

SENIOR CENTER PRACTICES

10/28/2008

Trends in Developing Standards



Senior Center Practices

INTRODUCTION

In the states and territories senior centers offer older Americans a comfortable place to participate in activities, socialize with their peers, and share a meal. Senior centers, supported by funding from various sources including the State Unit on Aging, are often coordinated by Area Agencies on Aging. Although all states have senior centers, they vary greatly. Several states and territories are developing statewide standards for their senior centers. Implementation of state standards ensures that each senior center offers appropriate and consistent services. Senior center standards often regulate hours of operation, set forth requirements for nutrition programs, provide for handicap accessibility, and prescribe social, health and wellness activities.

NASUA surveyed the states concerning funding sources, operational guidelines for senior centers, and services deemed necessary. 38 states responded to the survey. Of those responding, 16 states offer guidance for their senior centers.

Funding Sources

The variation of funding for senior centers is quite broad, often including multiple sources of funding, as single funding sources often do not cover all of the expenses.

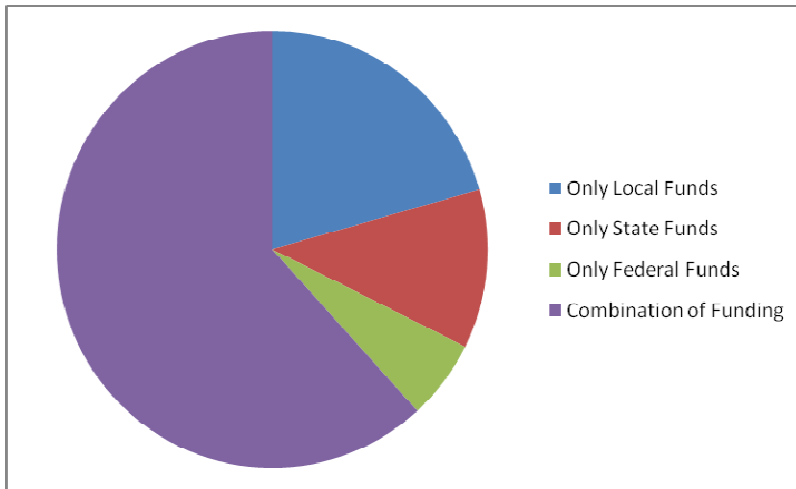
Federal funds are the exclusive source of funding for senior centers in Arizona and Illinois.

Exclusively state funded senior centers exist in Louisiana, Hawaii, Ohio, and Tennessee.

Local funding exclusively supports senior centers in California, Minnesota, New Jersey, North Dakota, the Northern Mariana Islands, Wisconsin, and Vermont.

21 states' senior centers are funded by a combination of federal, state, local and private funds. These states include: Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Michigan, Missouri, Mississippi, Montana, Nebraska, Nevada, New Hampshire, North Carolina, Oklahoma, Rhode Island, Texas, Utah, Virginia, West Virginia, and Wyoming.

Sources of Funding for Senior Centers¹



Handbook, Guidelines and Standards

Of the states that responded to the NASUA survey, 16 states provide guidance for their senior centers in the form of a handbook, guidelines, regulations or standards for the operations of their senior centers. State guidance often includes staffing requirements. Guidelines may include requirements of structural features, such as handicap accessibility, safety measures, and adequate lighting. Programming elements such as activity categories, schedules and variety may also be included. Please see the appendix for examples of guidance from the states.

The following states offer guidance for senior centers in the form of information on standards and procedures: Alabama, Arizona, District of Columbia, Florida, Georgia, Illinois, Mississippi, North Carolina, and Tennessee.

Kentucky and Missouri have adopted regulations for senior centers, which are enforceable by law.

Texas senior centers are required to adhere to an administrative code. North Dakota has a policy for construction or acquisition of a senior center, but everyday operations are not standardized or monitored. Nevada senior centers are expected to meet service specifications. Utah has rules for nutrition, but does not standardize other services and activities.

Hours of Operation

Of the 38 states that responded to the survey, only seven states regulate the hours of operation. Each state approaches hours of operation differently.

Alabama requires senior centers to remain open from 9:00 am-1:00 pm daily, although many are open longer. North Carolina requires senior centers to be open for 40 hours a week, excepting holidays and inclement weather. Oklahoma requires its senior centers to be open for 30 hours a week, unless it has a waiver approved by the State Unit on Aging. Mississippi suggests hours, but has no requirements. In Georgia, senior centers are required to be open four hours a day, and serve one meal a day five days a week. In Illinois, centers must be opened seven hours a day for five days a week.

¹ This chart represents the states that responded to the NASUA survey.

All of the states that do have standards for hours of operation allow for some flexibility.

