

ADULT DAY CARE  
MENU PLANNING  
AND MENUS AS SERVED

## MINIMUM MEAL REQUIREMENTS OF THE CHILD AND ADULT CARE FOOD PROGRAM (FOR ADULT DAY CARE CENTERS ONLY)

When the meal pattern is properly used, the meals will include foods which supply needed nutrients and energy. The nutritional goal for meals and supplements is to furnish high-quality meals to all program adults in accordance with the Recommended Daily Dietary Allowances of the National Research Council/National Academy of Sciences.

Child and Adult Care Food Program (CACFP) regulations specify that the meals shall meet the following pattern requirements:

<b>BREAKFAST</b>			<b>FOOTNOTES FOR ALL MEALS</b>		
<b>Food Components</b>	<b>One Serving Size Equivalent</b>	<b>Number of Servings Required</b>			
<b>MILK<sup>1</sup></b> Milk, fluid <i>or</i> Yogurt, plain or flavored, unsweetened or sweetened <sup>10</sup>	1 cup	At breakfast, the institution must offer the following food items: <ol style="list-style-type: none"> <li>1. One serving of milk</li> <li>2. One serving of vegetable and/or fruit</li> <li>3. &amp; 4. Two servings of bread/bread alternate</li> </ol> <p><i>Offer versus Serve Provision:</i></p> The adult participant may be permitted to decline one of the four food items listed above.	<sup>1</sup> Fluid milk must be fat-free or lowfat milk, fat-free or lowfat lactose-reduced milk, fat-free or lowfat lactose-free milk, fat-free or lowfat buttermilk, or fat-free or lowfat acidified milk. Milk served must be pasteurized fluid milk that meets state and local standards and may be flavored or unflavored.  Milk served at a meal service cannot be re-served. For purposes of the requirements, a cup means a standard measuring cup.  <sup>2</sup> Serve two or more types of vegetables and/or fruits. Full-strength vegetable or fruit juice may be counted to meet not more than one-half of this requirement.  <sup>3</sup> Bread, pasta or noodle products, and cereal grains shall be whole-grain or enriched; cornbread, biscuits, rolls, muffins, etc., shall be made with whole-grain or enriched meal or flour; cereal shall be whole-grain or enriched or fortified.  <sup>4</sup> Serving sizes and equivalents to be published in guidance materials by the Food and Nutrition Service (FNS).		
<b>VEGETABLES AND/OR FRUITS<sup>2</sup></b> Vegetable(s) or fruit(s) <i>or</i> Full-strength vegetable or fruit juice or an equivalent of any combination of vegetable(s), fruit(s), and juice	1/2 cup				
<b>GRAINS/BREADS<sup>3</sup></b> Bread <i>or</i> Cornbread, biscuits, rolls, muffins, etc. <sup>4</sup> <i>or</i> Cold, dry cereal <sup>5</sup> <i>or</i> Cooked cereal <i>or</i> Cooked pasta or noodle products <i>or</i> Cooked cereal grains or an equivalent quantity of any combination of bread/bread alternate <i>or</i> Nonsweet snack products <sup>11</sup>	1 slice 1 oz 3/4 cup or 1 oz 1/2 cup 1/2 cup 1/2 cup 1 serving				
<b>LUNCH</b>					
<b>Food Components</b>	<b>One Serving Size Equivalent</b>			<b>Number of Servings Required</b>	
<b>MILK<sup>1</sup></b> Milk, fluid <i>or</i> Yogurt, plain or flavored, unsweetened or sweetened <sup>10</sup>	1 cup			At lunch, the institution must offer the following six food items: <ol style="list-style-type: none"> <li>1. One serving of milk</li> <li>2. &amp; 3. Two or more servings of at least 1/4 cup of vegetables and/or fruits to total one cup</li> <li>4. &amp; 5. Two servings of bread/bread alternate</li> <li>6. One serving of meat/meat alternate</li> </ol> <p><i>Offer versus Serve Provision:</i></p> The adult participant may be permitted to decline two of the six food items listed above.	<sup>5</sup> Either volume (cup) or weight (ounce), whichever is less.  <sup>6</sup> Edible portion is served.  <sup>7</sup> May be used as the meat alternate or as part of the vegetable/fruit component, but not as both in the same meal.  <sup>8</sup> Tree nuts and seeds that may be used as meat alternates are listed in program guidance.  <sup>9</sup> No more than 50 percent of the requirement shall be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to fulfill the requirement. For purpose of determining combinations, one ounce of nuts or seeds is equal to one ounce of cooked lean meat, poultry, or fish.  <sup>10</sup> Applies to commercially prepared yogurt, lowfat yogurt, and nonfat yogurt. It does not apply to nonstandardized yogurt products such as frozen yogurt, yogurt-flavored products, yogurt bars, or yogurt-covered fruit or nuts. Commercial flavorings may be added, such as fruit, fruit juice, nuts, seeds, or granola, but they shall not be credited toward meeting the second food component requirement.  <sup>11</sup> Includes such products as hard pretzels or chips made of whole-grain or enriched meal or flour.
<b>VEGETABLES AND/OR FRUITS<sup>2,5</sup></b> Vegetable(s) or fruit(s)	1/2 cup				
<b>GRAINS/BREADS<sup>3</sup></b> Bread Cornbread, biscuits, rolls, muffins, etc. <sup>4</sup> Cooked pasta or noodle products <i>or</i> Cooked cereal or cereal grains or an equivalent quantity of any combination of bread/bread alternate <i>or</i> Nonsweet snack products <sup>11</sup>	1 slice 1 oz 1/2 cup 1/2 cup 1 serving				
<b>MEAT/MEAT ALTERNATES</b> Lean meat or poultry or fish <sup>6</sup> <i>or</i> Cheese <i>or</i> Eggs <i>or</i> Cooked dry beans or peas <sup>7</sup> <i>or</i> Peanut butter, soy nut butter, or other nut or seed butters <i>or</i> Peanuts, soy nuts, or tree nuts or seeds <sup>8</sup> <i>or</i> Yogurt, plain or flavored, unsweetened or sweetened <sup>10</sup> <i>or</i> An equivalent quantity of any combination of the above meat/meat alternates	2 oz 2 oz 1 egg 1/2 cup 4 Tbsp 1 oz <sup>9</sup> 8 oz or 1 cup				

