

# Food and Nutrition

**3E'S OF HEALTHY LIVING** Education, Exercise and Eating Right

# Adult Day Care CACFP Reimbursable Meals

# **Chapter 6**

Reimbursable Meals 6-1

# **Reimbursable Meals**

### **Meal Requirements**

In order to plan for your meal service and ensure that the meals you serve are *reimbursable*, certain requirements must be met. Meals must meet the *ADC Meal Patterns*.

Meals **must**:

- ► Include required components;
- Contain servings of at least minimum quantities; and
- ► observe required meal service times.

# **Meal Pattern Charts**

Meal pattern charts establish which components and the quantities of each component that must be served at each meal service. The meal pattern charts track USDA requirements and must be followed for the meals to be reimbursable.

Meal pattern charts allow for:

- ► Variety;
- ► Flexibility;
- ► Well-balanced, nutritious meals;
- ► Individual preferences; and
- ▶ Differences ... (cultural, health needs, etc.)

The Adult Day Care meal patterns are located in this section.

You are responsible for serving reimbursable meals whether you prepare meals or obtain meals from a vendor.



#### ADULT CARE MEAL PATTERN

Serve All Three Components for a	Reimbursable Meal	Adult Participants
Milk <sup>1</sup>	• Milk, fluid <sup>1</sup> , or	1 cup (8 fl oz)
	Yogurt, plain or flavored, unsweetened or sweetened <sup>2</sup> , or	8 oz
	• Natural cheese <sup>2</sup> , or	1 1/2 oz
	Processed cheese <sup>2</sup>	2 oz
Vegetables/ Fruits <sup>3</sup>	Vegetable(s) and/or fruit(s) or	1/2 cup
	• Full strength vegetable or fruit juice <sup>9</sup> , or	1/2 cup
	<ul> <li>An equivalent quantity of any combination of vegetable(s), fruit(s) and juice<sup>3</sup></li> </ul>	
Grains/Breads <sup>4</sup>	Bread <sup>4</sup> , or	2 slices (servings)
	Cornbread, biscuits, rolls, muffins, etc. <sup>4</sup> , or	2 servings
	Cold dry cereal <sup>4,5</sup> , or	1 1/2 cup or 2 oz $^5$
	Cooked cereal <sup>4</sup> , or	1 cup
	Cooked pasta or noodle products <sup>4</sup> , or	1 cup
	Cooked cereal grains <sup>4</sup> , or	1 cup
	<ul> <li>An equivalent quantity of any combination of Grains/Breads</li> </ul>	
Offer versus Serve	Participant may decline one of four food items.	

the same meal service. <sup>3</sup> Fruit or vegetable juice must be full-strength. You may serve an equivalent quantity of any combination of vegetable(s) or fruit(s),

and juice.

<sup>4</sup> Bread, pasta or noodle products, and cereal grains, must be whole-grain or enriched. Combread, biscuits, rolls, muffins, etc. must be made with whole grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

<sup>5</sup> Either volume (cup) or weight (oz), whichever is less. Chart Revised by TDA FND - Jan 2005 (See your Food Buying Guide for more details.)

Please note: For Breakfast and Lunch/Supper the amount of grains/breads shown on the meal pattern charts represent 2 servings.

#### ADULT CARE MEAL PATTERN (cont.)

LUNCH or SUPPER FOOD COMP Serve All Four Components for a Reimbo		Adult Participants
Milk No milk mewined at suppor	<ul> <li>Milk, fluid<sup>1</sup>, or</li> <li>Yogurt, plain or flavored, unsweetened or sweetened<sup>2</sup>, or</li> </ul>	1 cup (8 fl oz) 8 oz
No milk required at supper.	<ul> <li>Natural cheese<sup>2</sup>, or</li> </ul>	1 1/2 oz
	Processed cheese <sup>2</sup>	2 oz
Vegetables/ Fruits <sup>3</sup>	Vegetable(s) and/or fruit(s)	1 cup total
MUST offer at least 2 different varieties at lunch & supper to total 1 cup.		
Grains/Breads <sup>4</sup>	Bread <sup>4</sup> , or	2 slices (servings)
	Cornbread, biscuits, rolls, muffins, etc. <sup>4</sup> , or	2 servings
	Cooked pasta or noodle products <sup>4</sup> , or	1 cup
	Cold dry cereal <sup>4</sup> , or	1 1/2 cups
	Cooked cereal grains <sup>4</sup> , or	1 cup
	An equivalent quantity of any combination of Grains/Breads	
Meat/ Meat Alternates <sup>5,6,7</sup>	<ul> <li>Lean meat or poultry or fish<sup>5</sup>, or</li> </ul>	2 oz
	Alternate protein products <sup>6</sup> , or	2 oz
	Cheese, or	2 oz
	• Egg (large), or	1 large egg
	Cooked dry beans or peas, or	1/2 cup
	Peanut butter or soynut butter, or other nut or seed butters, or	4 Tbsp.
	Peanuts or soynuts or tree nuts or seeds <sup>7</sup> , or	$1 \text{ oz} = 50\%^7$
	Yogurt - plain or flavored, or unsweetened or sweetened, or	8 oz or 1 cup
	An equivalent quantity of any combination of the above Meat/Meat Alternates	
Offer versus Serve	Participant may decline: two of six food items at <i>Lunch</i> ; and two of five food items at <i>Supper</i> .	
lunch, and a snack, you must offer fluid	in fluid milk. If your facility offers three meals a day for reimbursem milk at one of the three meal services and may offer a milk substitut	
the same meal service.	he milk/dairy requirement, you may not use yogurt or cheese as a ${\tt N}$	
<sup>3</sup> Serve two or more kinds of vegetable(s) not more than one-half of this requireme	and/or fruit(s) to total 1 cup. Full-strength vegetable or fruit juice m nt.	ay be counted to meet
	real grains, must be whole-grain or enriched. Cornbread, biscuits, eal or flour. Cereal must be whole-grain or enriched or fortified.	rolls, muffins, etc. must
A serving consists of the edible portion of		
n annannana an annanna annanna annanna annann	quirements in Appendix A of 7 CFR Part 226.	
	of the total Meat/Meat Alternate serving and must be combined with juirement. 1 ounce of nuts or seeds is equal to 1 ounce of cooked l	

(See your Food Buying Guide for more details.)

Chart Revised by TDA FND - Apr 2005

#### ADULT CARE MEAL PATTERN (cont.)

SNACKS Select Two of the Four Components		Adult Participant
Milk	Milk, fluid <sup>1</sup> , or	1 cup (8 fl oz)
	• Yogurt, plain or flavored, unsweetened or sweetened <sup>2</sup> , or	8 oz
	Natural cheese <sup>2</sup> , or	1 1/2 oz
	Processed cheese <sup>2</sup>	2 oz
/egetables/ Fruits <sup>3</sup>	Vegetable(s) and/or fruit(s), or	1/2 cup
egetables, France	<ul> <li>Full strength vegetable or fruit juice<sup>3</sup>, or</li> </ul>	1/2 cup
	<ul> <li>An equivalent quantity of any combination of vegetable(s), fruit(s) and juice<sup>3</sup></li> </ul>	
Grains/Breads <sup>4</sup>	• Bread <sup>4</sup> , or	1 slice (serving)
	<ul> <li>Cornbread, biscuits, rolls, muffins, etc.<sup>4</sup>, or</li> </ul>	1 serving
	Cold dry cereal <sup>4,5</sup> , or	3/4 cup or 1 oz <sup>5</sup>
	Cooked cereal <sup>4</sup> , or	1/2 cup
	<ul> <li>Cooked pasta or noodle products<sup>4</sup>, or</li> </ul>	1/2 cup
	<ul> <li>Cooked cereal grains<sup>4</sup>, or</li> </ul>	1/2 cup
	An equivalent quantity of any combination of Grains/Breads	172 Cup
Meat/ Meat Alternates <sup>6,7,8</sup>	Lean meat or poultry or fish <sup>6</sup> , or	1 oz
	Alternate protein products <sup>7</sup> , or	1 oz
	Cheese, or	1 oz
	Egg (large), or	1/2 large egg
	Cooked dry beans or peas, or	1/4 cup
	Peanut butter or soynut butter, or other nut or seed butters, or	2 Tbsp.
	<ul> <li>Peanuts or soynuts or tree nuts or seeds<sup>8</sup>, or</li> </ul>	1 oz = 50% <sup>8</sup>
	Yogurt - plain or flavored, unsweetened or sweetened, or	4 oz or 1/2 cup
	An equivalent quantity of any combination of the above Meat/Meat Alternates	
	in fluid milk. If your facility offers three meals a day for reimburser milk at one of the three meal services and may offer a milk substitu	
<sup>2</sup> When yogurt or cheese is used to fulfill the same meal service.	the milk/dairy requirement, you may not use yogurt or cheese as a	Meat/Meat Alternate at
and juice.	ngth. You may serve an equivalent quantity of any combination of	vegetable(s) or fruit(s),
be made with whole grain or enriched m	ereal grains, must be whole-grain or enriched. Combread, biscuits, eal or flour. Cereal must be whole-grain or enriched or fortified.	, rolls, muffins, etc. mus
Either volume (cup) or weight (oz), whic	hever is less.	
A serving consists of the edible portion	e de sector d'Article d'Article de la construction de la construction de la construction	
	quirements in Appendix A of 7 CFR Part 226. of the total Meat/Meat Alternate serving and must be combined wi	

Nuts and seeds may meet only one-half of the total Meat/Meat Alternate serving and must be combined with another Meat/Meat Alternate to fulfill the lunch or supper requirement. 1 ounce of nuts or seeds is equal to 1 ounce of cooked lean meat, poultry, or fish.

(See your Food Buying Guide for more details.)

Chart Revised by TDA FND - Sep 2004

# Fluid Milk and Fluid Milk Substitutions

Fluid milk served to participants must be: fat-free or low-fat milk, fatfree or low-fat lactose reduced milk, fat-free or low-fat lactose free milk, fat-free or low-fat buttermilk, or fat-free or low-fat acidified milk.

The milk served must be pasteurized fluid milk that meets State and local standards and may be flavored or un-flavored. Whole milk and reduced-fat (2%) milk <u>may not be</u> served to participants.

Participants who cannot consume fluid milk due to medical or other special dietary needs, other than a disability, may be served non-dairy beverages in lieu of fluid milk. Non-dairy beverages must be nutritionally equivalent to milk and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients to levels found in cow's milk as outlined in the handbook.

Participants may request in writing non-dairy milk substitutions without providing a medical statement. You must ensure the substitution meets the requirements as stated in the handbook. The written request from the participant must identify the medical or special dietay need that restricts the diet of the participant. For example, a participant who follows a vegan diet may request soy milk be served instead of cow's milk.

Milk substitutions are at the option and expense of the CE or sponsored site.