Promising Practices

The states were asked to share their promising practices, and the greatest senior centers successes.

Many states are moving towards a wellness approach to encourage active lifestyles that includes physical and intellectual pursuits. Arkansas is using the seven dimensions of wellness as a basis for its programs: Emotional, Environmental, Intellectual, Occupational, Physical, Social and Spiritual Wellness. The Northern Marianas also encourage physical and intellectual pursuits by offering aerobic exercise, dancing, and internet skills workshops. New Jersey and Massachusetts have introduced Wii video games as a source of exercise. Missouri has a campaign for healthy lifestyles titled *Live Like Your Life Depends On It*.²

Many states also report program management promising practices. Wyoming requires quarterly reviews, including fiscal and programmatic accountability, site visits and quarterly reports assisting the state unit to remain in contact with their senior centers. New Hampshire offers grants to senior centers for demonstrated best practices to incentivize the senior center administrators. The grants can be used for programming or an evidence based program. Many senior centers have used these to implement strength and conditioning programs.

“We do our best to make sure they (senior centers) are physically accessible, clean and attractive, with great food!”

-Beth Batman, Oklahoma

Many states offer certifications and continuing education to their staff and volunteers to ensure quality. North Carolina offers its senior centers voluntary certification; there are two levels of certification- Center of Merit and Center of Excellence. This program is based on a self-assessment instrument, the Senior Center Operations and Program Evaluation or SCOPE tool, which serves as a standard for practice in five major operational areas:

- outreach and access to services
- programs and activities
- planning, evaluation, and input from older adults
- staffing
- operations and physical plant.

North Carolina also offers an *Institute for Senior Center Management* at which senior center staff learns management skills, update credentials and enhance professionalism. Texas also offers training opportunities for staff. The District of Columbia and Arizona senior centers have a senior advisory board/council that provides direction to the management.

Conclusion

Senior centers offer a sense of community to each state's aging population. Seniors may share a meal with their peers, learn a new skill and participate in physical activities. Of the 38 states that responded to our survey, 16 provide guidance to the senior centers in the form of a handbook, guidelines, standards or regulations. Only 2 states have regulations that are enforceable by law.

² To learn more about the campaign: <http://www.lifedependsonit.com/>

Included in the appendices are resources involving state senior center regulations from the following states: Arizona, Florida, Illinois, Massachusetts, New Mexico, North Carolina, North Dakota, Oklahoma and Texas.

NASUA will continue to monitor senior center standards and their responsibilities, and provide periodic updates. If your state has senior center standards that are not included in the report, please contact NASUA to be included in an update of the report.

For more information:

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APPENDIX A- ILLINOIS SENIOR CENTER STANDARDS

603.19: SERVICE TITLE: Multipurpose Senior Center

- A. Definition: A multipurpose senior center is defined as a community facility with regular operating hours and staff that provide for a broad spectrum of health, social, nutritional and education services and recreational activities for older persons. Funds may be awarded to a public or nonprofit organization for the acquisition, alteration, renovation, construction (where appropriate), or operation of a facility that meets federal, state and local regulations and/or ordinances, which serves as a multipurpose senior center.

Area Agencies on Aging are encouraged to use the definition of “regular operating hours” as defined in the Community Senior Services and Resources Act (Public Act 93-0246). In this Act, “regular operating hours” means open 5 or more days each week, 7 or more hours per day.

B. Service Activities May Include:

Facility Development-

Acquisition - obtaining ownership of an existing facility in fee simple or by lease for 10 years or more for use as a multipurpose senior center.

Alteration or Renovation - making modifications to or in connection with an existing facility which are necessary for its effective use as a center. These may include renovation, repair or expansion which is not in excess of double the square footage of the original facility and all physical improvements.

Construction - building a new facility, including the costs of land acquisition and architectural and engineering fees, or making modifications to or in connection with an existing facility which are in excess of double the square footage of the original facility and all physical improvements.

Operations - The costs associated with the day-to-day physical operation of a facility that serves as a multipurpose senior center, including equipment and the professional and technical personnel of a multipurpose senior center necessary for its operation.

C. Unit of Service:

Facility Development - There is no unit of service measurement for the development of a facility other than the quarterly reporting of each facility receiving funding for this service activity.

Operations - There is no unit of service measurement for the operation of a facility other than the quarterly reporting of each facility receiving funding for this service activity.

