

**COMMUNITY
ROTATION
ASSIGNMENTS
/ACTIVITIES**

**CREEDMOOR PSYCHIATRIC CENTER – NUTRITION SERVICES
NUTRITION EDUCATION GROUP**

Date: 4/2/18 Ward: 4B Conducted By: Abby Walker

Subject: The Plate method to plan your meal

Objective: Patients will use a simple way to plan meals and understand the benefits of meal planning

PATIENT'S SIGNATURE	PATIENT'S INTERACTION
_____	Pt actually participated in discussion
_____	Pt read the material
_____	patient participated in discussion
_____	Pt read material.
_____	Pt participated in discussion.
_____	Pt walk out of the group.
_____	Pt read material
_____	Pt read material
_____	Pt sleep
_____	Pt read material
_____	Pt read material.
_____	Pt read material
_____	Pt read material
_____	Pt read material.

**CREEDMOOR PSYCHIATRIC CENTER – NUTRITION SERVICES
NUTRITION EDUCATION GROUP**

Date: 4/2/18 Ward: ~~1B~~ Conducted By: Abby Walker

Subject: FOOD PORTION

Objective: Pts will ^{learn to} use own hand to check the size of meal portions

PATIENT'S SIGNATURE	PATIENT'S INTERACTION
_____	fair
_____	fair
_____	fair
_____	poor

**CREEDMOOR PSYCHIATRIC CENTER – NUTRITION SERVICES
NUTRITION EDUCATION GROUP**

Date: 4/2/18 Ward: [redacted] Conducted By: Abby Walker

Subject: Reason your diet plan was given to you

Objective: Patients will ~~get an~~ understand why they are on a certain diet plan.

PATIENT'S SIGNATURE	PATIENT'S INTERACTION
[redacted]	fair
[redacted]	good
[redacted]	good
[redacted]	Pt expressed his emotions
[redacted]	fair
[redacted]	fair
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	
[redacted]	

**CREEDMOOR PSYCHIATRIC CENTER – NUTRITION SERVICES
NUTRITION EDUCATION GROUP**

Date: 4/2/18 Ward: [REDACTED] Conducted By: Abby Walker

Subject: How to get most benefits of fruits / vegetables.

Objective: Patients will be able to understand the benefits of fruits and vegetables.

PATIENT'S SIGNATURE	PATIENT'S INTERACTION
[REDACTED]	Good
[REDACTED]	Poor
[REDACTED]	Poor
[REDACTED]	Fair
[REDACTED]	Fair
[REDACTED]	Fair

**CREEDMOOR PSYCHIATRIC CENTER – NUTRITION SERVICES
NUTRITION EDUCATION GROUP**

Date: 4/2/18 Ward: [redacted] Conducted By: Abby Walker

Subject: 7 Benefits of Regular Physical activity.

Objective: patient will be able to understand the benefits of regular PA

PATIENT'S SIGNATURE	PATIENT'S INTERACTION
[redacted]	fair
[redacted]	fair
[redacted]	good
[redacted]	fair

**CREEDMOOR PSYCHIATRIC CENTER – NUTRITION SERVICES
NUTRITION EDUCATION GROUP**

Date: 4/3/18 Ward: 8A Conducted By: Abby Walker

Subject: Hypoglycemia and Hyperglycemia

Objective: clients will be able to identify signs/symptoms of having low or high bloodsugar and be familiar with ways to treat it

PATIENT'S SIGNATURE	PATIENT'S INTERACTION
[Redacted Signature]	Read and participated in discussion
[Redacted Signature]	unable to read, participated in discussion
[Redacted Signature]	actively participated, ^{asked questions} unable to read
[Redacted Signature]	sleeping
[Redacted Signature]	Read and participated.

**CREEDMOOR PSYCHIATRIC CENTER – NUTRITION SERVICES
NUTRITION EDUCATION GROUP**

Date: 7/3/18 Ward: ~~7a~~ Conducted By: Abby Walker

Subject: Health benefits of apple.

Objective: Patients will be able to understand the benefits of fruits especially apples.

