



Standards and Policies for the Massachusetts Older Adults' Nutrition Program

UPDATED: NOVEMBER 2025

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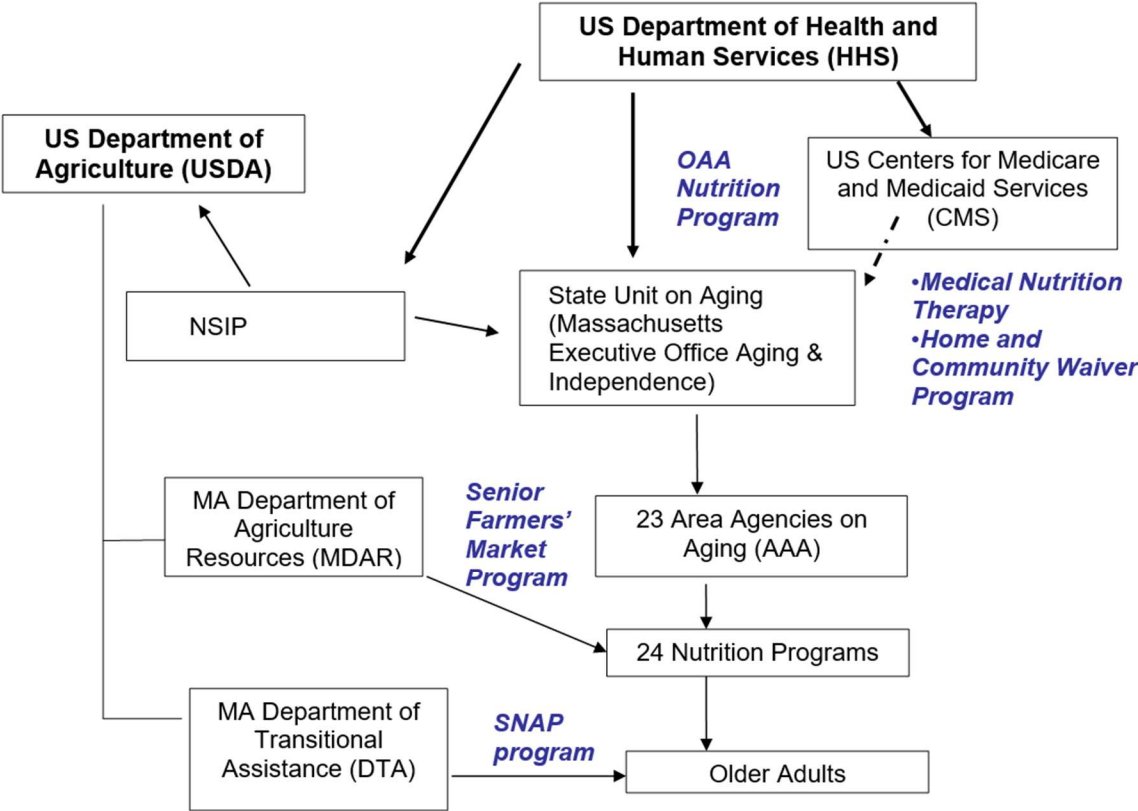
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Program Overview

The [Nutrition Program](#) administers and coordinates 24 local nutrition programs throughout the Commonwealth, serving over 10 million nutritionally balanced meals each year. Using state and federal funding, this program addresses multiple issues faced by older adults, including food insecurity, chronic disease, malnutrition, and social isolation. Meals are provided at more than 350 sites for group dining (such as senior centers, faith-based centers, schools) or are delivered to older adults in their homes. The program provides multiple culturally relevant meals including Kosher, Russian, Latino/Hispanic, vegetarian, Chinese, Caribbean, Portuguese, Southern, Italian, Haitian, and Vietnamese; as well as medically tailored meals including heart-healthy/diabetes-friendly, renal, low lactose, and texture-modified meals such as soft, chopped, or pureed.

Government Sponsored Senior Nutrition Programs Funding Sources



Nutrition Standards

Meal types

Breakfast

A recommended menu pattern for a breakfast meal is:

Meat and meat alternative - one serving (egg, cheese, peanut butter, etc.)

Bread and cereal - two servings (pancake, muffin, waffle, slice of bread, etc. /one serving of cooked or dry cereal)

Fruit or fruit juice - one 4 ounce serving

Butter/margarine - one serving (1 teaspoon), optional

Milk - one-half pint

Optional beverages - 8 ounces

Other menu plans may be used, however, to count as one meal, the breakfast menu must provide 1/3 DRI. Breakfasts provided to home delivered meals participants must receive prior approval from the State Nutrition Department before they may be counted as an eligible meal. The Nutrition Program must have written criteria for providing breakfast meals for home delivered clients.

Regular Meals

A regular meal provided for lunch or dinner should have no added salt (<1200mg per meal) and meet all of the guidelines outlined in the Eligible Title IIIC Meals section below. They should be delivered hot or chilled except for limited circumstances described below. An HDM lunch meal should be provided at a minimum of 5 days a week unless otherwise approved by AGE.

Multiple Meals

The Nutrition program may offer a breakfast and supper (“multiple meals program”) package. The multiple meals package is typically delivered with the noon meal.

Nutritional-Food Supplement

A nutritional-food supplement is defined as a supplemental food or beverage which is fortified with calories and nutrients and/or altered in texture or elemental nutrients, to meet the special dietary needs of clients with specific medical conditions, such as malnutrition. Nutrition Programs may provide this type of service in addition to providing a Title IIIC meal, or it may be used within the Title IIIC meal for clients which require this type of supplement for medical reasons. The supplement alone may not be counted as a Title IIIC meal.

Chilled/Frozen/Shelf Stable Meals

Home delivered meals which are intended to be eaten at a later time (evening, breakfast, holiday) must be delivered either chilled, shelf-stable, or frozen and may not be delivered hot. Meals that are intended for next day use may be delivered chilled or frozen. Meals intended for use 2 or more days after delivery must be delivered frozen or shelf stable.

In limited circumstances (e.g. client attends dialysis), Nutrition Programs may choose to deliver frozen meals to clients as opposed to the daily noon meal. For example, five or seven frozen meals once a week may be delivered to approved HDM clients. These clients must be assessed for their ability to handle the frozen meals.