D. Area Agency Award Standards:

1. The Area Agency may award funds to a public or nonprofit organization for the following purposes:
 - a. Acquiring, altering, leasing, or renovating a facility, for use as a multipurpose senior center;
 - b. Constructing a facility, including a mobile facility, for use as a multipurpose senior center, subject to the provisions of this section;
 - c. Assisting in the operation of a facility that serves as a multipurpose senior center, including equipment and meeting all or part of the costs of professional and technical personnel required to operate a multipurpose senior center.
2. In making awards, the Area Agency must give preference to facilities located in communities with the greatest incidence of older persons with greatest economic and social need, with particular attention to low-income minority individuals.
3. Special conditions for acquiring by purchase or constructing a facility are:
 - a. The Area Agency must obtain the approval of the Department on Aging before making an award for constructing a facility.
 - b. The Area Agency may make an award for purchasing or constructing a facility only if there are no suitable facilities available for leasing.
4. The Area Agency must ensure that the facility complies with all applicable state and local health, fire, safety, building, zoning and sanitation laws, ordinances or codes.
5. The Area Agency must ensure the technical adequacy of any proposed alteration or renovation of a multipurpose senior center assisted under Title III, by requiring that any alteration or renovation of a multipurpose senior center that affects the load bearing members of a facility is structurally sound and complies with all applicable local or state ordinances, laws, or building codes.

E. Service Standards:

1. The recipient of any multipurpose senior center award must comply with all applicable state and local health, fire, safety, building, zoning and sanitation laws, ordinances and codes.
2. The recipient of any multipurpose senior center award must install, in consultation with state or local fire authorities, an adequate number of smoke detectors in the facility.
3. The recipient of any multipurpose senior center award must have a plan for assuring the safety of older persons in a natural disaster or other safety threatening situation.

4. In a facility that is shared with other age groups, funds received under Title III may support only:
 - a. That part of the facility used by older persons; or
 - b. A proportionate share of the costs based on the extent of use of the facility by older persons.
5. A multipurpose senior center program must be operated in the facility.
6. Any facility which is altered or renovated using Older Americans Act and related grant funds must be used for the purpose for which the alteration and/or renovation was completed for at least five years.
7. The recipient of an award for acquisition, alteration, or renovation of existing facilities of a multipurpose senior center must assure that:
 - a. For not less than 10 years after acquisition, or not less than 20 years after the completion of construction, the facility will be used for the purpose for which it is to be acquired or constructed, unless for unusual circumstances the Administration on Aging waives the requirement for this section.
 - b. Sufficient funds will be available to meet the non-federal share of the cost of acquisition or construction of the facility.
 - c. Sufficient funds will be available when acquisition or construction is completed, for effective use of the facility for the purpose for which it is being acquired or constructed.
 - d. Based on Department on Aging policy, the facility will not be used and is not intended to be used for sectarian instruction or as a place for religious worship.
 - e. In the case of purchase or construction, there are no existing facilities in the community suitable for leasing as a multipurpose senior center.
 - f. The plans and specifications for the facility are in accordance with regulations relating to minimum standards of construction, promulgated with particular emphasis on securing compliance with the requirements of the Architectural Barriers Act of 1968.
 - g. Any laborer or mechanic employed by any contractor or subcontractor in the performance of work on the facility will be paid wages at rates not less than those prevailing for similar work in the locality as determined by the Secretary of Labor in accordance with the Act of March 3, 1931 (40 U.S.C. 276A-5, commonly known as the Davis-Bacon Act), and the Secretary of Labor shall have, with respect to the labor standards specified in this clause, the authority and

functions set forth in reorganization plan numbered 14 of 1950 (15 CFR 3176; 64 Stat. 1267) and Section 2 of the Act of June 13, 1934 (40 U.S.C. 276c).

8. The recipient of any multipurpose senior center award must file the following Notice of Record with the appropriate unit of local government within 30 days of purchase or completion of construction of the facility:

This is to serve as notice to all potential sellers, purchasers, transferors and recipients of a transfer of the real property, described below as to the Federal Government's reversionary interests as set forth in Section 312 of the Older Americans Act of 1965, as amended, 42 U.S.C. 3030b, which have arisen as a result of grantee's name receipt and use of Department of Health and Human Services grant funds in connection with the purchase or construction of said property. The property to which this notice is applicable is address and identified as Parcel insert appropriate number(s) in the books and records of insert appropriate name of local government's recording agency. Said real property is also described as: insert description provided in survey. Further information as to the Federal Government's interests referred to above can be obtained from: name and address of Area Agency on Aging.

The grantee must provide the Area Agency on Aging Director with a copy of the notice within one week after it has been recorded.

9. The Area Agency will notify the Department on Aging of any proposed alteration or renovation so that the Department can consult with the Secretary of Housing and Urban Development with respect to the technical adequacy of any proposed alteration or renovation.

