kitchen			

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3. Monitoring of Congregate Meal Site

		Y	N	Comments
3.25	No unauthorized persons in kitchen			
Food Safety & Handling				
3.26	Staff and volunteers demonstrate knowledge of proper handling of potentially hazardous food (PHF)			
3.27	Food handling procedures/ manual on site & followed consistently			
3.28	Site assures that meals are served no longer than 2 hours after completion of cooking to retain nutritional value and food quality			Time food arrives: _____ Time food served: _____
3.29	Food meets temperature requirements at receiving and during holding & service. Cold food < 41° F, hot food > 135° F			
3.30	Food reheated to 165° F for 15 seconds, if needed, only one time			
3.31	Temperatures taken and recorded properly			
3.32	Food thermometer cleaned & sanitized properly & correctly calibrated for accuracy +/- 2° F			
3.33	Staff know the procedure for handling PHF items that do not meet or maintain food temperatures			
3.34	Portion control is evident. Food handled with least possible manual contact. Appropriate use of gloves			
3.35	Refrigerator temperature 28-41°F			
3.36	Freezer temperature -8 to +8 °F			
3.37	Stove/ovens/holding units in good working order			
Reservation and Donation System				
3.38	Sign-in sheets/other method used to identify participants, volunteers, staff, guests who			

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3. Monitoring of Congregate Meal Site

		Y	N	Comments
	receive meals			
3.39	Reservation system assures cost effective ordering & timely & accurate meal counts for recording units of service:			
	a. Eligible meals			
	b. Persons served			
3.40	Donation/meal cost sign plainly visible & includes suggested amount of donation for participants and cost of meal for visitors/guests/ ineligible persons			
3.41	Collection method avoids giving participants the impression that they must pay			
3.42	Collection method protects the privacy of participants			
3.43	Money is safely collected, counted, stored, & transmitted to program			
3.44	There is a policy on handling of client program income (CPI) & other gratuities & donations			
	Programming			
3.45	Participants taking part in scheduled activities			
	Posted information:			
3.46	Menu			
3.47	Activity and program calendar			
3.48	Donations - including cost of meal for visitors/guests /ineligible persons			
3.49	Procedure to follow if a participant becomes ill or injured			
3.50	Removal of food items policy			
3.51	Food permit, if applicable			
3.52	Cleaning & sanitizing procedures (or readily available)			
3.53	Drinking water is available near participants or when feasible at each table. There is a process to			

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3. Monitoring of Congregate Meal Site

		Y	N	Comments
	encourage participants to drink more water			
3.54	Participants encouraged to take non perishable snacks home to eat later as an alternative to eating snacks & sweets immediately prior to the noon meal			
3.55	Donated items such as cakes, doughnuts, brownies, etc. are not served more than 1 or 2 times per week. Snacks provided on other days are more appropriate			
	Emergency Procedures			
3.56	Emergency contact information on each participant is available at the site			
3.57	There are emergency procedures to follow if weather-related emergencies or other situations interrupt service or the transportation of participants or supplies			
3.58	There are procedures to be followed if a participant becomes ill or injured including "Call 911" & the site address. Procedures are explained to staff, volunteers, participants, family members			
3.59	Fire drills are conducted quarterly & information is documented			

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4. Home Delivered Meals Route Assessment

AAA: _____ Director: _____

Assessor: _____ Date: _____

Route Designation: _____ Point of Origin: _____

Communities Served: _____

Driver(s): _____

Delivery Type: Insulated hot/cold carrier ____ Shelf stable ____ Frozen ____ Hot Shot ____

Other _____

H.D. Meals: _____ # H.D. III-C Meals: _____ # H.D. Non-III-C Meals: _____

Name of Kitchen Preparing Meals _____

		Y	N		Y	N	
	Equipment						
	Hot Holding Units			Cold Holding Units			
4.1	• Adequate size and capacity			• Adequate size and capacity			
4.2	• In good repair			• In good repair			
4.3	• Clean			• Clean			
4.4	• Thermometer(s) as needed			• Thermometer(s) as needed			
4.5	• Thermometer accuracy and sanitation			• Thermometer accuracy and sanitation			
4.6	Comments						
	Times and Temperatures						
4.7	Time Food Prep Completed: _____						
	Start of route			End of route			
4.8	Time: _____			Time: _____			
4.9	Hot food temp: _____			Hot food temp: _____			
4.10	Cold food temp: _____			Cold food temp: _____			
4.11	Hot compartment temp: _____			Hot compartment temp: _____			
4.12	Cold compartment temp: _____			Cold compartment temp: _____			

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4. Home Delivered Meals Route Assessment

4.13	2 Hours after start of route (if long route)		
	Time: _____		
	Hot food temp: _____	Hot comp temp: _____	
	Cold food temp: _____	Cold comp temp: _____	
		Y	N
	Donation System		
	System assures cost effective ordering & timely & accurate meal counts for recording units of service:		
4.14	• Eligible meals		
4.15	• Persons served		
4.16	Describe donation method: mail-in, driver pick-up. (Attach samples all solicitation information/letters/envelops)		
4.17	Collection method avoids giving participants the impression that they must pay		
4.18	Collection method protects the privacy of participants		
4.19	Money is safely collected, counted, stored, & transmitted to program		
4.20	There is a policy on handling of client program income (CPI) & other gratuities & donations		
	Participants		
4.21	Food provided is suitable		
4.22	Participants able to prepare & eat		
4.23	Participants instructed to eat, refrigerate, &/or reheat meal appropriately		
4.24	Driver/volunteer uses safe food handling practices		

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5. Monitoring of Food Preparation-Central Kitchen, Meal Site Kitchen, or Vendor Kitchen

Date: _____

Name of Kitchen _____ Manager: _____

Meals Produced: Congregate _____ Home Delivered _____ Shelf stable _____ Frozen _____

Other _____

	Management and Administration	Y	N	Comments
5.1	Current food permit and recent health inspection report (attach copy report)			date: _____
5.2	Evidence of fire safety inspection			
5.3	attach Documentation at least one staff member qualified or trained in safe food handling			
5.4	attach Documentation of ongoing training			
5.5	Material Safety Data Sheets (MSDS) readily available on any chemicals			
5.6	Foods are procured from approved, reliable vendors			
	Food/Menus			
5.7	Menus posted in food preparation area			
5.8	Food conforms to menu			
5.9	Good visual appeal and texture			
5.10	Flavorful			
5.11	Meets nutrition requirements, DRIs & 2005 Dietary Guidelines - verified via nutrient analysis or meal pattern			
5.12	Standardized recipes/production sheets used			
	Facilities			
5.13	Trash receptacles with liners/covered when not in use			
5.14	Clean & free of litter, no unnecessary articles No insect/rodent harborage			
5.15	Refrigerator temperature 28-41°F			

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5. Monitoring of Food Preparation-Central Kitchen, Meal Site Kitchen, or Vendor Kitchen

		Y	N	Comments
5.16	Freezer temperature 0°F			
5.17	Refrigerator/freezer cleanliness Other food contact surfaces, utensils clean			
5.18	Stove/ovens/holding units in good working order			
5.19	Counters & other non-food- contact surfaces clean			
5.20	Food & containers stored as required/off the floor			
5.21	Utensils and single service articles properly stored			
5.22	Soap, disposable hand towels, waste receptacle convenient for handwashing			
5.23	Manual utensil/dishwashing set- up for wash, rinse, sanitize & proper sanitizing rinse - water 171°F or chemical			
5.24	Room free of steam, smoke, and other odors			
	Personnel—Hygiene			
5.25	Personnel with infection restricted			
5.26	Hands washed as required, clean			
5.27	Clean outer clothes, effective hair restraint			
5.28	No eating, drinking, or smoking in kitchen			
5.29	No unauthorized persons in kitchen			
	Food Safety			
5.30	Food handling procedures/manual on site			
5.31	Food meets temperature requirements during holding, prep, & service. Cold food < 41°F, hot food > 135°F			
5.32	Staff know what to do if food temperatures do not meet			

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5. Monitoring of Food Preparation-Central Kitchen, Meal Site Kitchen, or Vendor Kitchen

		Y	N	Comments
	standards			
5.33	Food reheated to 165°F for 15 seconds, if needed, only one time			
5.34	Temperatures taken & recorded properly			
5.35	Food temperature thermometer correctly calibrated & accurate to +/- 2°F			
5.36	Have available most recent month of food preparation temperature logs			
5.37	Foods protected during storage, preparation, holding, & service. Appropriate use of gloves			
5.38	No cross contamination			
5.39	Handling of food with least possible manual contact			
5.40	Wipe cloths clean & sanitized or disposable			
5.41	Wash water with detergent clean			
5.42	No reuse of single service articles			
5.43	Portion control is evident			

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Disease Prevention and Health Promotion (DP/HP)
Socialization and Recreation
Health Education and Health Screening

Date: _____

AAA: _____ AAA Staff Person(s): _____

6. Disease Prevention and Health Promotion

Have available the most recent 2 months of congregate activity calendars and the most recent year of DP/HP/Nutrition Education materials distributed to home delivered meal participants

There is documentation showing

- how often DP/HP information or programming is provided
- who presents the program or what is the source of the information
- how participation is tracked

Congregate participants - frequency standards

DP/HP monthly

Nutrition education quarterly

Food Safety annually

Physical Activity weekly/daily as feasible

Home delivered meal participants - frequency standards

DP/HP at least twice a year

Nutrition education at least twice a year

Food Safety annually

Do other senior community members participate in wellness activities or receive DP/HP information? (such as Health fairs, Wellness Day, Senior Seminars, etc.)

Describe or attach information on any best practices and special or innovative programs

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Disease Prevention and Health Promotion (DP/HP)
Socialization and Recreation
Health Education and Health Screening

7. Socialization and Recreation

(If included in the area plan)

There is a calendar of activities planned on a weekly or monthly basis

How is participation tracked?

