

THE NEW YORK CITY DEPARTMENT FOR THE AGING
BUREAU OF COMMUNITY SERVICES
MONITORING TOOL

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| PROGRAM NAME: | PROGRAM ID # |
| NUTRITIONIST NAME: | DATE: |

| Question # | QUESTIONS | | | |
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| I. Meal Standards | | | | |
| NICM-1 | Does the program or the program's caterer use all individual items (other than items that are specified in other questions) that contain \leq 360 mg of sodium per serving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -2 | If the program or the program's caterer serves sliced bread, do all the products contain \leq 180 mg of sodium and \geq 2 grams of fiber per serving? Is all bread whole wheat or whole grain? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -3 | If the program or the program's caterer serves other baked goods (for example: dinner rolls, muffins, bagels, tortillas, etc.), do the products contain \leq 290 mg of sodium per serving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
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| NICM -4 | If the program or the program's caterer serves cereal, does it all contain ≤ 215 mg of sodium, ≤ 10 grams of sugar (except cereal with dried cranberries, dates, and/or raisins) and ≥ 2 grams of fiber per serving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -5 | If the program or the program's caterer uses canned/frozen vegetables and beans, do all the products contain ≤ 290 mg of sodium per serving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -6 | If the program or the program's caterer uses canned and/or frozen seafood, do all the products contain ≤ 290 mg of sodium per serving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -7 | If the program or the program's caterer uses canned beef/pork, do all the products contain ≤ 360 mg of sodium per serving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -8 | If the program or the program's caterer uses canned/frozen poultry, do all the products contain ≤ 290 mg of sodium per serving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> NA |
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| NICM -9 | If the program or the program's caterer serves luncheon meat, do all the products contain ≤ 360 mg of sodium per serving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -10 | If the program or the program's caterer uses portion controlled items and other convenience foods (for example: breaded chicken, veal patties, stuffed shells, ravioli, veggie burgers, waffles, pancakes, etc.), do all the products contain ≤ 360 mg of sodium per serving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -11 | If the program or the program's caterer uses salad dressings, do all the products contain ≤ 290 mg of sodium per serving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -12 | If the program or the program's caterer uses sauces, do all the products (except soy sauce) contain ≤ 360 mg of sodium per serving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -13 | Does the program or the program's caterer use only products that have 0 grams of trans fat per serving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
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| NICM -14 | If the program provides beverages, do all beverages contain ≤ 25 calories per 8 ounces (except 100% juice and milk)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -15 | Does the program or the program's caterer prepare all meals without deep frying? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -16 | If the program serves juice, is all juice 100% juice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -17 | If the program serves juice, is all juice served in 6 ounce portions or less? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -18 | If the program serves juice, is juice served no more than one time per day? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -19 | If the program or the program's caterer uses canned fruit, is it only packed only in unsweetened juice or water? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
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| NICM -20 | If the program serves milk, is all milk 1% or non-fat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -21 | If the program serves yogurt, is all yogurt non-fat or low-fat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -22 | If a nutritional analysis was completed, does the program or the program's caterer serve $\leq 1,500$ mg sodium per day? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -23 | If a nutritional analysis was completed, does the program or the program's caterer serve ≤ 450 mg sodium per breakfast? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -24 | If a nutritional analysis was completed, does the program or the program's caterer serve ≤ 525 mg sodium per lunch? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -25 | If a nutritional analysis was completed, does the program or the program's caterer serve ≤ 525 mg of sodium per dinner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
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| NICM -26 | If a nutritional analysis was completed, does the program or the program's caterer serve 1800-2000 calories per day? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -27 | If a nutritional analysis was completed, does the program or the program's caterer serve 450-660 calories per breakfast? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -28 | If a nutritional analysis was completed, does the program or the program's caterer serve 540-770 calories per lunch and/or per dinner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -29 | If a nutritional analysis was completed, does the program or the program's caterer serve meals that contain total fat \leq 30% of calories? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -30 | If a nutritional analysis was completed, does the program or the program's caterer serve meals that contain saturated fat $<$ 10% of calories? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
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| NICM -31 | If a nutritional analysis was completed, does the program or the program's caterer serve meals that contain \geq 28g of fiber per day? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -32 | If a nutritional analysis was completed, does the program or the program's caterer serve meals that contain \geq 7g of fiber per breakfast? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -33 | If a nutritional analysis was completed, does the program or the program's caterer serve meals that contain \geq 8.4g of fiber per lunch? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -34 | If a nutritional analysis was completed, does the program or the program's caterer serve meals that contain \geq 8.4g of fiber per dinner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -35 | Does the program serve a minimum of 2 servings of fruits and vegetables at lunch? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
