



#6d Nutrition & Activities

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Module 6d – Nutrition and Activities

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Setting Up Your Home – Nutrition and Activities

Introduction

Nutrition and activities play a vital role in your resident's wellbeing. While managing an AFH, you must provide each resident with a nourishing, appetizing, and well-balanced diet that meets their daily nutritional and special dietary needs. Additionally, you must consistently consider the food preferences of each resident.

Activities for long term care residents depend on the physical mobility and mental acuity of each resident. Activities can be tailored for individuals or groups. For both mental and physical health, residents need to be challenged with activities that are both entertaining and perceived as worthwhile.

Learning Objectives

At the end of this module, you will be able to:

- Discuss how to develop nutritional menus with the input from your residents
- Explain the meaning of food labels
- Share different activities that are based on resident's desire and abilities

What Do You Know?



1. List one thing to take into consideration when planning a menu
2. **True or False** - A physician's order may include specific food consistency requirements
3. Name an activity for a resident that has dementia

Nutrition and Food Services

Nutrition plays a vital role in your resident's wellbeing. You must be aware of food allergies and sensitivities, caloric needs, cultural and ethnic backgrounds, and physical conditions that may make food intake difficult such as, issues around chewing or swallowing. You must ensure that you and your caregivers have current food handlers permits that meet the requirements outlined in [WAC 388-112A](#) if preparing food for residents in your home [WAC 388-76-10415](#) - 10430.

You will need to complete an initial assessment of the nutrition needs of each resident. Based on their individual needs, you are responsible for carefully monitoring their nutrition intake and adapt as needed. Be sure to report any abnormal eating behaviors or weight changes that may occur to physicians, guardians and other individuals as listed/directed in the care plans. It is important to ensure your staff follows each care plan and your resident has access to food at any time.



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Food Services

Your AFH must ensure food is safe, sanitary, uncontaminated, and readily available. This is accomplished by ensuring the following:

- Safe food handling by you and your staff as outlined in [WAC 388-112A](#) and required by the Department of Health, such as:
 - All milk and other dairy products are pasteurized.
 - Any home-canned foods are processed according to your county's cooperative extension service latest guidelines.
- Residents are served at least three meals in each 24-hour period, at regular times.
- There is a sufficient food supply in the home.
- Menus are developed in advance with input from residents and/or their families.
- Meal planning accommodates each resident's:
 - Preferences
 - Food allergies and sensitivities
 - Nutritional/caloric needs
 - Cultural, and ethnic background
 - Physical condition that may make food intake difficult such as being hard to chew or swallow
- Meal Plans are updated periodically.
- Nutritious snacks are available between meals and in the evening.
- Any nutrient concentrates, supplements, and modified diets are only provided with the written approval of the resident's physician.



Explore community-based businesses/resources that specialize in nutritional menu planning. Other resources are [How to Have Healthier Meals and Snacks](#) and/or the U.S. Department of Agriculture: Food Shopping and Meal Planning.

Weight Loss/Gain

In long-term care, weight loss and weight gain can be a concern. Even though weight loss is more common, it is important to monitor for both and always note any change in behaviors around food intake and the way food is reacting with an individual. An example is someone having a decreased appetite or someone coughing when eating.

Speak to the resident's physician about speech therapy or a swallowing evaluation for residents with unintended weight loss. Dental and oral pain, esophageal reflux disease, difficulty swallowing (dysphasia), completely unable to swallow (aphasia) are other factors that contribute to unintended weight loss that may be diagnosed by a speech therapist.



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It is important to pay attention and report unintended weight loss to the resident's physician, there may be underlying medical conditions. Some residents may have a history of sudden weight loss, or they may take medication that could impact their weight.

Medical and other health conditions that impact weight are listed below.

- acute infections
- anxiety/paranoia
- blindness
- constipation and diarrhea
- delirium
- dementia
- dental disease or oral pain
- dental problems
- depression
- diabetes
- difficulty digesting food
- difficulty swallowing
- fractures of arms/hands
- heart disease
- history of stroke
- hyper/hypothyroid disease
- hyperthyroidism
- ill-fitting dentures
- repetitive movements
- stroke
- taking multiple medications
- uncontrolled body "shaking"
- wound healing

Some other health related weight loss factors are:

- Bladder, bone, or kidney infections can result in the need for more protein and calories.
- "Wandering" aimlessly which burns a lot of calories.
- Residents who have multiple illnesses such as uncontrolled diabetes, end stage kidney disease, and rheumatoid arthritis are at a high risk for weight loss.