Nutrition Programs may choose to provide emergency shelf-stable meal types for consumers at the highest level of need. The Nutrition Program needs to have written criteria for emergency meal eligibility. See below for more information.

Meals to Cover Holidays

Nutrition Programs may provide meals for high-risk home delivered consumers who do not have other sources of meal service during holidays when the Nutrition Program is closed (i.e. provide chilled, shelf-stable or frozen meals for consumers for the following day if the Nutrition Program does not deliver that day.) Home delivered meals consumers shall miss no more than 3 days of meal service due to holidays, unless other arrangements are pre-approved by AGE. If there is no meal delivery for greater than 3 days, the Nutrition Program shall contact consumers to do a safety check and ensure that they have enough food.

Special Meals (religious or cultural)

Religious, cultural, or regional dietary requirements or preferences of a significant portion of the older adult population within a Program Service Area should be reflected in the meals served. Examples include Hispanic, Chinese, Kosher and Southeast Asia meal programs. Where feasible and appropriate, individual dietary needs may also be met. The State may grant waivers for cultural meals when the State menu policies are in conflict with fundamental beliefs.

Medically Tailored Meals

Medically tailored meals (MTM) meet appropriate diet therapy requirements for chronic or complex diet-related conditions (e.g. cardiac, renal) and are based on evidence-based dietetic practice guidelines. Medically tailored meals should be planned to provide as close to the 1/3 DRI as possible. However, the 1/3 DRI requirement may be waived by the State if there are significant restrictions on foods or components of foods based upon the medical needs of the participant(s). The Nutrition Program dietitian may order/approve medically tailored meals with the exception of textured modified meals for dysphagia. See PI-24-16 for specific information regarding the ordering process for medically tailored meals.

The following nutrition parameters are used by the state for MTM. Programs may utilize this as a guideline, though modifications can be made as needed by their dietitian. Medically tailored nutrition parameters should be submitted to AGE.

- Cardiac and Low Sodium: <500mg NA, <20gm Fat, < 6gm Sat fat
- Renal: <800mg K+, <300mg Phos, <560mg NA
- Carb Controlled (Diabetic): < 40gm CHO
- Low Lactose: does not contain milk, cheese, or cream sauces; Lactaid milk provided

Gluten-free and allergy-free meals may be offered if they can be procured from a vendor that can certify they are produced without risk of cross contamination. Frozen meals can be utilized for consumers when nutrition assessment determines they are at the greatest need. See Frozen Meals PI for additional guidance.

Grab and Go Meals

Meals that are packaged for takeout and distributed at congregate sites are called “Grab and Go”. Grab and Go meal components are held in temperature control, then packaged for consumers to take away from the facility. While Grab and Go may be a useful tool in some communities that have low congregate meal turnout, it’s use should be limited. Nutrition Programs should make every effort at consumer outreach to increase congregate dining participation for important socialization opportunities. No more than 15% of meal funding may be used for grab & go meals.

Emergency Meals

Nutrition Programs should evaluate home delivered meals clients, at the time of assessment to receive a shelf-stable emergency meal package, available for use during inclement weather or other emergency situations, when the Program is unable to deliver meals. Current clients who may require an emergency meals package may be identified by the case manager. Congregate meals participants should be advised to keep an emergency foods shelf at home in case of inclement weather. See PI-25-13.

Emergency meal packages should comply with the nutrition standards for eligible Title III meals with the exception of sodium; however, low sodium items are encouraged. Dessert items may be dried or canned fruit. People requiring unsweetened food must be provided with appropriate items. An example of an emergency meal package (for each day) is as follows:

Sample Emergency Meal 1:

- 1 can beef stew
- 2 pkg. Melba toast
- 1 box raisins
- 1 can apple juice
- 1 pkg. Nonfat dry milk

Sample Emergency Meal 2

- 1 can or pouch of tuna
- 1 pkg. Saltines
- 1pkg. Hot chocolate mix
- 1 small container of applesauce

Commodity and Group Purchasing Programs

Nutrition Requirements

Commodity and group purchasing program foods must meet specified nutrition guidelines. These include entrées with less than 500mg of sodium, less than 30% fat, and a minimum of 15 grams of protein for processed meats and 21 grams for whole muscle meats. Fruit and vegetable products must contain less than 200mg of sodium and be a good source of fiber. Foods may not contain MSG, and all bakery goods are trans-fat free.

USDA Commodity Foods

The provider shall receive, handle, store and utilize USDA commodities made available for Title III-C, in accordance with State Policy and Procedure for Distribution and Control of Commodity Foods. The provider agrees to comply with these regulations around the proper use, storage, loss or damage of commodities and recording/accounting procedures involved. The provider will be responsible to the Nutrition Program and the State Distributing Agency in the outlined areas of responsibility.

Provider responsibilities

The provider recognizes the following responsibilities to be its own:

- The provider will make use of allocated USDA commodity foods made available by the Nutrition Program.
- The provider shall submit monthly credit vouchers for commodity foods received attached with the signed receipt of shipment of commodities.
- To work with the Dietitian in designing menus to incorporate the allocated commodities.
- The provider shall properly store and mark for easy identification of all commodity foods.
- The commodities to be credited will be the total value of the commodities received. Credit will be made on the month that the commodities are received.

Group Purchasing Program

The provider hereby agrees to purchase and use foods made available to the provider through AGE's Group Purchasing program. The Group Purchasing Program will arrange for certain foods suitable for use in the Nutrition program, such as chicken, to be made available at reduced

prices for six-to-twelve-month periods due to the Department's bulk purchasing power. The provider will not purchase such foods independently when food comparable in kind and quality is being offered through the Group Purchasing Program. The Group Purchasing Program applies to commercial products and not to USDA commodities.

Provider responsibilities

- The provider shall purchase, handle, store and utilize foods made available through AGE's Group Purchasing Program.
- The Nutrition Program shall furnish the provider with information on the availability and prices of foods available through the Group Purchasing Program.
- The provider shall confer with the local Nutrition Director and Dietitian in the ordering of foods through the Group Purchasing Program and shall design menus to incorporate the available food from the Group Purchasing Program.
- The provider shall make payment directly to the commercial distributor designated under the Group Purchasing Program within thirty (30) days of receiving shipment.