F. Recapture of Payments

If, within 10 years after acquisition, or within 20 years after the completion of construction, of any facility for which funds have been paid under Title III:

1. The owner of the facility ceases to be a public or nonprofit private agency or organization; or
2. The facility ceases to be used for the purposes for which it was acquired (unless the Administration on Aging determines in accordance with regulations that there is good cause for releasing the applicant or other owner from the obligation to do so);

The grantor shall be entitled to recover from the applicant or other owner of the facility an amount which bears to the value of the facility (or so much thereof as constituted an approved project or projects) the same ratio as the amount of such Federal funds bore to the cost of the facility financed with the aid of such funds. Such value shall be determined by agreement of the parties or by action brought in the United States District Court for the district in which such facility is situated.

G. Department Procedures for Recapture of Grant Funds

This procedure delineates the manner in which the Department and Area Agencies on Aging will calculate and recapture federal and state reversionary interest in facilities which were awarded funds for renovation, acquisition, or construction for use as a multipurpose senior center and are not being used in accordance with the requirements of this section.

1. The Illinois Department on Aging may authorize an Older Americans Act grantee or contractor to use the property for the following purposes when the grantee or contractor determines that the property is no longer needed for use as a multipurpose senior center:

a. Activities sponsored by other Federal awards (regardless of which Federal agency made the other awards);

b. Activities which have purposes consistent with those of the Older Americans Act of 1965, as amended; or

c. Such other public interest purposes which are in the interest of the U.S. Government.

2. When the property is no longer used in accordance with the original intent of the award as a multipurpose senior center or in accordance with paragraph 1 above, the grantor agency is responsible to:

a. Calculate the portion of the current market value of the facility equal to the proportion of the federal/state grant funds contributed to the cost of the facility; and

b. Forward the amount to the Department on Aging for reversion to the federal or state government.

3. The Department on Aging may request from the Administration on Aging a waiver of repayment of funds. This request shall include:

a. A historical background of the senior center;

b. A description of the nature of the circumstances that led the State to request a waiver;

c. The total Older Americans Act funds awarded; and an estimate of the total federal share of the center's value when it ceased to be used for program purposes; and

d. The date at which circumstances made a waiver advisable.

4. The Area Agency may request a waiver of the repayment of funds by submitting the information in 3 above to the Department.

H. Multipurpose Senior Center Inventory

The Department on Aging must maintain an inventory of multipurpose senior centers that have been acquired or constructed with Older Americans Act and related funds and periodically review the utilization of the centers to ensure they are being used for their originally intended purposes.

This procedure delineates the activities that the Area Agencies on Aging must perform in order to supply the Department with this information required by the Administration on Aging.

1. The Area Agency on Aging must complete a Multipurpose Senior Center Inventory Listing (IL-402-0864) when:
 - a. A new multipurpose senior center award is made; or
 - b. When there is a change in status of a previous multipurpose senior center award. A change in status is defined as:
 - i. A grantee is no longer subject to the 10 or 20 year requirement; or
 - ii. A grantee that is still subject to the 10 or 20 year requirement fails to comply with the provisions of Section 312 of the Act.
2. This Multipurpose Senior Center Listing (IL-402-0864) must be submitted to the Department on Aging, Division of Home and Community Services, within 30 days of the new award or within 30 days of the identification of a change in status in a previous multipurpose senior center award.
3. The Area Agency on Aging must report to the Department by September 30th of each fiscal year the status of the inventory of senior centers' ownership and use within their Planning and Service Area.
4. The Area Agency on Aging must implement a method to identify changes in status of multipurpose senior centers funded with Older Americans Act and related funds within their Planning and Service Area.

APPENDIX B- MASSACHUSETTS SENIOR CENTER STANDARDS

Design Considerations for Senior Centers

Parking

Van or emergency access. Allow 1 parking spot/100 gsf.: less with good public transport and/or if walking is a feasible option. No parking islands! Consider: covered ramp, enclosed (lit) entryway, ensure adequate lighting.

Entry, Enclosure

Enhance visibility, identification of center. Conserve energy. Maintain even lighting transition (exterior--interior). Assisted/automatic doors are *valued*. Consider *separate* exits for home delivered meals, durable equipment loan storage.

Greeting/Waiting

PROMINENT sign-in registration/security area. High/low countertops may include horizontal cubbies for popular brochures, flyers and handouts. Coat storage. Seating area. Use for groups awaiting departure.

Display

Consider enclosed bulletin board, display rack, and/or cork strips for notices, volunteer recognition.... Allow for wheelchair viewers. Display sensitive materials (e.g., elder abuse brochures) *in lavatories*. Re-sale shop?

Recreation & Assembly

Multi-use space: meals, presentations, assembly, exercise/fitness, line dancing, etc. Chair mix (with & w/o arms); interlocking chairs may be required for public assembly. Test chairs (with live seniors!) *in advance*.