PATIENT'S SIGNATURE	PATIENT'S INTERACTION
[Redacted Signature]	fair
[Redacted Signature]	fair
[Redacted Signature]	fair
[Redacted Signature]	Good
[Redacted Signature]	Good
[Redacted Signature]	Good
[Redacted Signature]	fair
[Redacted Signature]	fair

**CREEDMOOR PSYCHIATRIC CENTER – NUTRITION SERVICES
NUTRITION EDUCATION GROUP**

Date: 4/3/18 Ward: [REDACTED] Conducted By: Abby Walker

Subject: B health benefits of Onions

Objective: How to get the most health benefits of onions

PATIENT'S SIGNATURE	PATIENT'S INTERACTION
[REDACTED]	Good
[REDACTED]	Good
[REDACTED]	fair
[REDACTED]	Good
[REDACTED]	POOR

**CREEDMOOR PSYCHIATRIC CENTER – NUTRITION SERVICES
NUTRITION EDUCATION GROUP**

Date: 4/3/18 Ward: [REDACTED] Conducted By: Aby Walker

Subject: Hypertension Nutrition Therapy

Objective: Patients will know 3 changes they can make to their diet to reduce risk of HTN

PATIENT'S SIGNATURE	PATIENT'S INTERACTION
[REDACTED]	Fair
[REDACTED]	Fair
[REDACTED]	Fair
[REDACTED]	Poor
[REDACTED]	Good
[REDACTED]	Good
[REDACTED]	Fair
[REDACTED]	Poor

CREEDMOOR PSYCHIATRIC CENTER-NUTRITION SERVICE-DINING ROOM INSPECTION -REVISED:2013

DATE: 4/2/18 TIME: 1:45 pm DONE BY: Abby Walker DINING ROOM#: 12A

DESCRIPTION:	YES	NO	REMARKS/COMMENTS	FOLLOW-UP
WORKING ICE/WATER DISPENSER?	✓			
HANDWASHING SINK ACCESSIBLE AND CLEAN?	✓			
DRAWERS CLEAN AND TIDY?	✓			
CABINET UNDER SINK CLEAN?	✓			
ADEQUATE SOAP AT HANDWASHING SINK?	✓			
ADEQUATE PAPER TOWEL IN THE DISPENSER?	✓			
VISIBLE HAND WASHING SIGN?	✓			
ALL LIGHTS AND FIXTURES WORKING?	✓			
IS THE MICROWAVE CLEAN AND WORKING PROPERLY?	✓			
CLEAN AND WORKING COFFEE MACHINE?	✓			
REFRIGERATOR/FREEZER CLEAN INSIDE AND OUT?	✓			
REFRIGERATOR/FREEZER TEMPERATURES RECORDED DAILY?	✓			
WALLS CLEAN?	✓			
FLOOR GROOVES CLEAN?	✓			
FLOOR CLEAN AND ORGANIZED?	✓			
CURTAINS, WINDOW AND WINDOW SILLS CLEAN?	✓			
ALADDIN DOCKING STATION SECURED AND FUNCTIONING PROPERLY?	✓			
TRASH CAN LOCKED?	✓			
TRASH CAN CLEAN AND LINED?	✓			
MENU UPDATED DAILY?	✓			
CHOKING SIGN POSTER	✓			
TABLES AND CHAIRS CLEAN?	✓			
CLEAN AND WORKING TELEPHONE AVAILABLE?	✓			
WORKING CLOCK AVAILABLE?				
UTILITY CLOSET:				
UTILITY CLOSET CLEAN AND ORGANIZED?	✓			
IS THE MOP HUNG?	✓			
DUST PAN & BROOM PROPERLY STORED?	✓			
EVIDENCE OF INSECTS/PEST?		✓		
IS THE LIGHT FUNCTIONAL?	✓			
SLOP SINK CLEAN AND UNCLOGGED?	✓			
ADEQUATE CHEMICAL AND WORKING CHEMICAL DISPENSER?	✓			