Menu Policies

Dietitian / Nutritionist Qualifications

- Nutrition Programs shall have qualified dietitians/nutritionists who shall plan and review menus to ensure the State Nutrition Standards/Menu Policies have been met. It is the responsibility of the Program to ensure nutritional adequacy. Area Agencies on Aging are responsible for monitoring that menus are reviewed by a qualified dietitian/nutritionist and menus and nutrient analysis are submitted monthly to the State Nutritionist.
- It is recommended that nutrition education programming is provided by a qualified dietitian/nutritionist at least twice yearly at all congregate sites and at least once for home delivered meals participants; monthly or quarterly nutrition education is encouraged.
- It is also recommended that the qualified dietitian/nutritionist provide individual counseling/Medical Nutrition Therapy to seniors in the community who have conditions impacted by nutrition such as diabetes, renal disease, cardiac conditions, malnutrition or others. Counseling can be provided in the home or at “nutrition clinics” in a private area at a site such as a senior center. All programs are strongly encouraged to seek reimbursement for eligible seniors in order to expand the availability of this service. Reimbursement sources include CMS Medicare Part B or Medicare Advantage (diabetes and renal), SCO, MassHealth and insurance companies. Note that only a dietitian with the RDN credential can perform Medical Nutrition Therapy (MNT).
- OAA Title III funds require a minimum of 20 hours per week for the Dietitian position. Qualifications are LDN required, RDN preferred. Note that because of the 20 hour per week requirement, the dietitian role should not be combined with the Nutrition Director position, which needs to be full-time in order to accomplish all required functions.

Eligible Title IIIC Meals

The Federal Regulations governing the Nutrition Program require that: Each meal served must contain at least one-third of the current Dietary Reference Intake (DRI) for meals for the population aged 51 years + as established by the Food and Nutrition Board of the National Academy of Science, National Research Council.

“Seconds,” snacks or portions of meals may not be counted towards meeting the 1/3 DRI requirement. All available and allocated commodity foods shall be incorporated into the menus and their value reported to AGE.

The following meals' eligibility requirements need prior approval from the State Nutrition Department. The combined nutritional content is utilized to determine the number of eligible meals which may be counted for statistical purposes:

- Less than 1/3 DRI: not eligible.
- 1/3 DRI or more, but less than 2/3 DRI (for one or two meals served): one eligible meal.
- 2/3 DRI or more, but less than 100% DRI (for two or three meals served): two eligible meals.
- 100% DRI or more (for three meals served): 3 eligible meals.

The number of meals counted as eligible may not exceed the number of meals actually served, regardless of the nutritional contents.

Calories/Fat/Sodium

- The caloric range per meal should fall on average between **700-800 calories**.
- The fat content, based on total calories, should not exceed **35%**. **Saturated fat should not exceed 10% of total meal calories**.
- The sodium content of the meal should follow a **No Added Salt** diet, providing 1200mg or less per meal.

High Sodium Days

When the sodium content for all the components of a meal exceeds 1200mg, the day is considered a high sodium day and must be noted on the menu. Two days per month Nutrition Programs may offer a meal that contains up to 1500 milligrams. If possible, an alternative lower sodium meal should be available on these days. Any higher sodium items (>500mg) should also be marked on the menu. Every effort should be made to reduce the sodium in meals as much as possible.

Vitamins A & C

Excellent **food sources** of vitamins A and C are required within the menu policy. An "excellent food source" of a nutrient must contain 20% or more of the RDA. Good vegetable/fruit sources of vitamins A and C are listed in Appendix A.

Fiber

Programs should regularly provide good sources of fiber (at least 2.5 grams per serving) in breads and other foods such as fruits and vegetables.

Vitamin/mineral supplements

Vitamin or mineral supplements (e.g. Multivitamin tablets) may not be provided with Title IIIIC funds and may not be counted towards meeting the 1/3 DRI requirement.

Menu cycles

Menus for weekday, noon meal service may be planned for a minimum of a four-week/20-day cycle. No complete meal shall be repeated within that four-week time period and efforts should be made to avoid duplicating entrees. Limited selection menus (typically frozen, evening, multiple, and weekend meals) may have shorter menu cycles with a minimum of 10 days.

Menu submission

Menus shall be submitted via Computrition four weeks prior to service. The Menu Checklist form shall be completed for a Nutrition Program central kitchen or the largest caterer, whichever is applicable. This form shall be signed by the local Nutrition Director and Dietitian. Commodity foods shall be noted with an asterisk (*) and the average daily commodity use amount should be noted on the menu submission form (Appendix F). Other menus for small providers may be submitted in the form it is distributed to consumers.

Meal Patterns

Regular Meal:

FOOD GROUPS	AMOUNT TO USE
1. Meat/meat alternate	One serving of 2.5* - 3 oz cooked
2. Vegetables/fruits	Two servings of 1/2 cup each
3. Bread/bread alternate	One serving of 1 oz. or ½ cup
4. Butter/margarine	Optional, one teaspoon
5. Dessert	One serving of 1/2 cup
6. Milk	One serving of 8 oz.

* 2.5 ounce for B entrees and 3 ounces for A entrees.

Food provided within a Title IIIC meal may be counted as only one Food Group. For example, juice served as one of the fruit/vegetable servings may not also count as a fruit serving for dessert.

Alternative Selections

Alternatives to the regular meals may be offered where feasible and appropriate to meet the medical requirements of the client. These may be provided outside of a formal medically tailored diet.

- Alternative entrée selections: The client is provided with lower sodium entrees on the two days when higher sodium meals are served in order to provide a meal with no more than 1200 milligrams of sodium.

- Alternative milk selections: The client is provided with a whole, low fat, skim or lactose-free milk.
- Alternative dessert selections: The client is provided with fresh or water packed fruit or other dietetic desserts instead of the regular dessert.

Meal pattern components

Meat or Meat Alternative

Malnutrition is an important concern for the older adult population because it can lead to many negative health outcomes. Adequate protein must be provided to consumers to prevent or treat this serious condition.

To ensure that complete servings of high-quality protein sources are served to consumers each week, protein sources are broken down into 2 categories (A & B).