# **Grains/Breads**

For a Grains/Breads item to be creditable

 $\Rightarrow$  A serving must contain no less than 14.75 grams of enriched or whole grain meal or flour, bran and/or germ (which is the equivalent of a slice of bread),

 $\Rightarrow$  Enriched or whole-grain meal or flour, bran and/or germ **does not** have to be the main ingredient by weight for a food item to count as a Grains/Breads. This means that some foods like enriched, whole-grain or fortified ready-toeat breakfast cereals that list sugar as the first ingredient may be counted as a Grains/Breads. However, due to the high sugar content, it is recommended that these cereals be served less often than other cereal choices,



 $\Rightarrow$  Items such as bran muffins and other products containing bran or germ are counted at the same level as items made from enriched or whole-grain meal or flour,

 $\Rightarrow$  Snack products such as hard pretzels, hard bread sticks, and chips made from enriched or whole-grain meal or flour, bran and/or germ may be counted as Grains/Breads. Due to their high fat content, it is recommended that grain-based chips be served less often than more nutritious snack choices, and

 $\Rightarrow$  For supplements (snacks) served in the CACFP, dessert products made with enriched or whole grain meal or flour, bran and/or germ may be counted as Grains/Breads. It is recommended that these types of dessert products be served as part of a supplement no more than twice a week.

### NOTE: The following Exhibit A Grains Breads Chart is the "Texanized Version". Groups A, C and H list more foods than the chart in the Food Buying Guide.

#### EXHIBIT A GRAINS/BREADS FOR THE CHILD NUTRITION PROGRAMS\*

#### Group A

= 20 gm or 0.7 oz
•
= 15 gm or 0.5 oz
= 10 gm or 0.4 oz
= 5 gm or 0.2 oz

Breading Type Coating Bread Sticks (hard) Chow Mein Noodles Crackers (saltines and snack crackers) Croutons Ice Cream Cones\*\* (waffle, sugar, plain) Pretzels (hard) Rice Cakes Stuffing (dry) Note: weights apply to bread in stuffing

#### Group B

1 serving	= 25 gm or 0.9 oz
3/4 serving	= 19 gm or 0.7 oz
1/2 serving 1/4 serving	= 13 gm or 0.5 oz
1/4 serving	= 6 gm or 0.2 oz

Bagels Batter Type Coating **Biscuits** Breads (white, wheat, whole wheat, French, Italian) Buns (hamburger and hot dog) Crackers (graham-all shapes, animal crackers) Egg Roll Skins **English Muffins** Pita Bread (white, wheat, whole wheat) Pizza Crust Pretzels (soft) Rolls (white, wheat, whole wheat, potato) Tortillas (wheat or corn) Tortilla Chips (wheat or corn) Taco Shells

#### Group C

1 serving = 31 gm or 1.1 oz 3/4 serving = 23 gm or 0.8 oz 1/2 serving = 16 gm or 0.6 oz 1/4 serving = 8 gm or 0.3 oz Cookies\*\* (plain) Cornbread Corn Muffins Cream Puffs (served as entree) Cream Puffs\*\* (served as dessert) Croissants Dumplings Graham Crackers (thinly glazed/iced) Hush Puppies Pancakes Pie Crust (dessert pies\*\*, fruit turnovers\*\*\*, and meat/meat alternate pies) Popovers Puff Pastry (served as entree) Puff Pastry\*\*\* (served as fruit turnover) Sopapillas\*\* Waffles

#### Group D

1 serving	= 50 gm or 1.8 oz
3/4 serving	= 38 gm or 1.3 oz
1/2 serving	= 25 gm or 0.9 oz
1/4 serving	= 13 gm or 0.5 oz

Boston Brown Bread Cookies\*\* (plain, thinly glazed/iced) Doughnuts\*\*\* (cake and yeast raised, unfrosted) Fruit or Vegetable Breads (banana, zucchini, etc.) Granola Bars\*\*\* (plain) Muffins (all, except corn) Sweet Rolls\*\*\* (unfrosted) Toaster Pastries\*\*\* (unfrosted)

# Group E

1 serving = 63 gm or 2.2 oz 3/4 serving = 47 gm or 1.7 oz 1/2 serving = 31 gm or 1.1 oz 1/4 serving = 16 gm or 0.6 oz Cookies\*\* (with nuts, raisins, chocolate pieces and/or fruit purees) Doughnuts\*\*\* (cake and yeast raised, frosted

or glazed) French Toast Grain Fruit Bars\*\*\* Granola Bars\*\*\* (with nuts, raisins, chocolate pieces and/or fruit) Sweet rolls\*\*\* (frosted) Toaster Pastries\*\*\* (frosted)

# Group G

1 serving = 115 gm or 4.0 oz 3/4 serving = 86 gm or 3.0 oz 1/2 serving = 58 gm or 2.0 oz 1/4 serving = 29 gm or 1.0 oz Brownies\*\* (plain) Cake\*\* (all varieties, frosted)

# Group H

1 serving = 1/2 cup cooked (or 25 grams dry)

Group F

1 serving = 75 gm or 2.7 oz 3/4 serving = 56 gm or 2.0 oz 1/2 serving = 38 gm or 1.3 oz 1/4 serving = 19 gm or 0.7 oz

Cake\*\* (plain, unfrosted) Coffee Cake\*\*\* Barley Breakfast Cereals (cooked)\*\*\*\* Bulgur or cracked wheat Macaroni (all shapes) Noodles (all varieties) Pasta (all shapes) Ravioli (noodle only) Rice (enriched white or brown) Wild Rice

Group I

1 serving = 3/4 cup or 1 oz, whichever is less

Ready to eat breakfast cereal (cold dry)\*\*\*\*

- \* Some of these foods, or their accompaniments may contain more sugar, salt, and/or fat than others. This should be a consideration when deciding how often to serve them.
- \*\* Allowed only for desserts in the NSLP under the enhanced food-based menu planning system and supplements (snacks) served under the NSLP, SFSP, and CACFP.
- \*\*\* Allowed only for desserts in the NSLP under the enhanced food-based menu planning system and supplements (snacks) served under the NSLP, SFSP, and CACFP, and for breakfasts served under the SBP, SFSP, and CACFP.
- \*\*\*\* Refer to the appropriate handbook for the correct serving size for supplements served to children age 1 through 5 in the NSLP; breakfasts served under the SBP; and meals served to children ages 1 through 5 and adult participants in the CACFP. Breakfast cereals are traditionally served as a breakfast menu item but may be served in meals other than breakfast. Cereals may be whole-grain, enriched or fortified.