CACFP LUNCH PROGRAM - WEEK 2

MEAL PATTERN	WEEK 2	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	Rev 1/31/18	DATE 4/02/18	DATE 4/03/18	DATE 4/04/18	DATE 4/05/18	DATE 4/06/18
8oz Milk	1% Milk	1% Milk	1% Milk	1% Milk	1% Milk	1% Milk
4oz Vegetable	Tossed Salad	Coleslaw	Carrot Raisin Salad	Coleslaw	Coleslaw	Three Bean Salad
4oz Fruit	Diced Peaches	Fresh Apple	Fresh Orange	Fruit Salad	Fruit Salad	Fruit Cup
2 sl Bread	2 sl Bread	Rye Bread	Macaroni Salad	Kaiser Roll	Kaiser Roll	Kaiser Roll
2oz Meat / 3oz Equivalent / Other	Grilled Chicken Breast	Combed Beef	Tuna Salad	Sliced Turkey	Chicken Bologna with Cheese	Chicken Bologna with Cheese
	Other	Other	Other	Other	Other	Other
Steinway Pick up 9 am	10	20	10	10	10	10
Queens Village Jamaica Bldg. 73	40 All Milk in Bin (include 1 Lactaid)	40 All Milk in Bin (include 1 Lactaid)	50 All Milk in Bin (include 1 Lactaid)	30 All Milk in Bin (include 1 Lactaid)	25 All Milk in Bin (include 1 Lactaid)	5 cheese
SUB TOTAL	50 Grilled Chicken Breast	60 Combed Beef	60 Tuna Salad	40 Sliced Turkey	35 Chicken Bologna with Cheese	10 cheese
Bldg. 60	28	28	28	28	28	19
12A	20(11:45)	20(11:45)	x	20(11:45)	20(11:45)	19
SOCR	20	20	20	20	20	4
SUB TOTAL	68 Grilled Chicken Breast	68 Combed Beef	48 Seafood Pasta	68 Sliced Turkey	68 Chicken Bologna with Cheese	26 cheese
GRAND TOTAL	41 Cheese 118 Grilled Chicken Total = 159	41 Cheese 128 Corn Beef Total = 169	38 Cheese 60 Tuna 48 Seafood Pasta Total = 145	46 Cheese 108 Turkey Total = 154	36 Cheese 103 Bologna/Cheese Total = 149	26 cheese

O T H E R



Department of Health
Child and Adult Care Food Program

FOOD PRODUCTION RECORD - BREAKFAST-SNACK-LUNCH

CACFP Agreement # 4876

11/20/18

Date 11/2/18

Week 2

MEAL PATTERN	FOOD ITEMS	SERVING SIZE	# SERVINGS PREPARED	TYPE AND AMOUNTS USED
--------------	------------	--------------	---------------------	-----------------------

BREAKFAST - Must serve all 3 components

1. Milk	1.			1.
2. Vegetable or Fruit	2.			2.
3. Grains/Bread OR Meat/Meat Alternate (only 3 times a week)	3.			3. <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned

SNACK - Must serve 2 different components

Milk	1.			1.
Vegetable				
Fruit				
Grains/Bread	2.			2.
Meat/Meat Alternate				
Other (not required)				

LUNCH - Must serve all 5 components

1. Milk	1. 1% Milk	1 cup	65	1. 65	1/2 pint containers
2. Vegetable	2. Tossed Salad	4 oz	65	2. 16.5	lbs (Iceberg lettuce, carrots, red cabbage) <input checked="" type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned
3. Fruit or Vegetable	3. Diced Peaches	4 oz	65	3. 65	4 oz individual cups <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input checked="" type="checkbox"/> Canned
4. Grains/Bread	4. Whole Wheat Bread	2 oz	65	4. 5.50	24 oz loaves
5. Meat/Meat Alternate	5. Grilled Chicken Breast	2 oz	50	5. 6.50	lbs
Other (not required)	American Cheese, sliced	2 oz	15	2	lbs



FOOD PRODUCTION RECORD - BREAKFAST-SNACK-LUNCH

CACFP Agreement # 4876

TU 10/12/18

Date 10/12/18

MEAL PATTERN	FOOD ITEMS	SERVING SIZE	# SERVINGS PREPARED	TYPE AND AMOUNTS USED
BREAKFAST - Must serve all 3 components				
1. Milk	1.			1.
2. Vegetable or Fruit	2.			2.
3. Grains/Bread OR Meat/Meat Alternate (only 3 times a week)	3.			3. <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned
SNACK - Must serve 2 different components				
Milk	1.			1.
Vegetable	2.			2.
Fruit				
Grains/Bread				
Meat/Meat Alternate				
Other (not required)				
LUNCH - Must serve all 5 components				
1. Milk	1. 1% Milk	1 cup	75	1. 75 1/2 pint containers
2. Vegetable	2. Creamy Coleslaw	4 oz	75	2. 1.5 lbs 7qt casing
3. Fruit or Vegetable	3. Apple	1 each	75	3. 75 each
4. Grains/Bread	4. Rye Bread	2 oz	75	4. 6.50 24 oz loaves <input checked="" type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned
5. Meat/Meat Alternate	5. Corned Beef, Deli-style	2 oz	60	5. 7.50 lbs
Other (not required)	American Cheese, sliced	2 oz	15	2 lbs

This institution is an equal opportunity provider.