“A” Category High Quality Protein (Whole Muscle, Fish, Eggs):

These are whole muscle meats and other high quality protein sources that must be served at least twice a week (8 times in a 20-day cycle). This category of proteins must meet a minimum of 3 oz with at least 21 grams of protein. In the case of a mixed meal (e.g. casserole), the 21-gram protein requirement must all come from the high-quality protein source (not a mix of protein and carbohydrate). When eggs are used as the A meat, a minimum of 2 eggs must be used in a serving, and the entire entree should contain a minimum of 15 grams of protein.

The following may be counted as an A meat:

- Whole muscle beef, pork or poultry
- Unbreaded fish, salmon, or other seafood products specified by AGE
- Eggs

“B: Category (Other Protein Sources):

All other protein sources are considered B meats including:

- Processed and ground beef, pork, or poultry products
- Meatless (e.g. cheese) and vegetarian protein sources (e.g. tofu and beans)

B Category meats may be served no more than 3X week. A minimum of 2.5oz of B protein meat/meat alternative should be served with a minimum of 15grams. **In the case of a meatless or vegetarian meal (e.g. beans, couscous, & peas), the entire meal (excluding milk, bread, and dessert) may meet the 15-gram requirement.**

Gravies should be made in a way which reduces the sodium content as much as possible - for example, use 1/2 of the gravy base called for in a recipe or on package directions. The use of low-fat gravies is strongly encouraged. Nutrition Projects may require that low sodium and/or

low-fat bases are used in the preparation of meals. When liver is served, it may fulfill all vitamin A requirements for that week.

Vegetables and Fruit

Two servings of one-half cup each; drained weight should be included in meals. An excellent single food source of vitamin A should be served three times per week (containing at least 180mcg); an excellent single food source of vitamin C should be served daily (at least 18 mg). Instant mashed potatoes must be enriched with vitamin C. One food can provide excellent sources of both Vitamins A & C.

Examples:

Excellent Food Sources of Vitamin A	Excellent Food Sources of Vitamin C	Excellent Food Sources of Vitamins A and C
sweet potato	asparagus	cantaloupe
spinach	Brussels sprouts	broccoli
carrots	cabbage	romaine lettuce (1-1/2 oz)
mixed vegetables	cauliflower	leafy greens (1-1/2 oz)
winter squash	fortified fruit juice	kale
avocado	green peppers	tomatoes
apricots	okra	vegetable juices
pumpkin	kiwi	mandarin oranges
	bean sprouts (3_1/2 oz)	
	strawberries	
	orange	
	grapefruit	
	honeydew melon	
	red peppers	
	kohlrabi	
	mango	
	pineapple	
	potato* (fortified instant mashed)	

- Pasta, rice or stuffing may be served in place of one vegetable on an occasional basis, preferably no more than twice per week. Pasta may be cooked on site as desired by the Nutrition Program.
- Lettuce alone may not count towards a vegetable/fruit serving, i.e., 1 cup of lettuce and tomato or tossed salad, may be served each as one vegetable/fruit.

- Vegetable or fruit sauces, such as tomato sauce, cannot count towards meeting the vegetable/fruit requirement.
- Fresh or frozen vegetables shall be used. When canned vegetables are used, no salt should be added in cooking to minimize the sodium content. Vegetable cooking may occur on site as desired by the Nutrition Program.
- A minimum of one high-fiber vegetable a week, i.e., peas, corn, and raw vegetables must be served.
- All soups must be prepared utilizing minimal amounts of sodium, preferably homemade. To count soup as a vegetable serving the standard serving should be 6 fluid ounces (containing ½ cup vegetables.)
- Only full-strength fruit or vegetable juices may be used as a vegetable/fruit. Cranberry juice cocktail, enriched with vitamin C, may be served.
- An extra vegetable/fruit (soup, juice, vegetable) will be served twice each month, preferably on casserole or pasta menus.

Enriched or Whole-Grain Bread or Alternate:

One serving of enriched or whole-grain bread, biscuits, muffins, rolls, sandwich buns, corn bread and other hot breads should be included in meals daily.

Twice per month a bakery-type bread item such as a muffin, corn bread, and bran square may be served.

Bread /bread alternates include:

- 1 slice of bread
- 1 roll, muffin, biscuit
- 1 piece cornbread
- 1 ounce sandwich bun
- 1 tortilla
- 1 ounce ready-to-eat, fortified cereal
- ½ cup cereal, cornmeal, grits, macaroni, noodles, rice, spaghetti
- 1 waffle, pancake
- ½ cup starchy vegetable

Bread alternates are generally for use in ethnic, breakfast, evening or multiple meals programs. Nutrition Programs may choose not to utilize alternates due to participant preferences. When a starchy vegetable is planned into the menu as a bread alternate, it may not also count towards meeting the vegetable/fruit requirement.

Whole grain, high fiber bread (2.5gm or more) should appear at least three times per week (12 times per 20-day cycle).

Desserts

One serving of one-half cup should be included in meals daily. Fruit must be served as a dessert at least 3 times per week. It is recommended that fresh fruit is served at least once per week, subject to seasonal quality. The remaining desserts may include baked products or whipped desserts.

Nutrition Programs are encouraged to provide similar desserts for the regular and non-sweetened dessert menus. For example, when gelatin is on the regular menu, it is suggested that a no-sugar gelatin is served as an alternate. Carbohydrate controlled desserts should provide appropriately 15gms or less of carbs per serving.

- Fresh or canned fruits shall be served a total of twelve (12) times per twenty-day cycle and at least three times a week.
- Cakes, cookies, gelatin, or pudding desserts may be served four times per twenty-day cycle and no more than twice per week.

Butter or Margarine

Nutrition Programs have the option to include one teaspoon of butter or margarine (trans-fat free recommended*) in menus. This policy is not to be interpreted as allowing individual participants to choose whether to take this item. Nutrition Programs are strongly discouraged from serving butter/margarine “family style” due to sanitary concerns.

Nutrition Programs may provide butter/margarine with all meals as a general policy or may pre-set the items/meals in which butter/margarine shall be provided. For example, a Nutrition Programs may specify that butter/margarine shall be provided when baked potatoes are served, and so on, according to the preferences of participants and to enhance the palatability of the meal.

* Note: Programs in Boston must comply with Section 4.00 of the Boston Public Health Commission’s Regulation to Restrict Foods Containing Artificial Trans Fat in the City of Boston.