Updated by TDA FND - 8/30/02

# Flow Chart for Determining Grains/Breads Credibility

The Food Buying Guide (FBG) has a Flow Chart for Determining Grains/Breads Creditability.

To review a grains/breads food product to determine if it is creditable, you need to verify that the food product is enriched or whole-grain, *OR* that it is made from enriched or whole-grain meal and/or flour, bran, and/or germ, *OR* if it is a cereal, that it is whole-grain, enriched or fortified.

The steps listed in the flow chart will help determine if a food product is creditable towards the grains/breads component of a reimbursable meal.

If at any point during the flow chart steps, you answer "yes", the food product is creditable. You may then go on to Section III, Criteria for Determining Serving Sizes shown in the FBG. If you answer "no" to all questions in the chart, the food product is not creditable towards a grains/breads component of a reimbursable meal.

The FBG states there are two different ways to determine the portion size needed to provide one grain/breads serving. You may use the Exhibit A or by calculating the grams of creditable grains.

Exhibit A is presented in this workbook. The "how to" of calculating of the grams is presented in the FBG.

On the following page is the Flow Chart for Determining Grain/Breads Creditability and 2 lists of ingredients for flour and corn tortillas. Use the chart to determine if both or either of the tortillas can be credited as a grain/breads component of a reimbursable meal.



### Flow Chart for Determining Grains/Breads Creditability

# **Allowable Meal Service**

Sites may serve any or all of the following:

- Breakfast
- AM Snack
- \* Lunch
- PM Snack
- \* Supper
- **\*** Evening Snack

You may **claim** up to **two meals and one snack, or two snacks and one meal per participant per day** provided that meals are served according to program requirements and are otherwise reimbursable and approved as part of your application.

### Meal Service Times

You must observe the following meal service times:

- Three hours must elapse between the beginning of breakfast and the beginning of lunch;
- Four hours must elapse between the beginning of lunch and the beginning of supper, when a snack is not served in between;
- Two hours must elapse between the beginning of a:
  - Meal service and the beginning of a snack;.
  - Snack and the beginning of a meal service;
  - Snack and the beginning of another snack;
- Service of supper must begin no earlier than 5:00 pm, but no later than 7:00 pm. It must end no later than 8:00 pm; and
- A meal service cannot begin any later than 30 minutes before ending time (close of business).

#### Maximum Meal Durations

- Lunch and supper 2 hours, and
- Breakfast and snack 1 hour.

# Offer vs. Serve

ADC CEs have the option of using **Offer vs. Serve** for any or all of the meal services in the sites they operate **with the exception of the snack meal service**.

Offer vs. Serve allows participants to refuse some meal components. It is an option that offers advantages for some types of food service. CEs may be able to **predict**, based on prior production records, the approximate amount of food to order and prepare. This may reduce food costs and waste of food.

### You must be <u>approved</u> for the Offer vs Serve option in your Application and Management Plan if you plan to use Offer vs Serve!



ADC using Offer vs. Serve shall *offer* their adult participants *all* of the required food servings.

Adult participants may decline:

- > One of the four food items required at breakfast;
- > Two of the six items required at lunch; and
- > Two of the five items required at supper.

Participants *may not refuse* either of the two required snack items.

# **Advance Planning**

Advance planning of your meal service is essential. You will want to provide wellaccepted, nutritional meals for the adult participants in the most efficient and cost effective way.

There are several advantages in planning ahead:

- → Food Purchasing Food can be purchased in sizes or packaging more suited to large scale meal service than would ordinarily be the case.;
- → Cost Control Advance planning enables the center to take advantage of sales and volume discounts;
- → Preparation Time Pre-planned meal service enables cooks to prepare certain meal components in advance; and
- → Greater Variety Advance planning enables the center to serve participant's meals with more variety and appeal.

# **Meal Pattern Exceptions**

F&N may approve variations in meal patterns to meet

- $\checkmark$  Ethnic preference,
- $\sqrt{}$  Religious beliefs,
- $\sqrt{}$  Disabilities or
- $\checkmark$  Special dietary needs.

# **Disabilities and Special Needs**

### Definitions

**Disabled Adult Participant** – An adult participant who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

**Licensed Physician** – A person licensed to practice medicine in Texas. Licensed physicians include Doctors of Osteopathy.

**Major Life Activities** – Functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

**Recognized Medical Authority** – Includes licensed physicians, physician assistants and nurse practitioners.

### **Meals for Adult Participants with Disabilities**

You are **required** to provide meal component substitutions to disabled adult participants when supported by a medical statement signed by a licensed physician. The determination of whether or not an adult participant has a disability that restricts his or her diet is to be made on an individual basis by a licensed physician. The physician's medical statement of the adult participant's disability must be based on the regulatory criteria for "disabled adult participant" and contain a finding that the disability restricts the adult participant's diet.