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| NICM -36 | Does the program serve a minimum of 2 servings of fruits and vegetables at dinner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -37 | If the program serves 3 meals per day, does the program serve a minimum of 5 servings of fruits and vegetables per day? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -38 | If the program serves meals 3-5 days per week, are non starchy vegetables served at least 3 times per week at lunch? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -39 | If the program serves meals 3-5 days per week, are non starchy vegetables served at least 3 times per week at dinner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -40 | If the program serves meals 6-7 days per week, are non starchy vegetables served at least 5 times per week at lunch? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
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| NICM -41 | If the program serves meals 6-7 days per week, are non starchy vegetables served at least 5 times per week at dinner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -42 | Is drinking water available at all meals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -43 | During special occasions, does the program make healthy options available (for example: fresh fruit or leafy green salads)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -44 | Are meals acceptable (provided by program and/or caterer) in terms of appearance (color, consistency, texture and arrangement on plate)? (Congregate Meals, Standard 8, Compliance 8.1) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
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| NICM -45 | Is the menu for the day appropriately displayed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -46 | Did the program submit its cycle menus in Simple Serving? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -47 | Are menu substitutions clearly documented and equivalent to the items they are replacing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -48 | Does the program routinely solicit and consider participants' comments on meals when planning menus? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -49 | Do all meals meet the 1/3 DRI standards? (Congregate Meals, Standard 1) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
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| II. Health & Safety Standards | | | | |
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| NICM -50 | During the fiscal year, has the program or the program's caterer maintained the temperature of food at all stages of preparation, serving and storage at the temperature required to inhibit bacterial growth and keep it safe for consumption? (Congregate Meals, Standard 22, Compliance 23.1) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -51 | On the day of the visit is food prepared and served at temperatures required to inhibit bacterial growth and keep it safe for consumption? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -52 | Does the program or the program's caterer use a probe thermometer to take temperature of both hot and cold foods and is said thermometer cleaned between each use with an alcohol swab? (Congregate Meals, Standard 30, Compliance 30.1) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -53 | Does the program serve meals within two hours of the completion of cooking (Protecting potentially hazardous food from contamination)? (Congregate Meals, Standard 30, Compliance 30.2) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
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| NICM-54 | Are leftovers handled in a way that prevents contamination? (Congregate Meals, Standard 25, Compliance 25.1) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -55 | Are ready to eat foods such as bread, fruit, and vegetables washed (if needed) and served in a way that prevents contamination? (Congregate Meals, Standard 27, Compliance 27.3 and Standard 30, Compliance 30.2) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -56 | Is all equipment (other than equipment that is specified in other questions) that is used in the preparation, storage and/or serving of food at the program or the program's caterer maintained according to State Sanitary Code 14-1? (Congregate Meals, Standard 31, Compliance 31.2) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -57 | Are stoves/ovens that are used in food preparation free of grease, dirt and debris? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
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| NICM -58 | Does each refrigerator and/or freezer at the program or at the program's caterer have an internal working thermometer? (Congregate Meals, Standard 34, Compliance 34.2) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -59 | Are refrigerators and freezers at the program or at the program's caterer, maintained, clean and at the proper temperatures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -60 | Are food items stored in refrigerators and freezers at the program or at the program's caterer stored in a way to prevent contamination? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -61 | Are the bathrooms clean and well maintained? (hot and cold running water, soap, paper towels, covered receptacles, etc.) (Congregate Meals, Standard 29, Compliance 29.2) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -62 | Are there hand washing signs located in the bathrooms that are used by food service workers and near other hand washing sinks? (Congregate Meals, Standard 29, Compliance 29.2) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