Auditorium/Main Room

Noiseless (prefer ball-bearing hinges on large) doors. Space should be divisible (60/40 or 1/3rds) with an overhead, divisible sound system based on your (soundproof) partitions. Locate floor plugs/jacks on both sides of partitions—near center of wall. Provide for natural exits, pass throughs. (Automate) curtains, partitions. Storage closets for chairs, dollies, etc. Stage Ramp access. Consider storage, toilets, wheel-in shower, dressing room/s.

Dining

Avoid institutional feel (round/folding tables [wheeled legs], colorful decor, “café” canopies, and adequate space for wheelchairs & service). Consider: access to outdoor areas. Consider “picture rails” at 7-8 feet above floor.

Kitchen

Refrigerated, dry and temporary storage. Ventilation for dry foods: 2” from walls, 6” from floor and ceiling: plastic DIY shelving is OK. Use a “pass through” for serving/food return. Restaurant style appliances, sinks, dishwashers. Sep-a-rate clean // soiled dishes, utensils. Use *Food Service Manager* or

professional chef (not an engineer!) *for kitchen design consult.*

Classes

Multi-use space: adult education, training, rehearsals, music, sink/s, lockers.

Arts & Crafts

Seasonal and other storage(!) Dedicated space: computers, pottery/kiln.

Lounge and Furnishings

Quiet spots; conversation, cards, reading. Use a *Physical or Occupational Therapist* to design/suggest supportive (read: firm) furnishings. Consider washability, #250 capacity & no protruding legs. Elders to pre-test samples!

Lavatories

Typically, *twice* as many women attend senior centers as do men! Locate “handicapped accessible” lavatory/ies near function room, along lengthy corridors, near front entrance &/or elevators. *Consider* assisted doors, emergency call devices in lavatories. Use contrasting wall color behind commodes!

Fitness/Recreation

Consider cushioned floor in exercise room (& storage for mats). Allow (some) visibility for passers-by. Consider walk-in shower/s.

Supportive Day Care

Allow 50 SF per participant. A walk-in shower and washer/dryer (and hairdressing sink!) may be helpful. Consider keyed doors, digital recording.

Site movement

Encourage walking (e.g., to lavs) that pass activities. Use translucent/clear panels in solid doors to reduce collisions. Consider interior blinds for support groups/programs. Use mini track lighting behind (deep) handrails/ chair rails. Consider: wide corridors to allow *two* wheelchairs to pass.

Building Services

Corridors “short, wide, eventful.” Carpeting to have color changes near (the) walls. Consider (recessed) benches; mini-lighted railings. Fixtures to be operable with a *closed* fist. Provide separate HVAC controls in computer, exercise rooms. Lockers for volunteers. Tool storage closet. Locate defibrillator near telephone jack (for automatic dialing when case is opened.) Do *not* place fire department signal plate near the plate/s that opens the automatic doors! Suggest two-hour firewalls in multilevel buildings and extra soundproofing if “noisy” activities are near “quiet” ones.

Administration

Staff, board meetings/special functions; individual (private) consult space. Use of glass/blinds/curtains to

allow seeing “through” rooms. Computer/ copier accessibility. Separate lavatory for admin staff... & frig/microwave break room, esp. in an administrative wing. Intercoms. Supply storage.

Outdoor Recreation

Consider: fitness path, wheelchair garden, stretching stations or quiet areas.

OTHER

Maximize space possibilities through floor-ceiling (movable) partitions. Design for *ultimate* use of five to six (gross) square feet (SF) per elder (more SF in towns with fewer than 1000 seniors, a little less SF for 6000+ seniors). Add 1 SF per elder for self-prep kitchen, supportive day programs. If you can’t build to these guidelines, “stub” utilities and specify reusable windows in area/s logical for future expansion. If you build it, they will come.

Allow up to 30% of designed space is needed for storage! The users will thank you!

Review the number/spacing of outlets: use *commercial*, not home, specifications.

Automate curtains, drapes, partitions – especially if you have no janitor. Cathedral ceilings have strong appeal, but consider energy costs (reversible fans) and light bulb changing issues.

Design logically for ease of use. Include someone from your Disabilities Commission on your building committee. Fitness is probably more popular than you initially thought.

A building committee should include engineers, architects, interior designer professionals, as well as someone familiar with adult/supportive day care. Your building committee is NOT your fund raising committee.

Ask architect for a list of current/recent projects and permission to speak with the principals at those sites.

A project manager/clerk of works is strongly advised. Document all changes, understandings and/or assumptions as they occur w/ respect to design re-work. Talk to directors in new(ish) facilities: needs/requirement/priorities may have shifted since completion!