### The medical statement must identify:

- The adult participant's disability and an explanation of why the disability restricts the adult participant's diet;
- The major life activity affected by the disability;
- The food or foods to be omitted from the adult participant's diet;
- The food or choice of foods to be used as substitutions.
- Any other restrictions and/or requirements specific to the adult participant's disability (i.e. caloric modifications).

**Note:** If the adult participant's disability requires only textural modification(s) to the regular program meal, as opposed to a meal pattern substitution, then the medical statement is recommended, but not required.

Adult participants with **food allergies or intolerances**, or obese adult participants do not meet the regulatory criteria for "disabled adult participant". However, if the physician's assessment finds that the food allergy may result in severe, life-threatening reactions (anaphylactic reactions) or the obesity is severe enough to substantially limit a major life activity, then the adult participant meets the definition of "disabled adult participant", and you must provide the substitutions prescribed by the licensed physician and supported by the physician's medical statement.

You must:

- Keep on file a copy of the licensed physician's medical statement;
- Provide the meal substitutions at no additional cost to the adult participant; and
- Document meal substitutions made on the Daily Menu Record (Form H1654).

### Meals for Adult Participants with Medical or Special Dietary Needs

Adult participants who are not a "disabled adult participant" but who are unable to consume a food item because of medical or other special dietary needs **may** be served substitutions. This includes adult participants with food intolerance(s) (e.g., lactose intolerant or food allergy).

An adult participant with a medical or special dietary need must be supported by a medical statement signed by a recognized medical authority. In these cases, recognized medical authority may include physicians, physician assistants or nurse practitioners. The medical statement must include the following:

- Identification of the medical or special dietary need that restricts the adult participant's diet;
- Food or foods to be omitted from the adult participant's diet; and
- Food or choice of foods to be used as substitutions.

The decision as to whether or not a center will provide the substitutions is at the discretion of the adult day care center. An adult day care center is not required to satisfy the unique dietary needs of each adult participant. F&N urges adult day care centers to make every effort to satisfy the unique medical or special dietary needs of each adult participant; however, we recognize that this may not always be possible due to operational and financial constraints.

If a center chooses to provide substitutions for adult participants with medical or special dietary needs, then the center must:

- Provide substitutions on a case-by-case basis;
- Maintain the required medical statement in your files;
- Provide the meal at no additional cost to the adult participant; and
- Document meal substitutions made on the Daily Menu Record (Form 1654).

If you serve an adult participant a meal without the required meal components or with a substitution, you cannot claim reimbursement unless supported by the required medical statement, which meets the above referenced criteria.

Additionally, adult participants with chewing and swallowing difficulties may require textural modifications that include softer foods, e.g., cooked carrots rather than raw carrots, or foods that are chopped, ground, or blended. Textural modifications can usually be made to the regular program meal; therefore, a physician's medical statement indicating the appropriate food texture is recommended, but not required.

Refer to fluid milk substitutions for medical and special dietary needs shown earlier in the chapter.

The F&N program review will include a review of your adherence to medical statements in the individual's plan of care.

# Summary

Under the CACFP, centers are	When the food component substitution is due to an adult's
Required to serve food component substitutions to the meal pattern.	Disability. The center must receive and keep a copy of the medical statement in the adult's file.
Not required to serve food component substitutions to the meal pattern.	Medical or special dietary need. Centers that choose to serve food component substitutions must receive and keep a copy of the medical statement in the adult's file.

# **Food Buying Guide**

The **Food Buying Guide** (FBG) is a publication made available by USDA. The guide is an invaluable resource to CACFP CEs! The FBG contains information to assist CEs to plan and serve meals that meet CACFP requirements.

The FBG is divided into sections which correspond to the *component groups* required by USDA.

- Meat and Meat Alternates,
- Vegetable/Fruits,
- ➢ Grains/Breads, and
- ≻ Milk



In addition there is a fifth section which lists **Other, non-creditable foods.** 

# Note the sample page from the meat/meat alternate section:

<b>1</b> Food As Purchased, AP	<b>2</b> Purchase Unit	3 Servings per Purchase Unit, EP	4 Serving Size per Meal Contribution	5 Purchase Units for 100 Servings	6 Additional Information
BEEF CHUCK R	DAST, fresh	or frozen4, 5	(continued)		
Beef Chuck Roast, fresh or frozen⁵ Under blade	Pound	10.2	1 oz cooked lean meat	9.9	1 lb AP = 0.64 lb cooked, trimmed, sliced lean meat
Without bone 1/4-inch trim (Like IMPS #116E)	Pound	6.82	1-1/2 oz cooked lean meat	14.7	
Beef Chuck Roast, fresh or frozen <sup>5</sup> Under blade	Pound	10.4	1 oz cooked lean meat	9.7	1 lb AP = 0.65 lb cooked, trimmed, sliced, lean meat
Without bone Practically-free-of-fat (Like IMPS #116E)	Pound	6.93	1-1/2 oz cooked lean meat	14.5	
BEEF CHUCK ST	EAK, fresh	or frozen			
Beef Chuck Steak, fresh or frozen Eye roll	Pound	11.8	1 oz cooked lean meat	8.5	1 lb AP = 0.74 lb cooked lean meat
Without bone Practically-free-of-fat (Like IMPS #1116D)	Pound	7.89	1-1/2 oz cooked lean meat	12.7	
<b>BEEF FLANK ST</b>	EAK, fresh	or frozen			
Beef Flank Steak, fresh or frozen Practically-free-of-fat	Pound	11.6	1 oz cooked lean meat	8.7	1 lb AP (and sliced) = 0.73 lb cooked lean meat
	Pound	7.78	1-1/2 oz cooked lean meat	12.9	
BEEF GROUND,	<sup>s, 7, 8</sup> fresh o	r frozen	, 		
Beef, Ground, fresh or frozen Market Style <sup>6, 8</sup>	Pound	11.2	1 oz cooked lean meat	9.0	1 lb AP = 0.70 lb cooked, drained, lean meat
no more than 30% fat (Like IMPS #136)	Pound	7.46	1-1/2 oz cooked lean meat	13.5	

## How to Use the Food Buying Guide

By using the FBG, CEs can determine *how much* of each food item to purchase for each of the planned menus.