Some residents may have dietary restrictions that cause weight loss or the inability to gain weight.

Restrictions may be caloric, fluid, or diets that limit salt, sugar, and fat. Weight loss may occur in residents who have stopped eating because the food lacks flavor and tastes bland. Research has shown that even though dietary limitations are good for a medical condition, they often do more harm because the resident stops eating.

Social factors may also be a contributing factor to resident weight loss. Some helpful strategies are ensuring the residents' eating environment is "home like" and includes comfortable room temperatures and a calm soothing noise level. Also consider the seating positions of residents at the table and which residents do well seated together. As mentioned before, honoring the food preferences of each resident is important. If you serve your residents food that is not their typical diet, there is a greater likelihood that they will not eat all or even part of the meal.

You may be able to impact the chance of weight loss of residents with pre-existing functional disabilities:

- Talk with the resident's physician – they may have recommendations if there is a history of stroke with paralysis or upper body fractures.
- Tell visually impaired residents where their food is placed before they begin eating.
- Provide adaptive equipment to assist in increasing a resident's independence.
- Serve foods that are easy to grasp or adaptive equipment for residents who experience "shaking" of their arms/hands.
- Watch for signs of constipation or diarrhea in your resident. Constipation can result in a decreased appetite, and diarrhea prevents food from being absorbed.

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If weight loss is **not** unavoidable, consult with the resident's physician to learn if there are some measures that can be taken, such as:

- Change/enhance the diet
- Utilize adaptive devices to get food to the mouth
- Reassess the drug regimen for side effects
- Provided treatment and or palliation of medical conditions
- Prompting the resident to eat
- Providing the resident with warm social relationships at eating time

Check out: [UNDER WEIGHT – HEALTH RISKS \(wa.gov\)](#) DDA – Caregiver Alert #7 (1/5/04)

Dehydration

Dehydration is important when assessing the nutritional status of your resident. Dehydration warning signs include:

- Resident drinking less than six cups of fluid per day or needs help drinking or swallowing.
- Resident has dry mouth or cracked lips.
- Dark urine
- Resident experiences an increased number of fall and recurrent infections
- Skin is dry and scaly to the touch.



Check out: [Dehydration.pdf \(wa.gov\)](#) DDA Care Provider Bulletin – August 2018

Physician's Order

If your resident has a physician's order that outlines specific food consistency requirements, it is crucial that you and your staff follow these orders. These orders could indicate if the resident needs their food blended and/or have a thickening agent if they cannot swallow liquids. Not following the guidelines could lead to the resident aspirating on their food.



If your resident chooses to not follow their physician orders, this could be putting them at risk. Remember to document these incidences, make sure it is described in their assessments, ensure it is outlined in their NCP, and most importantly have a plan in place for you and your staff to follow so you can act quickly if they need medical attention.

If you observe a resident having trouble swallowing food or liquids, contact their physician immediately. They could need a swallowing evaluation. Not addressing this quickly could result in aspiration which can be deadly.

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Aspiration

Adapted from [Aspiration from Dysphagia](#) from Cedars Sinai

Aspiration occurs when foreign objects like fluids or food are inhaled into the lungs by accident. Aspiration can cause serious health problem such as pneumonia. This can especially be an issue with residents that have problems with swallowing (dysphagia).

Residents that have the following medical conditions may be more prone to aspiration:

- Stroke
- Severe dental problems
- Having less saliva
- Mouth sores
- Parkinson
- Muscular dystrophies
- Cancer of the esophagus
- Acid reflux

Some people do not have any symptoms. Symptoms can occur right away or over time. Call the resident's doctor if you think they have aspirated. Symptoms may include:

- Feeling that food is sticking in their throat or coming back into their mouth.
- Pain when swallowing
- Trouble starting a swallow
- Coughing or wheezing after eating
- Coughing while drinking liquids or eating solids
- Chest discomfort or heartburn
- Fever 30 minutes to an hour after eating
- Too much saliva
- Feeling congested after eating or drinking
- Having a wet-sounding voice during or after eating or drinking
- Shortness of breath or fatigue while eating
- Repeated episodes of pneumonia

Ways to prevent aspiration:

- Sitting the resident up when eating
- Avoid distractions
- Eat and drink slowly

If a resident is on a thickened fluid diet, the chance of losing weight is increased because they may lose their ability to taste.