Special, Non-typical or Occasional Uses Found at Senior Centers in Massachusetts

Supportive Day Care (or Adult Day Health – medical model) Standalone/integrated space.

Fitness Center (uses equipment that may require initial assistance with operation)

Arts & Crafts (particularly a kiln and dedicated storage/lockers)

Woodworking

Small household items repair workshop

Private counseling and group support

Computer training (may need separate cooling system in room)

Greenhouse

Kitchen for “cooking for one”—or large scale ovens;

also café style enclosure (low bookcase/planters & awnings)

Durable Medical Equipment Loan “closet”

Pool/table tennis

Bowling Alley (in community center)

Diving/swimming pool (in community center)

Video production

Stage (accessible)

Gym (with Park/Rec or community center); Lockers; Showers – wheel in type.

Police sub-station (bicycle or regular patrol—good for elder abuse reporting issues, scams & related matters, RUOK telephone reassurance calls)

Other health & human service agencies (can be for profit...), or

“Friends of COA” space (rental)

Resale Shop(pe)

Library (lending, including videos: may be good for outreach)

Walking trail

Emergency Support (heating/cooling—“homeland defense”; use as emergency shelter?)

(defibrillator)

Breakfast services (e.g., “coffee shop” – run by COA)

Physical exterior spaces (e.g., dining, raised bed gardening)

Aquarium (good in conjunction with supportive day/adult day programs)

Senior-Ctr-DESIGN-CONSIDERATIONS--EXPANDED: Elder Affairs OCT 05/REV/EHS with
thanks to numerous COA directors.

APPENDIX C- NEW MEXICO MEAL SITE STANDARDS

Meal Sites

Providers must comply with all applicable federal, state and local health, fire, safety, building, zoning and sanitation laws, ordinances, or codes. This includes laws protecting/providing for individuals with disabilities, e.g. the Rehabilitation Act, Section 504.

Each meal site must be inspected annually by both the N.M. Environment Department and a State or local fire marshal. The inspection reports must be posted in a conspicuous location for review, and Providers must take any action necessary to correct deficiencies. Providers must also keep a current copy of the N. M. Environment Department (NMED) regulations and review these annually with staff.

Providers must develop procedures that will assure that the facility is clean, safe and comfortable. This includes but is not limited to:

- 1) Conduct and document evacuation procedures at least bi-annually;
- 2) The congregate site shall have a basic first aid kit on the premises at all times;
- 3) A fire extinguisher will be on the premises at all times with a current inspection tag;
- 4) Tables and chairs will be available for all participants and will be sturdy and appropriate for older persons; and
- 5) Adequate aisle space will be provided between tables for persons with crutches, walkers or wheelchairs.

All sites must have notices posted in a conspicuous location, including:

- 1) The rights of eligible persons to equal opportunity and access to services,
- 2) The full cost of the meal for ineligible persons that are served a meal,
- 3) A policy for serving guests and staff who are ineligible for services,
- 4) The recommended contribution amount for participants and how the contributions are used,
- 5) Menus in large print for a minimum of one week in advance,
- 6) Grievance procedures for participants,
- 7) An evacuation plan (exit signs),
- 8) Designation of smoking and nonsmoking areas (smoking is not permitted in food preparation areas, nor in dining rooms during meal times).

Prior written approval from the Non-Metro AAA is required for cancellation of services by closing a site or reducing the days a site is open, except in the case of bad weather or other emergency.

Menus and Meal Planning

Providers must provide hot or other appropriate meals at least once a day, five or more days per week. Meals must be attractive, palatable, and appealing, contain a variety of color, texture and choice and at a minimum provide the Standard Lunch Meal Pattern and the Standard Breakfast Meal Pattern (when a breakfast and lunch combination are served on the same day). The Standard Meal Patterns may be altered if RDA and Dietary Guidelines for Americans are verified with nutrition computer analysis.

All food must be obtained from sources that comply with all laws relating to food and food handling. Home prepared or home canned food is not allowed with the exception of cakes for birthday parties, etc. Fast foods are not allowed.

Leftovers must be minimized by developing accurate production forecasting and excluding margin for oversized portions or second servings. Variance must not exceed 10%. Leftover food may be dated and labeled and served to participants within 48 hours of preparation if proper food handling techniques and storage techniques are followed.

Providers must prepare and publicize menus that meet these requirements at least one month in advance. Menus must be submitted to Area Agency on Aging with the required analysis and dietary guidelines as requested.

When feasible and appropriate, Providers must provide special menus to meet special dietary needs arising from health, religious or ethnic requirements of the participants. Feasibility and appropriateness are determined by whether:

- 1) A sufficient number of persons need the special menus to make their preparation practical; and
- 2) The food and skills necessary to prepare the special menus are available to the program.