For each food item the Guide tells you:

- ▶ The *form* the food is in, i.e. pears may be fresh, or canned, etc.;
- The *purchase unit* type, i.e. size of can, pounds (for fresh and frozen foods), etc.;
- ▶ The *serving size* and contribution to the component requirement;
- ▶ Purchase units needed for 100 servings; and
- ► Additional information that may be helpful.

Both ADC CEs and food service management companies (vendors) need to use the FBG to calculate quantities of food to purchase and use in order to meet requirements for the components of the meal patterns to ensure reimbursable meals are served.

# **Figuring Amounts**



Note the ground beef, market style example.

Food as Purchased	Purchase Unit	Servings per Purchase Unit	Serving Size per Meal Contribution
GROUND BEEF Market Style (no more than 30 % fat)	Pound	11.2 7.46	1 oz cooked lean meat 1 - 1/2 oz cooked lean meat

# Calculate the Amount of Beef for 60 – 1 oz serving sizes

Steps - Formula

- 1. Number of servings needed = 60
- 2. Servings per purchase unit = 11.2
- 3. 60 divided by 11.2 = 5.4 pounds

You will need 5.5 pounds (at a minimum) of ground beef, no more than 30% fat, to serve 60 1oz servings of cooked ground beef.

### Doubling

To serve 60 two ounce servings,

 $5.5 \times 2 = 11$  lbs, or round up to your needs

These steps will work with cans and frozen packages of food, as well as fresh produce. **This will always work if you use the FBG.** 

## **Vended Meals**

CEs who have vended meals will want to ensure that their vendor has access to the FBG and keeps meal production records on a Form H1654.

# Daily Menu Record

You should now understand what the required **components** are for the Adult Day Care meal patterns, and how to figure the minimum **quantities**.

Documentation of food used to provide meals is vitally important! Good documentation helps ensure that you can substantiate your claims for meals by showing that you used enough food to meet meal pattern requirements for each meal served. Good documentation of daily menu records also provides F&N with a means of assessing the quality of your meal service.

# When documenting amounts of food prepared, list what you actually prepared and served.

F&N staff may disallow meals based on poor documentation of daily menu records and/or observation of portion sizes of meals served.



You are required to complete records of the meal components and quantities prepared. You must ensure these records are completed on a daily basis at the meal preparation site at the time the food is prepared. The form we use to record meal production is the **Form H1654 "Adult Day Care Center Daily Menu Record".** 

If you use a vendor to provide your meals, the vendor must keep the required production records and make them available to you.



# How to Complete Form H1654

The food preparer should complete form H1654, whether it be a cook at your site, or the food vendor, if you purchase your meals.

It is important that the form be completed daily at the time of the meal service so that accurate entries can be made. It is *not acceptable* to complete the form the next day, or at the end of the week!

Col #	Col Title	Action To Take	Example
1	Meal Type	No action needed, allowable meals are listed in column 1.	
2	Menu	Enter the menu for the date of service for each meal type you will claim for reimbursement.	<b>Snack</b> Apple Juice Graham Crackers
3	Food Items Used	Enter <b>SPECIFIC</b> food items used to prepare the meal. (Use FBG definitions for detail and clarity.)	If spaghetti & meatballs are on the lunch menu, enter : ground beef (no more than 10% fat), spaghetti, tomato sauce, etc.
4	Amount Prepared	Enter <b>SPECIFIC</b> amount of each food prepared. use pounds, # of cans (size), etc. as listed in the Food Buying Guide.	3 # 10 cans of peas 4 lbs. of lettuce
5	Leftovers	Enter number of <b>COMPLETE</b> leftover servings of each component. Centers using Offer VS Serve must complete this area.	
6	Number Served	Enter planned participation.	

Texas Department of Agriculture		Adult Day C Daily Men					Form H1654 bruary 2008	
Name of Contracting Organizat	ion	Name of Facility		Program (TX	Program (TX) No.		Date	
Golden Acres		Golden Acres	<b>TX -</b> 10862	22	Current			
1. Meal Type	2.	3.	4. Amount	5.	6. N Enrolled	lumber Ser Program		
Food Components	Menu	Food Items Used	Prepared	Leftovers*	Adults	Adults	Adults	
Breakfast	Milk	Low fat,			135			
<ol> <li>Milk</li> <li>Vegetables/Fruits</li> </ol>	Market Commence	unflavored	8 ½ gallons		Number	f Complete	Seconds	
<ol> <li>Grains/Breads (2 servings required)</li> </ol>	Apple Juice	100%, canned	6 #10 cans			1		
	Pancakes	Frozen – enriched flour	270 – 2 each 1 = 31 grams					
	Other – Maple Syrup	)						
AM Snack (choose 2) 1. Milk								
<ol> <li>Vegetables/Fruits</li> <li>Grains/Breads</li> <li>Meat/Meat Alternates</li> </ol>					Number	of Complete	Seconds	
					-			
Lunch 1. Milk					135			
<ol><li>Vegetables/Fruits (two or more)</li></ol>	Milk	Low fat, unflavored	8 ½ gallons		Number	of Complete	Seconds	
<ol> <li>Grains/Breads (two servings required)</li> <li>Meat/Meat Alternates</li> </ol>	Objection Mail	Chicken – whole, frozen (without neck, giblets and	47.4					
	Chicken Mole	skin)	47#					
	Pinto Beans	Dry, whole	13#					
	Melon Cubes	Honey Dew, fresh	55 1⁄2#					
	Rice	White, long grain, instant	10#					
	Flour Tortilla	Flour Tortilla	135 1 oz each					

\* Only programs using Offer vs. Serve may use leftovers.

continued on page 2

Form H1654 Page 2/02-2008

#### Adult Day Care Centers Daily Menu Record (continued)

1.	2.	3.	4.	5.		lumber Ser	ved
Meal Type	Menu	Food Items Used	Amount	Leftovers*	Enrolled Adults	Program Adults	Non-prog. Adults
PM Snack (choose 2) 1. Milk 2. Vegetables/Fruits 3. Grains/Breads 4. Meat/Meat Alternates					100 Number o	of Complete	Seconds
	Grape Juice	100 % canned	5 #10 cans			4	
	Graham Crackers	Plain Graham Crackers	6 boxes at 1 lb each 4 crackers each at 25 grams each				
Supper 1. Vegetables/Fruits (two or more) 2. Grains/Breads (two servings required)					Number	of Complete	Seconds
3. Meat/Meat Alternates							
Evening Snack (choose 2) 1. Milk 2. Vegetables/Fruits 3. Grains/Breads					Number	of Complete	Seconds
4. Meat/Meat Alternates							

\* Only programs using Offer vs. Serve may use leftovers.

# **Meal Count and Meal Count Records**

Meal counting is a critical part of the CACFP since the number of meals served must be reported on your claim for reimbursement. Accurate accounting of served meals also helps determine future food ordering needs.

Basic meal count requirements:

- You must keep a daily meal count of actual meals served at each site;
- You must capture attendance and meal counts separately;
- You must keep a separate meal count for breakfast, lunch, supper and snacks; and
- A separate meal count must be taken for eligible participants, program adults and non-program adults;
- Meal count must be taken at the point of service; and
- You should designate a meal count person at each feeding area who is responsible for the accuracy of the meal count.

Just what do we mean by *point of service* counts?

Typically, a **point of service meal count system** includes noting in a daily meal count form when a reimbursable meal has been observed being served or made available to the participant. You have the latitude to design a point of service meal count system that meets the program requirements and accommodates your unique meal service operation.

If you serve a reimbursable meal and the recipient declines/refuses to eat the meal, reimbursement for the meal may still be claimed because the obligation to prepare and serve a reimbursable meal to an eligible recipient has been fulfilled.





### Attendance

**Attendance must also be documented daily**. You must not use your attendance counts as your daily meal count. Adult participants will be counted in attendance if they come to the site for care whether or not they eat a meal.

Horace Rodriguez arrives at the site at 9:00 AM, after the breakfast service. His daughter picks him up at 11:10 for a medical appointment, which is before the lunch service. Mr. Rodriguez would be counted in attendance, however, no meals would be counted.



**Remember that meal and attendance are separate counts**. Your point of service meal count system must ensure that you do not use attendance as the means for documenting the daily meal counts.

# **Documenting Meal Count/Attendance**

### How do we document our meal count and attendance?

F&N has a form to record daily meal count and attendance for program participants. It is Form H1535 "Daily Menu Record and Attendance Record."

A sample of Form H1535 is located on the next page.

Te) Ser	I exas rieatth and riuman Services Commission						•		ž S	ente	ers a	nd E	mer	genc	S SH	(Centers and Emergency Shelters)	s (s	Daily Meal Count and Attendance Record (Centers and Emergency Shelters)	7												Σ	larch	March 2007
Nai	Name of Contracting Organization				Nam	ne of	Name of Facility	>										Pro	gram	Program No. (TX No.)	X No.		9	0			Month	Month and Year	Year				
Ē.	Elder Care				Oal	kor	eek	Oak Creek ADC										<u> </u>	ř	16	4		6	0	0		Curre	Current date	ate				
ပီ	Centers: You may claim up to two meals and one	and on		nack	or o	ne n	neal a	und th	VO SI	lacks	ы. Ш	lerge	sucy	Shelt	ers:	snack or one meal and two snacks. Emergency Shelters: You may claim up to three meals or two meals and one snack	nay c	laim	up to	thre	e me	sals c	or two	o me	als at	lo pu	ne st	nack					
			Day	A.	Ē	Date			<b>–</b>	Day		Date			F	Day	F	Date			P	Day		Date				Day		Date			
	Participant's Name	Age	Mon	u		10-5			F	Tues		10-6			~	Wed	1994	10-7			F	Thurs		10-8				Æ	-	10-9			
			At	œ	A	ь Г	s o	ш,	RAt	B	A	ш. —	S S	ш	R At	В	A	<u>م</u>	S	ш	RAt	8	۲	Ъ Г	s	ш	R	At B	¥ Ø	_	S S	ш	œ
÷	John Miles		×	×		XX			×	X		X			×	X	~	X X															
2	Bertha Graham		×		<u></u>	×			×	×		×	~		×			××															
e	Burt Thomas		×	×		××			×	×		××	~		×	×		××															
4	Maria Pena		×	×		××									×			××															
2	Ethel Gray		×	×		××			×	×		××	~		×	×		××										-					<u> </u>
9	Willie Smith		×	×		××			×	×		××	~		×	×		××								-							
2																																	
~									$\vdash$				_		$\vdash$						$\vdash$			-				-			-		-
6																																	
10															_						_												
7																																	
12																																	
13																															-		
14									_				_		_						_										<u> </u>	-	-
15																																	
		At	9						ŝ						9																		
		ш		ß						ŝ						4																	
		A			0						0						0																
	Total Number of	_				9						5						9															
	Program Participants	٩.				5						4						9															
		ა					•						0						•														
		ш						•						•						0													_
		К							0						0					-	0												
	Total Number of Program Staff Meals	ff Meals				2						2	_					~													_	_	_
	Total Number of Non-Program Meals	n Meals				$\neg$						$\dashv$	$\neg$					$\neg$						$\neg$					_		-	_	
ce kno	l certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible meals served to	s true ai ent only	for .	orrec	correct to the best of my or eligible meals served to	the t neals	best .	of my ed to						Sa	raj	Sarah Dowis	MO	Ċ,						CII	Current			ш	Pade	~	C	of	~
elig	eligible participants. I understand that misrepresentation may result in prosecution under annlicable state or federal statutes	resentat	ion i	mayı	result	t in p	roset	ution	B		Si	gnatui	Le_C	enter/	'Emer(	Signature—Center/Emergency Shelter Representative	Shelte	r Rep	resen	tative			l.		Date	te		s F	þ	2	ſ	I.	
	נו מהחורמהור סומנה הו והתהומו סומיתיהה.																																