Some final thoughts about nutrition and hydration:

- Evaluate the nutrition and hydration status of your residents at admission and intervene early.
- Policy and procedures at your home should be clear and concise for each resident to give staff a clear picture of what care and assistance they need to perform.
- Nutritional care alerts are a tool to alert staff to problems (Proper documentation).
- Provide hydration as medication for residents who have lost their ability to recognize thirst (for example: residents with dementia).

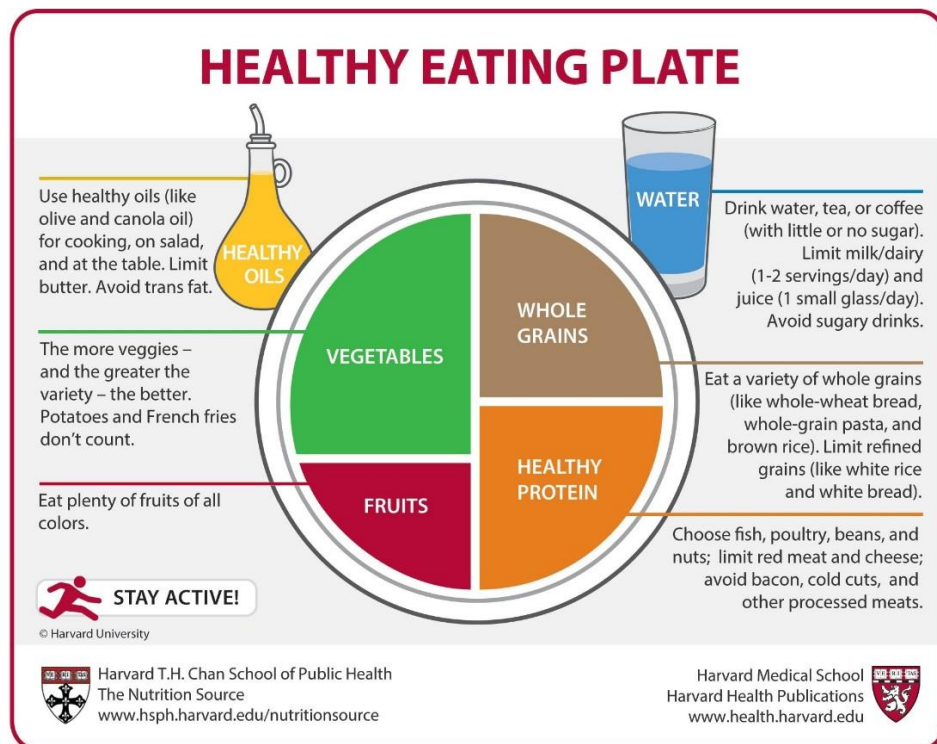
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- Encourage eating “finger foods” or food cut into smaller pieces so each resident can eat as independently as possible.
- Look at the resident and where they are in the course of their illness and ask if there is a need to be reevaluated for nutrition support.
- Reinforce the use of the interdisciplinary team which includes the physician and home health professionals. The goal of an interdisciplinary team is appropriate nutritional intervention consistent with the negotiated care plan and the resident’s wishes.
- “Eat the Rainbow”! You should provide fruits and vegetables of different colors daily. This provides residents with diverse foods which will provide optimal nutrients.

Dietary Guidelines

Providing nutritional options will be key to assisting your residents in a healthy life. It is your responsibility to create and maintain a meal plan, but it is important that the residents are given the opportunity to have a say in what food they prefer. This can become tricky when ensuring their meals are nutritious. Remember to always provide a healthy alternative and document the choices the residents are making.

Use the Healthy Eating Plate (*Department of Nutrition, Harvard School of Public Health*) as a guide for creating healthy, balanced meals¹



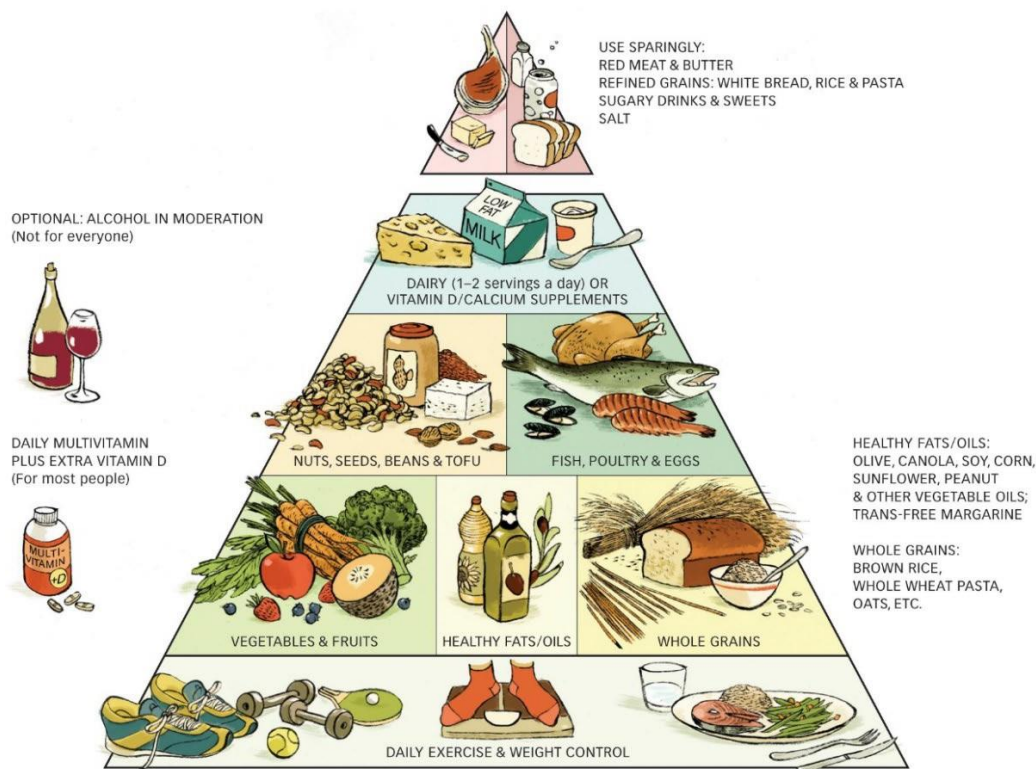
¹ Copyright © 2011, Harvard University. For more information about The Healthy Eating Plate, please see The Nutrition Source, Department of Nutrition, Harvard T.H. Chan School of Public Health, www.thenutritionsource.org, and Harvard Health Publications, www.health.harvard.edu.

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The ***Fundamentals of Caregiving, 3rd Edition*** includes the following information about the Food Pyramid: “Many Americans are familiar with “the food pyramid,” which shows examples of foods from each food group. Each layer of the pyramid also shows us how much we should eat from each food group. In this food pyramid, healthy levels of activity are shown as the foundation of healthy eating. You can think of the “Healthy Eating Pyramid” as a kind of grocery list. Some things, like vegetables, fruits, whole grains, healthy proteins, and a little dairy if desired should be in your shopping cart every week. The foods at the top of the pyramid, such as red meat and white rice, should make up the smallest part of your diet.”

THE HEALTHY EATING PYRAMID

Department of Nutrition, Harvard School of Public Health



“The Healthy Eating Plate and the companion Healthy Eating Pyramid² summarize the best dietary information available today. They aren’t set in stone, though, because nutrition researchers will undoubtedly turn up new information in the years ahead. The Healthy Eating Pyramid and the Healthy Eating Plate will change to reflect important new evidence.” [Harvard Healthy Eating Pyramid](#)

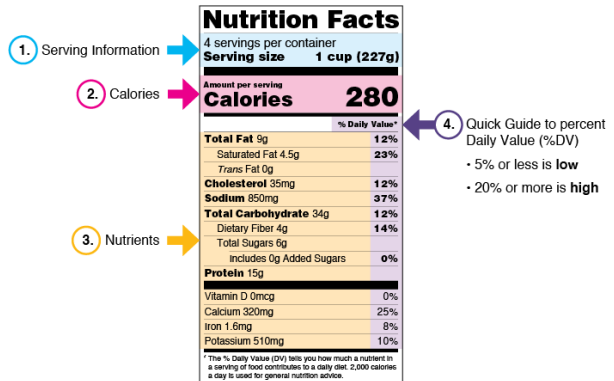
² Copyright © 2008. For more information about The Healthy Eating Pyramid, please see The Nutrition Source, Department of Nutrition, Harvard T.H. Chan School of Public Health, www.thenutritionsource.org, and *Eat, Drink, and Be Healthy*, by Walter C. Willett, M.D., and Patrick J. Skerrett (2005), Free Press/Simon & Schuster Inc.”

Understanding the Nutrition Facts Label for Older Adults



The Nutrition Facts Label has been updated to help people make informed choices about the packaged foods and drinks they choose.

1. **Serving Size** is the amount of food that is usually eaten at one time. Serving size is not a recommendation of how much to eat. The nutrition information listed on the label is usually based on one serving of the food; however, some containers may also have nutrition information listed for the entire package.

Servings per Container is the total number of servings in the entire food package or container.



2. **Calories** list the total number of calories in a serving of the food.
3. **Nutrients** list the key nutrients that impact your health. Older adults have different nutritional needs than younger adults. Older adults should look for foods with a higher %DV of Dietary Focus on the nutrients they need: [potassium](#), [calcium](#), [vitamin D](#), [dietary fiber](#), and vitamin B12. Older adults should also more often look for foods with a lower %DV of saturated fat, sodium, and added sugars. Calories from fat and Vitamin A and C have been removed from the new label and replaced with added sugars, Vitamin D, and potassium.
4. **% Daily Value (%DV)** is how much a nutrient in a serving of the food contributes to a total daily diet. Use the %DV to determine if a serving of the food is high or low in an individual nutrient.

| | | | | |
|---------------------------|---|--|---|--|
| As a general guide: |  | 5% DV or less of a nutrient per serving is considered low |  | 20% DV or more of a nutrient per serving is considered high |
| | | | | |

Resources: Nutrition

- www.ChooseMyPlate.gov
- [MyPlate, MyWins: What's Your Healthy Eating Style? - YouTube](#)
- [Using the Nutrition Facts Label: For Older Adults | FDA](#)
- [How to Understand and Use the Nutrition Facts Label | FDA](#)
- [Interactive Nutrition Facts Label \(fda.gov\)](#)
- [The New Nutrition Facts Label | FDA](#)
- VIDEOS: [Social Media Toolkit on the New Nutrition Facts Label | FDA](#)
- Food Safety for Older Adults...: <https://www.fda.gov/media/83744/download>

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- **Fundamentals of Caregiving Manual** – If you are a HCA, refer back to the *Nutrition and Food Handling* lesson to help you plan and shop for healthy, nutrition meals.

ACTIVITY – Group Discussion



- As a group, come up with 2 dinners that are well balanced and include important food groups.
- What are two or three things you could do if a resident refuses to eat the food you are cooking?

4 Steps to Food Safety

Food Safety at Home



1. Clean

Always wash your food, hands, counters, and cooking tools.

- Wash hands in warm soapy water for at least 20 seconds. Do this before and after touching food.
- Wash your cutting boards, dishes, forks, spoons, knives, and counter tops with hot soapy water. Do this after working with each food item.
- Rinse fruits and veggies.
- **Do not** wash meat, poultry, fish, or eggs. If water splashes from the sink in the process of washing, it can spread bacteria.
- Clean the lids on canned goods before opening.



2. Separate (Keep Apart)

Keep raw foods to themselves. Germs can spread from one food to another.

- Keep raw meat, poultry, seafood, and eggs away from other foods. Do this in your shopping cart, bags, and fridge.
- Do not reuse marinades used on raw foods unless you bring them to a boil first.
- Use a special cutting board or plate for raw foods only.



3. Cook

Foods need to get hot and stay hot. Heat kills germs.