Describe or attach information on best practices and innovative or favorite participant social and recreational activities

8. Health Education and Health Screening

(If included in the area plan)

The following components are provided:

- Individual or group health screening
- Opportunity provided to the participant to learn about his/her health status
- Standard examinations, procedures, or tests to gather information about the participant's health or medical status
- Assistance to the participant to follow-up on screening results, if indicated
- Referral to a physician or treatment facility if medical attention is needed

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9. Menu Review

For monitoring purposes, please have available copies of all menus used in the nutrition programs - congregate, home delivered, hot, shelf stable, breakfast, etc. - from all vendors and/or any self-planned.

Have available the A) Meal Pattern Worksheet or B) Nutrient Analysis for each meal/menu.

A. Meal Pattern Worksheets

The following pages are worksheets to be used by nutrition program providers using the meal pattern option of menu planning for the purpose of documenting that the menus conform to the meal pattern.

Instructions for use: Enter menu items for each meal in first column. Under each food group, list menu items and portion amounts intended to complete required meal pattern components. (See Sample Worksheet)

Duplicate as many Meal Pattern Worksheets and adjust spacing as needed to evaluate all meals and keep on file with menus for monitoring purposes.

B. Nutrient Analysis Review

The Nutrient Analysis Review sheet may be used by nutrition program providers who have printouts from nutrient analysis software. The Nutrient Analysis Review sheet is used to document that menus meet the nutrient requirements by providing the listed target nutrients.

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9. Menu Review

A. Meal Pattern Worksheet (Sample)

Instructions: Enter menu items for each meal in first column. In the columns under each food group, list in detail the menu items and portion amounts intended to complete required meal pattern components. In order to meet nutrient requirements, all food groups and targeted amounts should be correctly represented.

FOOD GROUP	GRAIN	VEGETABLES and FRUIT		MILK	MEAT & BEANS	OILS
Target Amounts	2 (1 oz each)	1 ½ cups		1 cup	2-3 oz	1-2 optional
MENU DAY 1 Roast Turkey, Baked Sweet Potato, Broccoli, Whole Wheat Roll, Apple Raisin Crisp, Fat - Free Milk	1 small whole wheat roll ½ cup oatmeal topping on crisp	½ c sweet potato ½ c broccoli	½ c apples and raisins	1 cup fat-free	2 oz turkey	1 tsp soft margarine
MENU DAY 2 Latin Roasted Pork, Cuban Style Black Beans, Rice, Garden Salad-Italian Dressing, Strawberries, Graham Crackers, Fat-free Milk	½ c brown, whole grain rice 3 graham crackers	½ c salad greens ½ c black beans	½ c strawberries	1 cup fat-free	2 oz pork	1 Tbsp Italian dressing
Sample Shelf Stable Breakfast Menu Raisin Bran Unsalted Crackers Sliced Peaches Orange Juice Non Fat Dry Milk Peanut Butter	1 cup Raisin Bran Six unsalted crackers	No vegetable <i>(All of fruit and vegetable requirement is provided by fruit and juice for this meal)</i>	½ cup peaches 1 cup 100% orange juice	1/3 cup non-fat dry milk powder (reconstitute to 1 cup)	1 Tbsp Peanut butter = one ounce <i>(lunch provides 3 ounces meat to equal 4 ounces provided by the 2 meals/day)</i>	
Sample Shelf Stable Meal Spaghetti with Beef (7.5 ounce canned entrée) Green Beans Mixed Fruit Graham Crackers Apple Juice Non Fat Dry Milk	½ cup spaghetti in entree 3 graham cracker squares	½ c green beans	½ c mixed fruit ½ cup Vitamin C fortified 100% apple juice	1/3 cup non-fat dry milk powder (reconstitute to 1 cup)	2 ounce meat in spaghetti entree	

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9. Menu Review

A. Meal Pattern Worksheet

Instructions: Enter menu items for each meal in first column. In the columns under each food group, list in detail the menu items and portion amounts intended to complete required meal pattern components. In order to meet nutrient requirements, all food groups and targeted amounts should be correctly represented. (See Sample Worksheet) Duplicate as many Meal Pattern Worksheets and adjust spacing as needed to evaluate all meals. Keep on file with menus for monitoring purposes.

FOOD GROUP	GRAIN	VEGETABLES and FRUIT		MILK	MEAT & BEANS	OILS
Target Amounts	2 (1 oz each)	1 ½ cups		1 cup	2-3 oz	1-2 optional
MENU						
MENU						

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9. Menu Review

B. Nutrient Analysis Review

Nutrient	Target Value per meal	Compliance Range
Calories (Kcal)	685	600-750
Protein (grams)	23 gm	Minimum of 14 gm pro in the entrée/protein portion of the meal
Fat (grams)	23 gm	23-27 grams
Vitamin A (ug)	300 ug or 1000 I.U.	>300 ug or 1000 I.U. averaged over one week
Vitamin C (mg)	30 mg	
Vitamin B6 (mg)	0.57 mg	
Vitamin B12 (ug)	0.79 ug	
Calcium (mg)	400 mg	
Magnesium (mg)	140 mg	>110 mg
Zinc (mg)	3.1 mg	
Sodium (mg)	800 mg	<1,200 mg
Fiber (gm)	10 gm	>8 gm