**MN Department of Human Services**

**Office of Inspector General**

**Licensing Division**

**Adult Day Services SAMPLE FORM**

**Registered Dietician Personnel File**

REQUIREMENTS FOR USE OF THIS SAMPLE DOCUMENT: Adult Day Services license holders are responsible for modifying this sample for use in their program. At a minimum, you must fill in the blanks on this form. You may modify the format and content to meet standards used by your program. This sample meets compliance with current licensing requirements as of **July 1, 2017**. Providers remain responsible for reading, understanding and ensuring that this document conforms to current licensing requirements. DELETE THIS HIGHLIGHTED SECTION TO BEGIN MODIFYING THIS FORM.

Registered Dietician Name:

Contact Information:

**LICENSE INFORMATION**

Expiration Date of Dietician License:

 Copy of license is attached/enclosed in personnel file.

 Copy of license is updated prior to expiration date.

**CONTRACT INFORMATION**

Dates of signed contract or letter of employment (begin and end dates):

Name of person or organization under contract for dietician services:

 Copy of contract is attached/enclosed in personnel file.

 Copy of contract is updated prior to expiration date.

 Contract includes the specific conditions and terms of employment.

 Contract includes dietician services required in Minnesota Rules, part 9555.9710, subpart 1.

A registered dietician must approve all meals and snacks provided at the adult day center.

Menus for meals and snacks must meet all applicable state rules and laws and United States Department of Agriculture regulations.

Modified diets must be provided to persons whose written records specify dietary restrictions.

Each meal served must meet one-third of the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National academy of Sciences, specified in Recommended Dietary Allowances.

Personnel file reviewed and updated as needed:

Date: Name:

Date: Name:

Date: Name:

Date: Name:

Date: Name:

Date: Name: