

# Nutrition Guidelines Goal and Assessment

## Food Pantries and Feeding Programs

### *Instructions:*

- Please use this document to come up with a goal for your project, and to do an assessment of your current practices.
  - To come up with a goal, please meet with anyone else working on this project and talk about why this work is important to you, to your organization, and/or to the people and communities you serve. Then, write your goal for this project based on that discussion on the lines below.
  - To assess your current practices, please consider the information below:
    - This assessment is made up of healthy food service best practices. The purpose of this assessment is to give your organization a sense of where you are starting, and opportunities you have to grow. It is no problem whatsoever if you currently meet no or few guidelines, and you do **not** have to include any of these in the guidelines you write for your organization (although you are welcome to if they are a good fit).
    - If these checklists are not a good fit for your organization, please just let us know and we can edit them!
    - You can complete the checklists on the computer or print them to bring them with you.
    - Different people can complete the checklists. There is a space to write the assessor's name and date of assessment above each checklist.
    - Please use the comment boxes to add detail or nuance to each item. This can help later discussions with your team.
    - Check the *Unsure/Unable to Verify* box if you could not confirm whether the guideline was being met at the time of the assessment. Please include a comment if you check this option.
  - We can talk about these checklists when we set-up our first call. Please do not hesitate to reach out to [contact] with questions, comments, or concerns any time!
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**Goal:** What is your goal(s) for this project? Why is this work important to your organization and your team?

Please describe below:

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## Donated Meals Checklist: Fully Cooked or Leftover Donated Meals

Assessor Name: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Category	Nutrition Guidelines Best Practice	Guideline Met (Yes/No)	Unsure/Unable to Verify (comment if checked)	Comments
Fruits and Vegetables	Request at least one unsweetened fruit and/or non-fried vegetable option be provided with every donated meal.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
Grains	Request grains (breads, rice, pastas) be whole grains (100% whole grain or whole grain as the first ingredient) whenever available.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
Beverages	Water is provided whenever meals are given out.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Other than water, only healthy beverages such as unsweetened coffee or tea without added cream or milk, 100% juice, unsweetened low fat or non-fat milk, unsweetened milk alternatives are accepted.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
Fried Foods	Decline deep-fried foods (regular chips, French fries, tater tots, doughnuts, and chicken strips).	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
Pastries	Decline pastries or sweet breakfast breads (doughnuts, croissants, muffins, cinnamon rolls, scones, and toaster pastries).	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	If bagels are donated, request for whole grain (if available) and cut in quarters. It is suggested to provide spreads other than cream cheese and butter like hummus and nut butters if possible.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
Dessert	Decline desserts.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	If desserts are accepted, request bite sized or cut into small portions.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Request fruit to be included as dessert.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
Vegetarian Option	Request at least one vegetarian option (no meat, poultry, or seafood).	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
Packaged Meals	If packaged meals (e.g., boxed lunches) are donated, request that fruits or vegetables are included instead of chips and dessert. If fruit and vegetables are not available, request baked chips, pretzels, or similar be included instead of regular chips, and decline the dessert.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	

**Additional Comments:** \_\_\_\_\_

## Donated Groceries Checklist: Donated and Rescued Ingredients

Assessor Name: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Category	Nutrition Guidelines Best Practice *Note: "Seek" can mean using any funding to purchase these items, requesting these items from donors or in food drives, etc.	Guideline Met (Yes/No)	Unsure/Unable to Verify (comment if checked)	Comments
Fruits and Vegetables	Seek fresh, frozen canned, or dried fruits and vegetables without added sugars or salt.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Decline canned fruits in heavy syrup.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
Grains	Seek plain (without added sugars or salt) whole grains (100% whole grain or whole grain as the first ingredient). Examples include brown/wild rice, whole wheat bread, whole corn tortillas, etc.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Decline grains with seasoning mixes and grains high in added sugars (e.g., sugary cereals).	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
Protein	Seek poultry, fish, and vegetarian proteins (e.g., eggs, tofu, low sodium beans, plain nuts, no sugar added nut butters, seeds).	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Decline processed meats (e.g., deli meat, bacon, sausages) and fried proteins (e.g., refried beans, breaded chicken).	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
Beverages	Seek unsweetened beverages (e.g., water, tea, coffee, fat-free and low-fat milk or milk alternatives).	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Decline regular sodas, energy drinks, sports drinks, and juice drinks with added sugar.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
Dairy and Alternatives	Seek unsweetened, fat-free or low-fat milk, yogurt and cheese or nondairy alternatives.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Decline dairy products high in added sugars.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
Dessert	Do not seek desserts.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Decline desserts.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	If desserts are received, request bite sized or cut into small portions.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
Packaged Snacks	Do not seek packaged snacks.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	
	Decline potato chips, cheese crackers, flavored popcorn, and sugary bars.	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	