Milk/Milk Alternate

One- half pint skim or low-fat milk fortified with Vitamins A and D should be offered daily. Whole milk may be offered if requested. Lactose-free milk may also be offered. Milk alternates may be provided in place of milk.

Milk Alternates:

- 1 cup yogurt
- 1/2 cup cottage cheese
- 8 ounces tofu (processed with calcium salt)
- 8 ounces calcium fortified juice

When milk alternates are used, the same foods may not also count towards meeting the meat alternate or calcium-containing dessert requirements.

Nutrients of Concern

Nutrients of concern are nutrients that a large proportion of Americans are routinely consuming less of than recommended amounts. According to the Dietary Guidelines for Americans, the nutrients of concern for the general U.S. population are *calcium, potassium, dietary fiber, and vitamin D* because they are associated with health risks or chronic diseases. The menu pattern and nutrition analyses ensure that these nutrients are provided in adequate quantities in the meals. For example, the milk requirement contributes significant amounts of calcium and vitamin D, the fruit/vegetable requirement provides potassium, and the requirement for whole grains (including breads and vegetables), contribute a substantial amount of fiber.

Nutrition Analysis / Menu Planning

Menu planning plays a critical role in the delivery of quality nutrition services. Reviewing menus at State, AAA, or local levels involves verifying that they conform to nutrition standards and menu policies. Computer analysis ensures that menus conform to the Dietary Guidelines for Americans and provide appropriate DRI's for older adults. Reviews may also indicate necessary changes when menus contain errors or to discourage the use of extra items to avoid added food costs. In addition, menus should be evaluated for variety of foods, color appeal, texture, and consistency. Computrition is the statewide nutrition analysis system for menu nutrition analysis. Kitchens and caterers are required to furnish Nutrition Programs with nutrition information for food items as well as recipes. The dietitian enters the menus into Computrition each month to confirm nutritional adequacy of the meals. A Computrition User's Guide is available in the Nutrition Directors' Manual or upon request from the AGE State Dietitian.

Nutritional analysis of meals shall be provided to the State Nutrition Department in the following instances:

Full Analysis Meals:

A complete nutritional analysis shall be performed using the State's Computrition system for any meal that is served more than 3 days a week with a 4-week cycle menu or greater than 100 meals per day. Examples include the following:

- Regular (main), weekday meals (served 5 to 7 days)
- School meals (served 4-5 days per week)
- Medically tailored meals including renal, cardiac, and carbohydrate controlled.
- Cultural meals if >100 per day
- Supper meals if >100 a day

Limited Selection Meals:

Nutritional analysis for the limited selection menus must be submitted once per year with a 3-day Computrition analysis by October 1st. Limited selection meals are defined as those served 3 or fewer days a week or have a low daily meal count (consult with AGE). Programs with limited selection are still required to comply with the nutrition standards, including the meal pattern, and submit menus and menu specification checklists monthly to the state. Programs may still choose to provide full nutrition analysis for limited selection menus for the benefit of consumers. Examples of limited selection meals may include the following:

- Cultural meals (i.e. Kosher, Spanish) <100 meals per day
- Supper meals <100 meals per day
- Breakfast meals
- Weekend meals
- Frozen meals

Other Meals:

A complete, three-day nutritional analysis shall be required on a spot-check basis for the following meal types:

- Title IIIC Council on Aging Meals unless it is a meal site
- Title IIIC School Meals (served less than 4 days per week)
- Other Title IIIC meals programs

Requirements for complete nutritional analysis:

- The State Nutrition Department will review the nutritional analysis in Computrition on any meal, which appears not to meet State requirements, or for “spot-checking” purposes.
- Full product descriptions for individual items used within Title IIIC meals must be provided or made available by caterers, including nutrition labels, recipes/production sheets with ingredients and quantities.
- Consortium/Joint Menus: One signed Elder Affairs menu checklist and menu with highlighted commodities/price and nutritional analysis is required per menu cycle from each Nutrition Program. All Nutrition Programs are also required to submit a copy of their own menu, in the format distributed to participants.
- Limited Selection Meals: If more than one Nutrition Project provides the same limited selection meal, only one nutritional analysis needs to be submitted. It is the decision of the Nutrition Program which agency(s) shall submit this information to AGE.
- All menu documentation must be submitted to the State Nutrition Department at least four weeks prior to service. Meals should be planned to contain variety in the areas of

color, texture and food choice to enhance nutritional adequacy and participant acceptance.

Substitutions

Substitutions may be made from menus submitted to the state due to shortages or problems with food delivery to the kitchen or meal site. The substitutions should be as similar to the originally planned food(s) as feasible and kept to a minimum. Dietitians and Nutrition Directors should design, with meal providers, a substitutions list or guidelines for substitutions. Substitutions should take into consideration the commodity usage of the originally planned meal and the nutrient content of the food(s) which must be replaced.

Substitutions may only be performed by the contracted caterer of a Title IIIC Nutrition project or central kitchen prior to the meals leaving the kitchen. No substitutions may be made at any site other than the kitchen unless there is concern over food spoilage, contamination or a shortage has occurred, at which time the Nutrition Program must be notified immediately to evaluate whether any item(s) within the Title IIIC meal requires substitution.

Additions to the Meals

The following foods/beverages may not be added to the Title IIIC meal:

- Alcoholic beverages.
- Canned foods which have not been commercially canned (i.e. home-canned foods.)
- Sweet desserts/breads, except for special celebrations or events.
- Potentially hazardous foods, such as meat, eggs, fish, chicken, milk or dairy products, etc. which are not directly provided by the Title IIIC caterer or central kitchen.

Special holiday meals

The holiday meals are expected to comply with the regular menu policy unless preapproved by the AGE Nutrition Department.

Food Purchase Specifications

- Poultry, eggs, dairy products - US grade A; Chicken parts: cooked or IQF
- Lamb, beef, veal - USDA Choice, Hamburger 80/20 lean: fat
- Pork - USDA #1
- Fish - no more than 41% breading.
- Vegetables - Frozen, canned - U.S. Grade A
- Fresh Produce - U.S. #1

- Fruit - U.S. Grade A
- Milk - Homogenized grade A - Milk in individual containers.