FOOD PRODUCTION RECORD - BREAKFAST-SNACK-LUNCH

CACFP Agreement # 4876
 WDC/MS/SLY 10/12 Z
 Date 4/14/18

MEAL PATTERN	FOOD ITEMS	SERVING SIZE	# SERVINGS PREPARED	TYPE AND AMOUNTS USED
BREAKFAST - Must serve all 3 components				
1. Milk	1.			1.
2. Vegetable or Fruit	2.			2.
3. Grains/Bread OR Meat/Meal Alternate (only 3 times a week)	3.			3. <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned

SNACK - Must serve 2 different components				
Milk	1.			1.
Vegetable				
Fruit	2.			2.
Grains/Bread				
Meat/Meal Alternate				
Other (not required)				

LUNCH - Must serve all 5 components				
1. Milk	1. 1% Milk	1 cup	75	1. 75 1/2 pint containers
2. Vegetable	2. Marinated Carrot Raisin Salad	4 oz	75	2. 20 lbs <input checked="" type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned
3. Fruit or Vegetable	3. Orange	1 each	75	3. 75 ea <input checked="" type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned
4. Grains/Bread	4. Whole Wheat Bread	2 oz	75	4. 6.50 24 oz loaves <input checked="" type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned
5. Meat/Meal Alternate	5. Tuna Salad	8 oz	60	5. 30 lbs
Other (not required)	American Cheese, sliced	2 oz	15	2 lbs

This institution is an equal opportunity provider.

MEAL PATTERN	FOOD ITEMS	SERVING SIZE	# SERVINGS PREPARED	TYPE AND AMOUNTS USED
--------------	------------	--------------	---------------------	-----------------------

BREAKFAST - Must serve all 3 components

1. Milk	1.			1.
2. Vegetable or Fruit	2.			2.
3. Grains/Bread OR Meat/Meat Alternate (only 3 times a week)	3.			3. <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned

SNACK - Must serve 2 different components

Milk	1.			1.
Vegetable				
Fruit	2.			2.
Grains/Bread				
Meat/Meat Alternate				
Other (not required)				

LUNCH - Must serve all 5 components

1. Milk	1. 1% Milk	1 cup	55	1. 15	1/2 pint containers
2. Vegetable	2. Creamy Coleslaw	4 oz	55	2. 6	lbs (w/mayo) <input checked="" type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned
3. Fruit or Vegetable	3. Fruit Salad (cantaloupe, honeydew, pineapple)	4 oz	55	3. 14	8 lb tubs <input checked="" type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned
4. Grains/Bread	4. Kaiser Roll	1 ea/2.25 oz	15	4. 8	18 oz packages <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned
5. Meat/Meat Alternate	5. Turkey, Deli-sliced	2 oz	40	5. 5	lbs
Other (not required)	American Cheese, sliced	2 oz	20	2.5	lbs

MEAL PATTERN	FOOD ITEMS	SERVING SIZE	# SERVINGS PREPARED	TYPE AND AMOUNTS USED
BREAKFAST - Must serve all 3 components				
1. Milk	1.			1.
2. Vegetable or Fruit	2.			2.
3. Grains/Bread OR Meat/Meat Alternate (only 3 times a week)	3.			3. <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned

SNACK - Must serve 2 different components				
Milk	1.			1.
Vegetable				
Fruit	2.			2.
Grains/Bread				
Meat/Meat Alternate				
Other (not required)				

LUNCH - Must serve all 5 components				
1. Milk	1. 1% Milk	1 cup	55	1. 55 1/2 pint containers
2. Vegetable	2. Three Bean Salad (wax, green, kidney beans)	4 oz	55	2. #10 cans <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input checked="" type="checkbox"/> Canned
3. Fruit or Vegetable	3. Mixed Fruit Cup	4 oz	55	3. 4 oz individual cups <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input checked="" type="checkbox"/> Canned
4. Grains/Bread	4. Kaiser Roll	1 ea/2.25 oz	55	4. 7 18 oz packages <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input checked="" type="checkbox"/> Canned
5. Meat/Meat Alternate	5. Chkn Bologna w/Cheese	2 oz / 1 oz	35	5. lbs / lbs
Other (not required)	Am Cheese/Turkey	2 oz / 2 oz	10 / 15	lbs / lbs