Providers may provide therapeutic diets if:

- 1) The need has been determined, as evidenced by written diet orders signed by physicians and placed in participants' files;
- 2) The necessary resources are available to the program; and
- 3) Either:
 - A. Supervision is provided by a registered dietitian; or
 - B. The meals are purchased from a qualified agency (hospital or similar facility) whose meal preparation is supervised by a registered dietitian.

Cooking, Serving, Storage and Reuse

Providers must conduct and document monthly site inspections of kitchens. (SAA Rule NO. 95-18). Providers must comply with all state and local health laws and ordinances concerning procurement, preparation, handling and serving food. Providers must keep temperature logs for freezers, refrigerators, steam tables, dishwashers and storage area on a daily basis.

Hot foods must be brought to an internal temperature of at least 165 degrees F. during cooking or reheating. To retain nutrients, vegetables and fruits must not be over-cooked. Hot foods must be maintained at 140 degrees F. or higher, and cold foods must be maintained at 41 degrees F. or lower. Milk must be kept at 38 degrees F. or lower until served. Serving the food must begin within thirty (30) minutes after preparation or the food must be refrigerated until ready to serve.

Meals may not be carried out of a meal site for outside consumption, except by home delivery personnel. Food may not be taken home by participants, except cake, cookies, breads, rolls, or fresh fruit, and all these must be wrapped.

Commercially packaged food must be in its original, labeled container and must be stored at appropriate temperatures at all times. All stored meals must be dated and labeled. Frozen meals must be stored in

proper containers (aluminum trays), and must be delivered within 2 weeks. However, if appropriate packaging equipment (sealer) is used, frozen meals can be stored up to 45 days.

Leftovers must be brought down to 40 degrees F. within 2 hours by, as necessary: dividing large quantities into smaller portions, placing in shallow pans in a bath of ice water, placing in refrigerator or freezer uncovered. Leftovers must then be covered, labeled & dated. Providers may not use steam tables or hot food tables to reheat leftovers.

Staff

Providers must have adequate, trained staff to provide services. Staff and volunteers must attend nutrition and food service training for at least two (2) hours per quarter or eight (8) hours per year. Evidence and documentation of this training must be retained. All persons around the food service area must wear hair restraints. Nail polish and excessive jewelry must be discouraged.

APPENDIX D- NORTH CAROLINA SENIOR CENTER STANDARDS

I. Statement of Philosophy and Purpose

The philosophy of the senior center movement is based on these premises: that aging is a normal developmental process; that human beings need peers with whom they can interact and who are available as a source of encouragement and support; and that adults have the right to a voice in determining matters in which they have a valid interest.

In accordance with these premises, senior centers adhere to the following beliefs:

- Older adults, like all people, are individuals with ambitions, capabilities, and creative capacities;
- They are capable of continued growth and development;
- They have certain basic needs, including opportunities for relationships and for experiencing a sense of achievement;
- They need both access to sources of information and help for personal and family problems, and the opportunity to learn from individuals coping with similar experiences;
- They have a right to maximum opportunity for involvement in all aspects of a center's decision-making processes.

Senior center staffs are obliged to create an atmosphere that acknowledges the value of human life, affirms the dignity and self-worth of the older adult participant, and maintains a climate of respect, trust, and support. Within this atmosphere, the staff creates opportunities for older adults to apply their wisdom, experience, and insight, and to exercise their skills.

As an integral part of the aging network, a senior center serves community needs, assists other agencies in serving older adults, and provides opportunities for older adults to develop their potential as individuals within the context of the entire community.

Acknowledgement is given to The National Council on the Aging, Inc.-- National Institute of Senior Centers [NISC], for the Statement of Philosophy and Purpose.

II. Legal Base

Older Americans Act of 1965 (OAA): 42 U.S.C. 3001 et seq., as most recently amended by Public Law 106-501, on November 13, 2000.

Specifically, Title III of the OAA, § 306. (a) states that each Area Agency on Aging shall prepare and develop an area plan for a planning and service area. Each such plan shall--

§ 306 (a)(1) provide, through a comprehensive and coordinated system, for supportive services,---and, where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers,...including determining the extent of need for...multipurpose senior centers in such areas...

§ 306 (a)(3)(A) Designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers...as such focal points.

N.C.G.S. 143B-181.1(a)(11): To administer a Home and Community Care Block Grant for older adults...for home and community care services...

N.C.G.S. 143B-181.1(c): The Secretary of Health and Human Services shall adopt rules to implement this Part and Title 42, Chapter 35, of the United States Code, entitled Programs for Older Americans.