Menu distribution

Menus are required to be distributed to program participants. Menus with nutrition information (minimum: total calories, sodium of individual items, and total sodium) are to be posted on the agency's website. Agencies may also choose to post additional nutrients. This information helps consumers, their healthcare providers, caregivers, and family members manage their health and chronic conditions.

Quality Assurance

Nutrition Directors and Dietitians should monitor quality of meals by using a variety of methods including but not limited to; taste testing meals, obtaining consumer feedback at congregate sites, site managers meeting feedback, monitoring plate waste. Participants' input must be incorporated into the menu design process. In addition, formal menu questionnaires/surveys (Satisfaction Survey) shall be performed at least once per year for all congregate and home delivered meals clients. Copies of the most up-to-date survey forms may be requested from the AGE Nutrition Program.

Quality Assurance Reporting Schedule

The nutrition programs are required to submit various quality assurance reports in a timely manner to ensure their compliance with the federal and state requirements.

Nutrition Education

Twice per year, submit schedule for second topic (including lesson plans, handouts, and evaluation tools) by 3/1. The first topic will be standardized and distributed by AGE. Nutrition education evaluation results due by 10/1.

Nutrition Counseling

Submit the home visit tracking report twice per year which includes details such as care program and funding source for all counseling sessions due by 10/1

Site Manager Sanitation Training

Training and exam annually. Submit log yearly (10/1)

Site Manager Allergen Training

Training and exam every 5 years.

AGE Nutrition Directors' Meeting

Monthly.

AGE Dietitian Quarterly Meeting -

September (in-person), March (remote), December (in-person), and June (remote).

Standardized Congregate and HDM Satisfaction & Impact Survey

Submit to AGE yearly (10/1).

CompuTrition Menu Analysis and Menu Specification Checklist

Monthly.

Operations

Required Forms

Congregate NAPIS data shall be collected for all program consumers and information entered into A & D.

The Nutrition HDM Assessment shall be completed within 10 days of signing up for meals and reassessments completed every six months.

Food Leaving Sites (PI-89-37)

Because foods which contain significant amounts of protein (e.g., entrees, salads) spoil quickly when not maintained within specific temperature ranges, only designated items are allowed to be taken home from meal sites. Please see the PI for more information.

Food Allergy Policy (PI-25-14)

To ensure the safety of the seniors who participate in the program and due to the logistical challenges of ensuring that all meals are free of the food allergen, participants determined to have a life-threatening food allergy, will be assessed on a case-by-case basis to determine if reasonable accommodation can be made. If there is doubt about presence of an allergy, results from an allergy test should be presented. Participants with non-life-threatening allergies or for those with intolerances may be accommodated by the Nutrition Program. For example, the programs may offer substitute/alternative meals or parts of the meal or recommend that participants cancel meals on days on which potentially offending foods are scheduled to be served.

Minimizing Food Waste

Meal waste is an important issue that can have a large impact on program funding. All consumers should be informed of the cancellation policy when starting the program and the phone number for cancellation should be printed on menus and other program materials. To minimize waste, suggested procedures are:

Congregate:

- Reinforce reservation system and portion control.
- If a “no show” occurs, offer seconds instead of throwing away the meal.
- Sell to the staff in the building at a market price (use donation collection box).

Home Delivered:

- Send reminders of cancellation policy in consumer correspondence (e.g. letters, menus, newsletters, website)
- Have a local policy in place for repeated and habitual missed deliveries.

HDM Consumers Not at Home

Home delivered meals (hot, cold, or shelf-stable) should not be left at a consumer's home without making visual or audio contact (e.g. through the door). This is due to the increased risk of contamination and foodborne illness as well as the risk of theft.

Food Safety and Sanitation Requirements

Minimum standards

The nutrition project's central kitchen, meal sites and caterers must meet the requirements regarding food handling and sanitation as stipulated within the [Massachusetts Department of Public Health 105 CMR 590.000, State Sanitary Code for Food Establishments Chapter X and Vending Machines](#). Food preparation kitchens and meal service sites must have local Board of Health certificates and other applicable licenses.

Food Employee (Site supervisor) Trainings:

(See PI-25-08 for more information). All meal site supervisors must be trained annually in the minimum sanitation standards and receive regular, documented in-service training on proper food handling and sanitation practices. Site supervisors' job responsibility is limited to serving food and holding food at the proper temperature. Only limited preparation or cooking is allowed (e.g. pasta, IQF cooked protein, salads). All site supervisors must demonstrate adequate sanitation knowledge according to their job responsibilities by passing a test (either oral or written) designed by the Massachusetts Executive Office of Aging & Independence. Nutrition programs will use this food safety curriculum to train all site supervisors in safe food handling practices. The training records of each food-handling employee (site supervisor) will be maintained on-site for verification by the Board of Health. The training and certification must be conducted annually. In the case that a meal site is cooking raw food from "scratch", then they must have food manager certification (e.g. ServSafe).

All Nutrition Directors, Dietitians, and other ASAP staff who conduct inspections at commissary kitchens must have food manager certification (e.g. ServSafe).

As the Person in Charge (PIC), all site supervisors must also complete the AGE issued Allergen Awareness Training every five years as described in PI-25-14

Employee Health

There are approximately 10 million food borne illnesses in the U.S. each year, caused by 6 pathogens: Salmonella, Listeria monocytogenes, Campylobacter, Clostridium perfringens, Shiga toxin-producing Escherichia coli (STEC), and norovirus. These illnesses result in about 53,300 hospitalizations and over 900 deaths annually. The true numbers are likely much higher because many cases are not reported. The Nutrition Program serves a highly susceptible population, so it is critical to ensure that food is handled safely. It is important for the Employees to report their disease or medical condition to the nutrition project person in charge (PIC).

Who needs to report

- 1 Food employee applicants to whom a conditional offer of employment is made
- 2 Food employees
- 3 Volunteers who work or handle food.

When to report

1. **Symptoms of** diarrhea, vomiting, jaundice, sore throat with fever, and lesions containing pus on the hand, wrist, or an exposed body part (such as boils and infected wounds, however small.)
2. **Medical diagnosis** of norovirus, shiga toxin-producing E. coli, S. typhi (typhoid fever), Shigella spp., non-typhoidal Salmonella, and Hepatitis A, as well as other diseases that may be transmitted through food per 105 CMR 300.000.
3. **Past diagnosis of diseases listed above.**
4. **High-risk conditions:**
 - a. Exposure to or suspicion of causing any confirmed outbreak of the diseases listed above.
 - b. A household member has been diagnosed with diseases listed above.
 - c. A household member attending or working in a setting experiencing a confirmed outbreak of one of the diseases listed in part B above.