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| NICM -63 | Is the sink used for hand washing in the food service area at the program or the program's caterer equipped with hot and cold running water, soap filled dispensers, and paper towels? (Congregate Meals, Standard 29, Compliance 29.2) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -64 | Does the kitchen at the program or the program's caterer have a sink, other than that of the hand washing sink that has hot and cold running water at the appropriate temperatures? (Congregate Meals, Standard 31, Compliance 31.3) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -65 | Have grease traps been installed and maintained at cooking sites or at the program's caterer? (Congregate Meals, Standard 33, Compliance 33.6) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -66 | Are there indirect drains wherever required by sanitary code at the program or the program's caterer? (Congregate Meals, Standard 34, Compliance 34.4) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -67 | Are garbage cans lined and maintained in a sanitary way? (Congregate Meals, Standard 34, Compliance 34.3) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
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| NICM -68 | Is the kitchen and dining room/s at the program or the program's caterer well lit, and are light fixtures maintained properly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -69 | Are all rooms (including floors, walls, ceilings, doors, skylights, vent covers, fans, mats, duckboards and decorative materials) in the kitchen and dining room that are used for the preparation, storage and/or serving of food at the program or at the program's caterer, clean and maintained according to State Sanitary Code 14-1? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -70 | Is the facility free of vermin/roach activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -71 | Is there adequate ventilation in the kitchen, dining room, and storerooms at the program or the program's caterer? In addition, is air circulation in the storerooms adequate to cool the area to 70°F or below? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -72 | Are food items, cleaning supplies, and disposables that are stored in storerooms at the program or the program's caterer, stored properly, and in covered containers when necessary to preserve quality and safeguard against contamination? | | | |
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| NICM -73 | Are doors and windows in the kitchen and dining room at the program or at the program's caterer well maintained, and do they have screens (except emergency exit doors in such rooms)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -74 | Are appropriate measures taken for fly control at the program or at the program's caterer? (e.g. grids)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -75 | Is the Fire Extinguishing System (Ansul System) at the program or at the program's caterer tagged with a current date of inspection from a licensed maintenance service? (Congregate Meals, Standard 33, Compliance 33.6) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -76 | Are the fire extinguishers in the kitchen fully charged? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -77 | Are written cleanup schedules routinely followed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
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| NICM -78 | Has the program been up to date with monthly extermination for rodents and insects? (Congregate Meals, Standard 39, Compliance 39.3) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -79 | Does the program secure the following from vandalism/theft: its food, its equipment and its supplies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -80 | Did the program and/or the program's caterer pass its most recent Department of Health and Mental Hygiene (DOHMH) inspection(s), (i.e. had an accumulated score of less than 28 points from critical and/or general violations)? (Congregate Meals, Standard 33) Indicate date of inspection visit and score. Attach copy of inspection report. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -81 | If the program did not pass its DOHMH inspection (i.e. accumulated a score of 28 or more points from critical and/or general violations), did it pass inspection on the subsequent DOHMH "compliance inspection" that was conducted to determine if the program had made the necessary corrections to comply with the Health Code? (Congregate Meals, Standard 33) Indicate date of compliance inspection visit and score. Attach compliance inspection report, if applicable | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
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| NICM -82 | Did the program correct all “critical violation (s)” in its most recent DOHMH inspection? (Congregate Meals, Standard 33) If “no” indicate code(s) and violation(s). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -83 | Did the program correct all “general violation (s)” in its most recent DOHMH inspection? (Congregate Meals, Standard 33) If “no” indicate code(s) and violation(s). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -84 | Are two staff members certified as having completed the Food Protection Training Program of the Health Department, and is one food supervisor present every day that service is provided? (Congregate Meals, Standard 14, Compliance 14.1) Note: If food is prepared on site, the cook must have their original certificate. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -85 | Does the program and/or the program's caterer have a current Permit to Operate, or have they applied for one? (Congregate Meals, Standard 33, Compliance 33.1) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
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| NICM-86 | <p>Do all food handlers at the program or at the program's caterer (paid and unpaid) maintain a high degree of cleanliness during meal preparation and service by:</p> <ul style="list-style-type: none"> ❖ Washing hands according to state sanitary code ❖ Wearing hair restraints ❖ Wearing clean and appropriate attire ❖ Wearing disposable gloves and/or appropriate utensils when handling ready to serve and/or ready to eat foods ❖ Wearing disposable gloves when wrapping and/or bagging eating utensils? <p>(Congregate Meals, Standard 29, Compliance 29.1, 29.2)</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -87 | <p>: If the program prepares meals for another DFTA funded program, is the food packaged in a way that prevents contamination?</p> <ul style="list-style-type: none"> ❖ Meals are safely packaged ❖ Adequate number of carriers are used ❖ Hot and cold foods are packaged separately ❖ Food items are at the correct temperatures at time of departure and/or receiving ❖ Food items are transported in a manner that ensures their correct temperature is maintained until at destination? ❖ Food carriers are maintained according to state sanitary code <p>(Congregate Meals, Standard 26, Compliance 26.1, 26.2, 26.3)</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT | | | | |

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| NICM -88 | <p>If the program's meals are catered, is the food received in a way that prevents contamination?</p> <ul style="list-style-type: none"> ❖ Meals are safely packaged ❖ Adequate number of carriers are used ❖ Hot and cold foods are packaged separately ❖ Food items are at the correct temperatures at time of departure and/or receiving ❖ Food items are transported in a manner that ensures their correct temperature is maintained until at destination? ❖ Food carriers are maintained according to state sanitary code <p>(Congregate Meals, Standard 26, Compliance 26.1, 26.2, 26.3)</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -89 | <p>Has the program been on track with providing, and has staff been attending the required quarterly food service training, and was the content appropriate to the work of food service?</p> <p>(Congregate Meals, Standard 39, Compliance 39.2)</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| III. Health and Wellness | | | | |
| NICM -90 | <p>Has the program been on track with conducting the required number of nutrition education sessions, and have they been conducted by a qualified person? (Nutrition Education, Standard 4, Compliance 4.1)</p> <p>Indicate number of nutrition education conducted. REMINDER: All nutrition education sessions must be completed by the end of the calendar year.</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |

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| IV. Administrative | | | | |
| NICM -91 | If the program experienced a problem with its caterer or food preparer during the current fiscal year, did it appropriately document its efforts to resolve the problem? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -92 | <p>Does the program retain the following for one year after the end of the fiscal year? (Congregate Meals, Standard 37 and 39, Compliances 37.1, 37.2, 37.3, 39.1, 39.2, 39.3 and 39.4)</p> <ul style="list-style-type: none"> • Department of Health inspection records • Department for the Aging program assessment reports • Food temperature records • Nutrition education records, including handouts, program's participant surveys and other records documenting units of service provided • Approved menus served • Food costs, inventory records, and daily food used sheets | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -93 | Do invoices for all purchased goods and services get checked for accuracy, signed and dated upon receipt/delivery? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |

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| NICM -94 | Has the program been on track with the quarterly cleaning & inspection of the Exhaust System and is there written documentation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -95 | Has the program maintained daily food use records? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -96 | Are printed copies of Simple Servings Recipes available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -97 | Is the program following recipes as indicated on their menus? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -98 | Does the program use its monthly self inspection checklist to identify/correct non-compliance issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |

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| NICM -99 | Is a Heimlich Maneuver poster visibly posted in all dining rooms? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -100 | Does the program advise participants of the policy concerning taking part or all of their meal home for later use and of their responsibility for any resulting food borne illness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |
| NICM -101 | Has the program provided meal service in the way that they proposed? If not have taken a different innovative approach? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| COMMENT: | | | | |

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PROGRAM NAME: _____ PROGRAM'S ID#: _____

DATE: _____

EXIT CONFERENCE INFORMATION

Topic of Discussion:

Participants:

Program Director/Agency Representative Name

BCS Nutrition Consultant's Name

Program Director/Agency Representative Signature

BCS Nutrition Consultant's Signature