

Proposed Opening of a Congregate Nutrition Site

Area 4 Agency on Aging requires that one (1) month's notice be given in writing before the expected opening of the new site. A4AA staff must review the site and sign off before the site is approved and meals are reimbursed. Failure to receive approval will result in withholding of funds.

Provider: _____

Proposed date to be opened: _____

A4AA to complete: Date site opened _____

Site Name & Address: _____

Type of site: Senior center, religious facility, school, public or low-income housing, RCFE, other:

What types of other senior services are offered at this site before or after the lunch hour?

Is this site in addition to current sites or replacing an existing site?

Reason/justification for this site to be opened:

How will the opening of this site affect your Scope of Service and Budget?

How will the opening of this site affect your target population?

Is the site accessible via public transportation? Yes No

How many persons will be transported to the site by special transportation? _____

Is parking adequate and convenient? Yes No

Estimated number of meals to be served: _____

Will any HDM meals be sent out from this site? Yes No

If YES explain: _____

Food will be delivered to the site in which form: bulk individually packaged

Length of time it takes to deliver food from the central kitchen to this site: _____

Does the Site manager have a Safe Food Handling certificate? Yes No

How many volunteers have been recruited to help? _____ Number of staff _____

Days a week the site will be open: M T W Th F Hours to be opened: _____

Meal to be served at what time _____

Date the Board of Directors approved the site: _____

If BOD has not approved, please explain

Attach the following supporting documents:

- Verification that site meets health and sanitation requirements
- Verification of meeting fire code
- Copy of agreement with site owner / agency
- List of outreach attempts
- Copy of agreement regarding janitorial services (restrooms, dining room, kitchen, outside)

Comments:

Requested by: _____ Date: _____

The following is to be filled out by A4AA staff during the on site inspection prior to approval.

Proposed site request received by A4AA on _____ Date of observation _____
Proposed site: _____

- | | | |
|---|------------------------------|-----------------------------|
| Site & restrooms are accessible to disabled persons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Entrance to dining room is pleasant and easily found? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dining room is adequately lighted, heated, cooled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dining room atmosphere is inviting, pleasing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tables and chairs are in good condition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adequate room to move around tables and move chairs out from table in order to sit down? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adequate area to set up registration table? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Area set aside for bulletin board | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Restrooms: clean, temperature controlled, hot running water, towel dispenser | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Serving area adequate in space and "cleanable" | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Refrigerator: clean, with working thermometer, appropriate temperature, in good condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Oven: clean, working, in good condition, adequate size for heating food | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Locked cabinets available for storage, adequate in space | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sink: 2 or 3 compartment instructions posted on appropriate use | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dish machine: None Low temp working, clean, sanitizing system available | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hand washing sink: hot water, soap, disposable towels appropriate trashcan, posted instructions on hand washing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Counter tops, walls, floor in good condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Means of identifying the site to public with days, times etc of service | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

A4AA comments: _____

Approved by: Program Manager _____ date _____
Nutritionist _____ date _____
Executive Director _____ date _____

Approval sent to Provider on _____

Revised 7/07