Depending upon their condition, food employees may need to be excluded or restricted.

Exclusion – The food employee is not allowed in any part of the food establishment where there is a possibility of transmitting the pathogen via food or person-to-person contact.

Restriction – The food employee is limited to duties, which restrict from working with exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles, in a food establishment.

See the specific criteria for exclusion/ restriction outlined in the MA retail food code [105 CMR 590.00](#)

Kitchen Inspections

Every kitchen utilized for the preparation of Title IIIC meals shall be inspected at least twice per year by the Nutrition Project/Area Agency on Aging using the AGE Kitchen inspection form. Kitchens with that serve 4 or more Nutrition Programs should be inspected quarterly at a minimum. Inspections shall occur at approximate equal intervals throughout the year with at least one inspection being unannounced. Inspections should begin during the peak production hours of 5am-9am. A second visit should be made later in the day to ensure that all areas and equipment have been properly cleaned and sanitized. Kitchen inspection schedules shall be submitted to the State by October 1 of each year. Inspections must be conducted by at least two representatives the Nutrition Programs. Programs that are part of a consortium may coordinate to allow all agencies to participate in a minimum of 1 inspection each year. Both the Nutrition Director and Dietitian should participate in inspections. Copies of completed assessments are to be forwarded to AGE. Follow-up on issues, which are found to be out of compliance, must be clearly defined with date noted by which it must be rectified (within 1 month). A follow-up inspection should be carried out to ensure compliance.

Food temperatures

Foods should be cooked and held per the temperatures specified in the MA Retail Food Code 105 CMR 590.001. Temperatures should be taken regularly throughout the process from preparation until it is served to consumers. Temperatures of hot and cold foods shall be taken and documented daily before food leaves the kitchen and when it arrives at the meal site if applicable. Temperatures must be 135°F or above for hot food and 41°F or below for chilled food. Temperatures should be taken, after packaging, as close to the time when the food leaves the kitchen, and not as food is removed from the oven or while it is in a steam table. Frozen meals should remain in a frozen state from packaging to delivery to the client.

Foodborne Illness Standard Operation Procedures (SOP)

AGE and the DPH Food Protection office agreed upon the following SOP protocol to be implemented by both agencies working together. For any potential outbreak cases or questions regarding food appearance, smell, or temperature, the chain of command should be as follows:

1. The site manager will immediately inform the local Nutrition Director or person in charge.
2. The local Nutrition Director must immediately contact AGE Nutrition Department
3. AGE will contact DPH Food Protection Program
4. DPH will navigate the process with the local Board of Health.
5. All media communication will filter through AGE and DPH.

If food spoilage or contamination is suspected as meals are delivered to congregate meal site(s) or to homebound clients, the food should not be served/delivered.

It is recommended that Nutrition Programs conduct an internal investigation, including the verification of spoilage/contamination through laboratory analysis. Additionally, it is recommended that Nutrition Programs have written procedures for such internal investigations. Nutrition Programs shall document and keep on file, record of investigative actions taken and the findings of the investigation.

Site supervisors and other Nutrition Program staff should receive training about procedures in the event of suspected food borne illness or food spoilage/contamination.

Sample meals

All kitchens providing Title III C meals shall freeze a sample meal (dated and labelled), which shall be retained for a period of one week so that it can be tested for pathogens in a potential case of food borne illness

Packaging meals for transport

Meals must be packaged in heat retaining transport equipment, which maintains the food within the proper temperature range: Hot foods should be maintained at 135 °F or above; Chilled foods should be maintained at 41 °F or below. Frozen meals must be transported in a way which keeps them frozen. It is recommended that milk and other potentially hazardous foods transported chilled (e.g. dairy desserts, cold salad meals) are packaged with ice or other similar, appropriate chilling material, especially during the summer months except when transported in refrigerated trucks.

Food storage

Food storage systems shall ensure a "First-In, First-Out" use of foods. All foods stored in freezers shall be dated and labeled.

Appendices

Appendix A: Commonly Used Terms for Nutrition Program Structure/Functions

See sample job descriptions for Nutrition Director and Dietitian in the Nutrition Directors' Manual.

Nutrition Program Director/Manager

The Director is responsible for the supervision and management of the Nutrition Program's multi-funded programs, providing meals for older adults in their homes and at congregate meal sites. Working closely with local communities, food service providers, health/social service agencies, and state/federal regulatory organizations, the Director will ensure quality control in all nutrition and food-service related operations.

Dietitian / Nutritionist

The Dietitian serves as the primary resource on all nutrition-related issues, including – but not limited to – menu planning, nutritional analysis, nutrition education, and nutrition counseling. This position requires licensure by the Commonwealth of Massachusetts (Registered Dietitian Nutritionist preferred).

Nutrition Intake /Meal Assessment Staff

Nutrition intake staff are responsible for screening potential new participants for program eligibility, gathering and entering client information into the computer system, and assigning appropriate nutrition services as well as making referrals for other needed services.

Congregate Meals Coordinator

The Congregate Meals Coordinator is responsible for the daily operation, food safety, and continuous quality improvement of the Nutrition congregate meals program. He/she is responsible for supervising, recruiting, and training meal site managers and volunteers.

Meal Site Manager

Meal Site Managers are responsible for serving temperature-controlled meals using appropriate food handling techniques and maintaining a reservation system. Site Managers must maintain communication with the Congregate Meals Coordinator and attend required meetings.

Home-Delivered Meals Coordinator

The Home-Delivered Meals Coordinator oversees the operation of all home-delivered meal routes in a program service area. He/she is responsible for supervising, recruiting, and training

home delivery and volunteer drivers and ensuring that all guidelines concerning delivery equipment, driver performance, and food transport are met.

Home-Delivered Meals Drivers

Home-Delivered Meals Drivers are responsible for timely delivery of temperature-controlled meals to homebound participants in an assigned delivery area. Drivers must also maintain communication with the Home-Delivered Meals Coordinator regarding any change in a participant's status.