# **Form Completion**

Note that all items on the Form H1535 must be completed, including

- $\sqrt{}$  Date of food service,
- $\sqrt{}$  Day of the week,
- $\sqrt{}$  Name of the participant,
- ✓ Meal count, by meal type, for each program participant, and



 $\sqrt{}$  Total participant meals, program staff meals and non-program meals served.

You must use an **"X"** on the form to mark attendance and meals.

Each form contains a certification statement that must be signed and dated by a site representative.

If completing the form **manually,** the form must be **completed in ink** or other nonerasable print. Any changes must be initialed and dated by the person making the change.

If completing the form **electronically,** the center must ensure they have the ability to print on demand. In addition, the form must be printed upon completion, signed and dated by the site or emergency shelter representative and retained in program files. CEs must have a plan in place to address technical difficulties such as system failures.

# **Product Labeled Food**

There are many food items on the market today that are commercially prepared products. Most of these products, such as frozen pizza or chicken nuggets, contain more than one component.

You must be aware that while many of these products appear to meet program nutrition guidelines, some, in fact, do not.

Commercially prepared products must have

• CN (child nutrition) labels

OR

• A product formulary statement from the food manufacturer.

### **CN Label**

CN labeled products will have the following information printed on the principal display panel of the label:

- Product Name;
- Ingredient listing in descending order of predominance by weight of all ingredients;
- Inspection legend for the appropriate inspection;
- Establishment number (for meat, poultry and seafood items only);
- Manufacturer's or Distributor's name and address;
- CN label statement.

CN label statements must be an integral part of the product label and must include the following information:

- CN logo which is a distinctive border around the CN statement;
- A six-digit product identification number which will appear in the upper right-hand corner of the CN label statement;

• The statement of the product's contribution toward meal pattern requirements for the Child Nutrition Programs;

• A statement specifying that the use of the logo and CN label statement is authorized by FNS; and

The month and year the label was approved by FNS

### Advantage of using CN labeled products:

The product carries a USDA warranty. If a CE purchases such a product and <u>uses it according</u> <u>to directions</u>, the institution will not have an audit claim filed against it should State or Federal reviewers find that the CN labeled product does not actually meet the contribution toward meal pattern requirements claimed on the label.

### What a CN label does not do:

Guarantee that the <u>full</u> requirement will be met (the product's contribution toward meal pattern requirements is specified in the CN label statement).

• Assure that participants will like the product and

Suggest that products without a CN label are inferior (or that CN labeled products are superior)

Here an actual example of the CN product label for a beef and vegetable pizza.





**KEEP COPIES OF YOUR CN LABELS IN A NOTEBOOK.** 

# **Product Formulation (Analysis) Statement**

What must a Product Formulation (Analysis) Statement include?

- Product name as written on the label,
- Crediting statement as to how much the cooked portion of the component(s) contributes to the USDA meal pattern,
- A certifying statement, i.e. "a 3.25 oz serving of the above product contributes 2 oz. of meat/meat alternate when prepared according to instructions", and
- Manufacturers' representative's signature written on company letterhead.

### *NOTE: We recommend that you submit Product Formulation (Analysis) Statements to your Community Operations office for approval to ensure they meet requirements.*

An example of a Product Formulation (Analysis) Statement on the next page.

In the Resources Section of your handbook is a Sample Product Formulation Statement on Grains/Breads.

In the program handbook, is a Sample Product Formulation Statement and Review Checklist for Meat/Meat Alternate.

# Sample Formulation (Analysis) Statement





# Manufacturer's Specification

The manufacturer's specifications can be acquired from the manufacturer of the product to identify the food's contribution to the meal pattern requirements.

For menu items in which a manufacturer's specification cannot be obtained, it is recommended that additional food items be served that meet the meal pattern requirement to be counted towards a creditable and reimbursable meal.

### Keep a copy of Manufacturer's Specification on file.

# A Word Of Caution!!

If you use a vendor, be sure you include a provision in your contract with the vendor to use products with a CN label or Product Formulation Statement if they use processed foods in the meal production. Although you may use a vendor **you are ultimately responsible for the food service**.

IMPORTANT!!!