- Cook to safe temperatures:
 - Beef, Pork, Lamb 145 °F
 - Fish 145 °F
 - Ground Beef, Pork, Lamb 160 °F
 - Turkey, Chicken, Duck 165 °F
- Use a food thermometer to make sure that food is done. You can't always tell by looking.



4. Chill

Put food in the fridge right away.

- 2-Hour Rule: Put foods in the fridge or freezer within 2 hours after cooking or buying from the store. Do this within 1 hour if it is 90 degrees or hotter outside.
- Never thaw food by simply taking it out of the fridge. Thaw food:
 - In the fridge
 - Under cold water
 - In the microwave
- Marinate foods in the fridge.



[Food Safety at Home Factsheet \(fda.gov\)](https://www.fda.gov/food/food-safety-at-home-factsheet)

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In An Emergency – Power Outage

- Refrigerated food should be safe if the power was out for no more than 4 hours and the refrigerator door was kept shut. Discard any perishable food (such as meat, poultry, fish, eggs, or leftovers) that has been at temperatures above 40° F for 2 hours or more (or 1 hour if temperatures are above 90° F).
- Frozen food is safe and may be refrozen if the thermometer reads 40° F or below. If the food still contains ice crystals it is safe to refreeze or cook.

If In Doubt – Throw It Out

Social and Recreational Activities

Activities for your residents depend on their physical mobility and mental acuity. Activities can help your residents retain, and even regain some of their physical and mental capabilities. These activities can be at your AFH, in the community, or a part of work activities. Plan activities for a range of residents, from younger residents with disabilities to those who may have limited to no mobility.

Develop activities that are tailored around their choices, abilities and whom they wish to interact with. Document their choices in their negotiated care plan.

Activities for Ambulatory Residents

These require a resident to move with only limited assistance.

- **Dance** - Dance music from past eras, especially times when the residents were young, and is enjoyed by everyone.
- **Gardening** - Residents with dementia may also be able to participate depending on their ability to follow instructions and safely use garden tools. Other residents who enjoyed gardening when they had their own homes will especially enjoy this activity. Some residents may feel empowered by making things grow.
- **Exercise programs** - Physical exercise and stretching will improve overall health and help residents maintain positive mental attitudes.



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Activities for Residents with Limited Mobility

These activities are suitable for mobile residents, but they can also be done seated or, in some cases, in bed:

- **Movies** – Both current and classic movies are popular with residents in long-term care.
- **Chair exercise** – Exercises that can be done while sitting in a chair improve health and attitudes.
- **Board and card games** – Depending on the complexity of the game, some board games may be suitable for patients with early dementia.
- **Computer games** – Even the simplest games require rudimentary computer skills. Computer games may be frustrating for residents with dementia. Computer tablets can be more user friendly for most people.
- **Handicrafts** -- Many older adults enjoy needlework activities like knitting, crocheting, and sewing. Painting, drawing, and wood carving are also popular creative activities.
- **Puzzles** – Puzzles with large pieces are suitable for residents with visual impairments and fine motor skill problems brought on by arthritis. Simple puzzles may stimulate residents with early dementia.
- **Reading** – Large type books, books on CD, or even books that can be downloaded to personal electronic devices can be provided to residents with or without visual or auditory limitations.
- **Dish gardens and bonsai trees** – For those who cannot get around a garden, these gardens can come to the residents.
- **Birthday and holiday parties** – Planning and preparing for celebrations and holiday parties should involve all residents, if possible. Many residents will enjoy decorating, planning menus, and other pre-party activities.
- **Readings of prose or poetry** – Some memory-impaired residents may enjoy these activities.
- **Religious** meetings with group singing and bible study.
- **Music and Memory Programs** – These programs may be hosted by organizations in the community.



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Activities for Residents with Dementia

For residents who have dementia and experience confusion, there are many activities that can be enjoyed in a group setting or with one or two other people. Often the most popular activities are variations of those that were enjoyed in younger years.

The following activity ideas are provided by [the Alzheimer's Association - 50 activities](#):

Do Something Outside

- Take a walk
- Plant flowers
- Water plants
- Feed the birds
- Rake leaves
- Go to the park
- Sit on a bench or a swing
- Watch dogs at a dog park
- Play catch or toss a ball
- Play horseshoes
- Visit a beach or forest preserve
- Sweep the porch or patio
- Set up a picnic on the lawn or in the backyard
- Sit on the porch and drink coffee, hot chocolate, or lemonade.

Do Something Inside

- Listen to the person's favorite music
- Look at family photo albums
- Prepare afternoon tea
- Watch a favorite sport on television
- Model with play dough
- Play checkers or dominos
- Name the presidents
- Look at photos in a photography book or magazine
- Identify states on a U.S. map
- Complete a puzzle together
- Read from one of their favorite books
- Watch a favorite movie or sitcom
- Watch a sporting event
- Ask the person about his or her childhood, siblings, school, pets or first car
- Read the newspaper together or read it to them
- Play a card game



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Do Something Personal

- Give the person a hand massage with lotion
- Brush the person's hair
- Give the person a manicure
- Make a family tree posterboard
- Take photos of the person and make a collage
- Encourage the person to talk more about subjects they enjoy

Do Something In The Kitchen

- Bake cookies or bread
- Set the table
- Make the person's favorite lunch or snack
- Wash and dry dishes
- Put silverware away

Celebrate Family Holiday Traditions

- Listen to favorite holiday music
- Bake holiday desserts
- Color eggs
- Carve a pumpkin or make a pumpkin pie
- Decorate a tree
- Create holiday greeting cards
- Watch a favorite holiday movie
- Play a piano or guitar and sing holiday songs



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Other things to consider:

- **Household Activities** - Many residents find comfort doing familiar household activities and chores. Examples of these activities include:
 - Cooking simple food items
 - Dusting
 - Folding clothes
 - Clearing the table after mealtime
 - Helping prepare food such as salad or vegetables
 - Putting away silverware
- **Meaningful Day Activities**
This program is an intervention strategy for individuals in AFHs experiencing significant behaviors or dementia with behavioral challenges. We will learn more about Meaningful Day Activities in Module 9 – Getting Ready.

Create an Activities Calendar

You can create a weekly or monthly activity calendar for your home.

- Post it a week ahead so everyone knows the activities for the following week.
- Make it relevant to the season, holidays, and resident abilities and preferences.

NOTE: Activities appeal to prospective residents – use it as a marketing tool!

Example:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------------------------------|---|---|---|----------------------------|--------------------|--------|
| Morning | | | | | | |
| 9:30 Sit-excise | 9:00 Range of Motion 10:30 Manicure | 9:30 Sit-excise 11:30 Beautician | 9:00 Range of Motion 10:00 Current Events | 9:30 Sit-excise | 10:30 Plants | |
| Afternoon | | | | | | |
| 1:00 Health check and vitals | 2:00 Bingo | 2:00 Word game | 2:00 Baking | 2:30 Arts and Crafts | 2:00 Live Music | |

NOTE: Look for a free app such as Google Calendar, or if you have MS word, you can create a calendar, by selecting “File” and then “New” and select an option from the templates available.

[Google Calendar](#) and [How to create a Google calendar](#)

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ACTIVITY: Design an Activity Plan for Your AFH



Using a person-centered approach and the list above or your own ideas, create an activity program for your adult family home for one week. You will need to ensure that it is person-centered for all residents in your home.

Summary Review

In this module, you learned...

- How to develop menus with the input from your residents
- About healthy eating and food safety
- The signs and dangers of dehydration
- Different activities that are based on resident's desire and abilities

Test Your Knowledge



True or False:

1. You must provide each resident with a nourishing, appetizing, and well-balanced diet that meets their daily nutritional and special dietary needs.
2. Activities can help residents retain their physical and mental capabilities.
3. Residents should “Eat the Rainbow”.



Get Ready for Your Next Class

- Read assigned modules
- Study for Quiz #2 (Modules 4, 5, 6, 6a, 6b, 6c)

Acronyms Used in this Module

| Acronym | Description |
|---------|---|
| AFH | Adult Family Home |
| DDA | Developmental Disabilities Administration |
| USDA | U.S. Department of Agriculture |
| HHS | Health and Human Services |

Revision Table

| Date | Volume | Changes | Page(s) |
|--------|--------|---|---------|
| 1/2025 | V5.2 | <ul style="list-style-type: none">• Minor grammar, formatting corrections• Added/removed, and repaired links throughout• Added summary review | |
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