Caterer/Food Service Provider

The Caterer/Food Service Provider is a commercial enterprise or a non-profit organization which is, or may be, contracted with the AAA or Nutrition Projects to manage any aspect of nutrition program food service. The caterer/food service provider is required to meet all nutrition standards, menu policies and sanitation standards stated in this document.

Appendix B: Menu Specification Checklist

Consortium Name (if applicable):

Agency Name:

Type of Menu:

Month/Year:

REQUIRMENTS	CHECK	COMMENTS
Each meal provides a minimum of 1/3 DRI		
"A" meats 2 times/week		
Chicken 1 time/week		
High Sodium Days (>1200mg and ≤ 1500mg) Not more than 2x / month		Date(s):
Vegetable/Fruit 2x / day		
Fruit dessert – 3x / week		
Vitamin A (180 mcg) – 3x /week		
Vitamin C (18mg) – daily		
List commodities used and how often		
List purchasing program items used and how often		
Monthly Average NA		mg
Monthly Average Kcal		

Submitted by (2 original signatures required):

Nutrition Director _____ Date: _____

Nutritionist _____ Date: _____

Date menu completed in Computrition: _____

Appendix C: Sample Menu with Nutrition Information

JULY 2025 **Greater Springfield Senior Services, Inc.** **Home Delivered Menu** **Updated 05/12/2025**
 For Reservations or Cancellations call by 11:30 a.m. the day before at 781-2135 or Toll free 800-649-3641 Email: GSSSI.Nutrition@gsssi.org

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
If you have a special concern regarding the sodium, contact the Nutritionist. Call GSSSI 781-8806 X 1136 for more information. Total Sodium & Calories include regular dessert, milk (100mg Na) & margarine (15mg Na).	1 Mac & Cheese(296) Stewed Tomatoes(205) Whole Wheat Bread(150) Cranberry Juice (3) Fresh Fruit(1) Cal:599 Carb:86 Na:812	2 Butter Crumb Fish(296) Green Beans(9) Tartar(130) ½ Baked Sweet Potato(33) Whole Wheat Bread(150) Mandarin Oranges(7) Cal:534 Carb:63 Na:610	3 4th OF JULY BBQ Hamburger w/Chz(422) Onions & Mushrooms(96) Roasted Red Potatoes(29) Wheat Burger Bun(330) Ketchup(82) Reg/Diet Jello(53) w/Topping(12) Cal:725 Carb:79/78 Na:1128	HOLIDAY- NO MEALS
	7 American Chop Suey(211) Roman Blend Veg(13) Wheat Roll(210) Fudge Round Cookie(80) Cal:732 Carb:97 Na:654	8 COLD PLATE Egg Salad(369) Broccoli Slaw(119) Balsamic Pasta Salad(15) Club Roll(340) Reg(17)/Diet Jello(35)w/Topping(12) Cal:948 Carb:87/86 Na:1012	9 Rosé Chicken*(556) Parslied Carrots(62) Penne Pasta(22) Whole Wheat Bread(150) Fresh Fruit(1) Cal:575 Carb:85 Na:930	
14 Shepherd's Pie(215) Steamed Peas(97) Mashed Potato Topping 12 Grain Bread(200) Peach Crisp(5) Cal:764 Carb:88 Na:656	15 Creamy Chicken Pesto Pasta*(803) Tossed Salad w/Italian(131) Garlic Bread(210) Fresh Fruit(2) Cal:774 Carb:87 Na:1178	16 COLD PLATE Turkey & Swiss(372) Tomato Onion Salad(5) Macaroni Salad(294) Club Roll(340) Applesauce(14) Cal:869 Carb:74 Na:1165	17 BIRTHDAY MEAL/HIGH SODIUM DAY Chicken Cordon Bleu*(684) Parslied Carrots(62) Garlic Mashed Potatoes(118) Whole What Bread(150) Reg(240)/Diet Cupcake(166) Cal:818 Carb:100/88 Na:1379	18 BBQ Pulled Pork(365) Coleslaw(122) Baked Beans(291) WW Burger Bun(160) Reg(95)/Diet Cookies(95) Cal:681 Carb:71 Na:1164
21 Meatloaf w/Gravy(304) Steamed Peas(97) Mashed Potatoes(26) Whole Wheat Bread(150) Reg(70)/Diet Cookie(70) Cal:634 Carb:77 Na:788	22 COLD PLATE Cape Cod Chicken Salad(125) Pickled Beets(195) Potato Salad(215) Wheat Hamburger Bun(210) Reg(17)/Diet Jello(35)w/Topping(12) Cal:746 Carb:70 Na:945	23 NATIONAL HOT DOG DAY/HIGH SODIUM Hot Dog w/Bun*(750) Broccoli Slaw(119) Baked Beans(140) Fresh Fruit(1) Ketchup(82)/Mustard(55) Cal:781 Carb:85 Na:1409	24 Mediterranean Turkey(436) Marinated Cucumber Salad(46) Couscous(8) Oatnut Bread(150) Apple Crisp(65) Cal:786 Carb:109 Na:846	25 Fish Chowder(421) Green Beans(5) Oyster Crackers(133) Mandarin Oranges(7) Cal:525 Carb:66 Na:706
28 Pot Roast w/Gravy (126) Brussels Sprouts(12) Mashed Butternut(24) Whole Wheat Bread(150) Mixed Fruit(5) Cal:627 Carb:76 Na:449	29 NATIONAL LASAGNA DAY Lasagna w/ Marinara Sauce(394) Steamed Broccoli(9) Whole Wheat Bread(210) Reg/Diet Cookies(85) Cal:505 Carb:80 Na:909	30 Chicken Piccata*(523) Tossed Salad w/Italian(106) Rice Pilaf(38) Garlic Toast(210) Fresh Fruit(1) Cal:748 Carb:87 Na:1019	31 Crab Cake*(600) w/tartar(130) Coleslaw(122) Steamed Corn(4) Whole Wheat Bread(150) Reg(17)/Diet Jello(35)w/Topping(12) Cal:623 Carb:79/77 Na:1148	Suggested voluntary donation \$3/meal Menu subject to change without notice. Key for Symbols: Cal= Calories (mg Na in each item) Carb=Carbohydrates Carbs listed for both reg/diet desserts Na= Sodium *Sodium content(>500mg)