The above referenced legal bases also give the Division of Aging the authority to establish broad procedures that address the administration of aging services. These are covered in the ** North Carolina Home and Community Care Block Grant Procedures Manual for Community Service Providers. This document should be used routinely by providers in administering their programs for topics such as: Confidentiality Policies and Procedures, Applicant/Client Appeals, Reporting Requirements, Reimbursement Procedures, etc.

**Website: www.dhhs.state.nc.us/aging/home.htm

See “Home and Community Care Block Grant Manual, Section 3, 6, and 7”.

III. Definitions of a Multipurpose Senior Center (MPSC) and Services

and Satellite Senior Center

A. Federal or State Statutory Requirement

OAA, Sec. 102 (33), [42 U.S.C. 3001] Definitions

The term “multipurpose senior center” means a community facility

for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.

i.

B. Federal Regulation or State Administrative Rule

- 10 NCAC 22G .0415, MULTIPURPOSE SENIOR CENTER OPERATING REQUIREMENTS (1)(a)

Senior Center programs shall consist of group activities, individual services and community service opportunities in a variety of areas such as health, education, recreation, social work, nutrition, and other supportive services.

C. Division of Aging Administrative Requirement

A Multipurpose Senior Center must be open at least 40 hours per week, excepting holidays and inclement weather and must maintain regular hours even though the hours of operation are driven by local needs and preferences.

A MPSC must establish and maintain policies and procedures governing the administration, staff, and clientele of the Center. These policies must be established by the governing structure and must include but not be limited to:

- (a) Accident and Emergency Evacuation Plan

(b) Participant Suspension/Dismissal Policy

A satellite senior center is defined as an extension of a MPSC that may be open less than 40 hours per week. The satellite center may offer some but not all of the programs offered by the MPSC. The MPSC is responsible for the administration of the budget and operations at the satellite. (See Appendix 1 for detailed definition of a “satellite” senior center.)

D. Practice Guidance (or Guidelines)

The terms Multipurpose Senior Center (MPSC) and senior center are used interchangeably.

The MPSC operates as one or more community facilities designed for the organization and provision of a broad array of services and activities for adults 60+ years of age. The MPSC serves as a focal point for services, established to encourage the maximum co-location of services for older adults in a geographic service area.

The center should be open for the hours most accessible to its participants and respond to older adult and volunteer participation: e.g., if older persons desire to be in fitness classes early in the morning, the center may choose to be open from 7:00 A.M. to 3:30 P.M. If the senior center wanted to have week-end programs and is only able to pay staff for 40 hours per week, it might affect the opening and closing hours on Monday through Friday.

E. Suggestions for Excellence (or Quality Improvement [Q.I.])

In addition to the 40 hours per week schedule, offer some evening or weekend hours or have an ongoing plan for evaluating community interest in and feasibility of such extended hours, enabling the center to serve employed older adults and employed family members of older adults seeking services or referrals. [Center of Excellence: Space and Hours Criteria-(p. 5)] See Appendix 10. The senior center may wish to develop a waiting list policy and keep records of participants whom the center is not able to serve.

APPENDIX E- ADDITIONAL RESOURCES

Arizona

Arizona Food Service Manual

https://www.azdes.gov/aaa/pdf/food_service_manual.pdf

Florida

Florida Senior Centers Information

<http://elderaffairs.state.fl.us/english/SeniorCenter/seniorCenter.html>

North Dakota

Senior Centers 650-25-90

(Revised 1/1/06 ML#2995)

Senior clubs and centers will be notified through the Department's procurement of services process of the availability of funding for senior center acquisition, renovation, or construction.

If, within ten years after acquisition, or within twenty years after the completion of construction, the owner of the facility ceases to be a public or non-profit agency or organization; or the facility ceases to be used for the purposes for which it was acquired (unless the Assistant Secretary determines, in accordance with regulations, that there is good cause for releasing the applicant or owner from the obligation to do so), recapture of payment shall occur as outlined in the Older Americans Act, Section 312.

A senior club that is considering disbanding should contact their respective Regional Aging Services Program Administrator to determine if the club received Older American's Act funds for acquisition or construction of the center as the club may be required to repay a portion of those funds. Equipment acquired with Older American's Act funds may be subject to re-distribution or recapture of payment.

Oklahoma

Oklahoma Senior Center Policy

<http://www.okdhs.org/library/policy/oac340/105/10/0056000.htm>

Texas

Texas Senior Center Requirements

[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_floc=&p_ploc=&pg=1&p_tac=&ti=40&pt=1&ch=84&rl=21](http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_floc=&p_ploc=&pg=1&p_tac=&ti=40&pt=1&ch=84&rl=21)