**Additional Comments:** \_\_\_\_\_

# Nutrition Guidelines in Housing Worksheet

*Organization Name Here*

## *Instructions*

- Please use this document to draft your team’s nutrition guidelines. This is just a draft, we have until [date] to finalize your guidelines, and get them formally adopted by your organization’s CEO, Executive Director, Board of Directors, or similar.
  - We recommend including your entire food service champions team, leadership, and any other relevant stakeholders, in this writing process.
  - Some of the resources you have access to include: your assessments, the input you gathered, nutrition and food environment best practices, the recording of our optional nutrition training call, example nutrition guidelines from other organizations, yourselves, your colleagues and your residents, and our team!
  - We are more than happy to help your team complete any part of this worksheet! Please do not hesitate to reach out. We can work over email, set-up a call, or I can visit your site to help with the writing.
  - Please submit this completed document to [contact] by [date].
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## *Getting Ready to Write*

**Goal:** The goal your team wrote for this project is below [completed in advance of distribution].

**Venues:** The venues (cafeteria, vending machines, food pantry, etc.) we anticipate your team will write guidelines for are [completed in advance of distribution]:

**Assessments:** Please review the assessments your team completed after our first group call. What do you want to capture in your guidelines? What is your organization already doing well and wants to formalize? What opportunities does your organization have to improve?

**Input-Gathering:** Please review the input you received from residents and any other stakeholders. What do you want to capture in your guidelines? What is your organization already doing well and wants to formalize? What opportunities does your organization have to improve?

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## ***Let's Write!***

**Purpose:** Why is your organization writing nutrition guidelines? The purpose statement can be shared internally and externally when communicating about your guidelines with stakeholders. Please refer to your team's goal for ideas.

**Rationale or Benefits:** What benefits do you anticipate your guidelines will have for residents, staff, the organization, and/or the broader community? If you prefer, this section can be combined with your purpose.

**Scope:** Who do your guidelines apply to? Which venues (cafeteria, vending machines, food pantry, etc.) do your guidelines apply to? Please refer to the list of venues we anticipate your guidelines will impact, above.

*Note: we recommend clarifying that these guidelines do not impact what people can purchase with their own funds.*

**Procedures:** This is the “meat” of your guidelines. What is required? What is recommended? What can be purchased? What donations can be accepted? How can food be given out/provided/served?

Remember to focus on realistic, specific, and measurable guidelines here. Please refer to the examples provided, your assessments, and the input your team gathered (remember to center anything you learned about the cultural and/or religious preferences of your guests) to write this section. Also, we would be happy to help write this section (and any other section).

**[Venue Here]**

**[Venue Here]**

**Implementation:** This section is the “how.” Consider, which position(s) are responsible for putting your guidelines into practice? By when will important milestones be met?

**Communications:** How will your guidelines be communicated with key stakeholders? By when? How often? Please consider the below questions in writing this section.

- Which staff/volunteers need to be trained vs informed?
- When will staff/volunteer training happen? What happens when there are new staff/volunteers? Will a regular “refresher” be provided? If so, how often?
- How will other staff/volunteers be informed of the new guidelines?
- How will residents be informed of the new guidelines?
- What other stakeholders need to be trained on, or informed of the guidelines? Donors? Suppliers? The broader community? How will they get the information they need?

**Monitoring:** This section is about ensuring implementation of your guidelines is going according to plan. It is also about identifying opportunities to provide additional training, resources, and support, and/or to adjust the content of your guidelines as needed. Please consider who will oversee implementation of your organization’s guidelines. Is it one position, or does it depend on the section or venue? Will there be ongoing opportunities for residents, staff, and/or other key stakeholders to provide input? Will there be an annual review during which the content of the guidelines can be adjusted, if needed?

**Endorsements:** This is the last section! This is a space for key people to sign off on the guidelines, showing their support. This should include your organization’s Chief Executive, Board of Directors, or similar. It can also include other key stakeholders such as your food service champions team, the people responsible for implementation and/or monitoring your guidelines, resident champions, etc. Please indicate who your team will seek an endorsement from, below.

## ***Review Your Guidelines***

Please review what you have written and reflect in the space below. Here are some questions you could consider answering. You do not have to answer all these questions, and you are welcome to answer other questions.

- Are your guidelines responsive to the needs and preferences of your residents?
- Will your guidelines improve the nutritional quality of the foods your organization provides?
- Is leadership on board with your guidelines? Remember, we are requesting that your organization “formally adopts” your guidelines.
- Will other stakeholders (staff, volunteers, donors, suppliers, etc.) accept your guidelines?
- Are your guidelines realistic?
- Are your guidelines specific and measurable? Will your organization know if they are being met?
- What barriers do you anticipate implementing these guidelines?
- What is your team most excited about for your guidelines?