<b>SUPPER</b>			<b>FOOTNOTES FOR ALL MEALS</b>
<b>Food Components</b>	<b>One Serving Size Equivalent</b>	<b>Number of Servings Required</b>	
<p><b>VEGETABLES AND/OR FRUITS<sup>2</sup></b> Vegetable(s) and/or fruit(s)</p> <p><b>GRAINS/BREADS<sup>3</sup></b> Bread <i>or</i> Cornbread, biscuits, rolls, muffins, etc.<sup>4</sup> <i>or</i> Cooked pasta or noodle products <i>or</i> Cooked cereal or cereal grains or an equivalent quantity of any combination of bread/bread alternate <i>or</i> Nonsweet snack products<sup>11</sup></p> <p><b>MEAT/MEAT ALTERNATES</b> Lean meat or poultry or fish<sup>5</sup> <i>or</i> Cheese <i>or</i> Eggs <i>or</i> Cooked dry beans or peas<sup>7</sup> <i>or</i> Peanut butter, soy nut butter, or other nut or seed butters <i>or</i> Peanuts, soy nuts, or tree nuts or seeds<sup>8</sup> <i>or</i> Yogurt, plain or flavored, unsweetened or sweetened<sup>10</sup> <i>or</i> An equivalent quantity of any combination of the above meat/meat alternates</p>	<p>1/2 cup</p> <p>1 slice</p> <p>1 oz</p> <p>1/2 cup</p> <p>1/2 cup</p> <p>1 serving</p> <p>2 oz</p> <p>2 oz</p> <p>1 egg</p> <p>1/2 cup</p> <p>4 Tbsp</p> <p>1 oz<sup>9</sup></p> <p>8 oz or 1 cup</p>	<p>At supper, the institution must offer the following five food items:</p> <p>1. &amp; 2. Two or more servings of at least 1/4 cup of vegetable and/or fruit to total one cup</p> <p>3. &amp; 4. Two servings of bread/bread alternate</p> <p>5. One serving of meat/meat alternate</p> <p><i>Offer versus Serve Provision:</i></p> <p>The adult participant may be permitted to decline two of the five food items listed above.</p> <p><b>NOTE: Milk is not a required component at supper.</b></p>	<p><sup>1</sup> Fluid milk must be fat-free or lowfat milk, fat-free or lowfat lactose-reduced milk, fat-free or lowfat lactose-free milk, fat-free or lowfat buttermilk, or fat-free or lowfat acidified milk. Milk served must be pasteurized fluid milk that meets state and local standards and may be flavored or unflavored.</p> <p>Milk served at a meal service cannot be re-served. For purposes of the requirements, a cup means a standard measuring cup.</p> <p><sup>2</sup> Serve two or more types of vegetables and/or fruits. Full-strength vegetable or fruit juice may be counted to meet not more than one-half of this requirement.</p> <p><sup>3</sup> Bread, pasta or noodle products, and cereal grains shall be whole-grain or enriched; cornbread, biscuits, rolls, muffins, etc., shall be made with whole-grain or enriched meal or flour; cereal shall be whole-grain or enriched or fortified.</p> <p><sup>4</sup> Serving sizes and equivalents to be published in guidance materials by the Food and Nutrition Service (FNS).</p> <p><sup>5</sup> Either volume (cup) or weight (ounce), whichever is less.</p> <p><sup>6</sup> Edible portion is served.</p> <p><sup>7</sup> May be used as the meat alternate or as part of the vegetable/fruit component, but not as both in the same meal.</p> <p><sup>8</sup> Tree nuts and seeds that may be used as meat alternates are listed in program guidance.</p> <p><sup>9</sup> No more than 50 percent of the requirement shall be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to fulfill the requirement. For purpose of determining combinations, one ounce of nuts or seeds is equal to one ounce of cooked lean meat, poultry, or fish.</p> <p><sup>10</sup> Applies to commercially prepared yogurt, lowfat yogurt, and nonfat yogurt. It does not apply to nonstandardized yogurt products such as frozen yogurt, yogurt-flavored products, yogurt bars, or yogurt-covered fruit or nuts. Commercial flavorings may be added, such as fruit, fruit juice, nuts, seeds, or granola, but they shall not be credited toward meeting the second food component requirement.</p> <p><sup>11</sup> Includes such products as hard pretzels or chips made of whole-grain or enriched meal or flour.</p>
<b>SNACK</b>			
<b>Food Components</b>	<b>One Serving Size Equivalent</b>	<b>Number of Servings Required</b>	
<p><b>MILK<sup>1</sup></b> Milk, fluid or yogurt<sup>10</sup></p> <p><b>VEGETABLES AND/OR FRUITS<sup>2</sup></b> Vegetable(s) and/or fruit(s) <i>or</i> Full-strength vegetable or fruit juice or an equivalent quantity of any combination of vegetable(s), fruit(s), and juice</p> <p><b>GRAINS/BREADS<sup>3</sup></b> Bread <i>or</i> Cornbread, biscuits, rolls, muffins, etc.<sup>4</sup> <i>or</i> Cold, dry cereal<sup>5</sup> <i>or</i> Cooked cereal <i>or</i> Cooked pasta or noodle products <i>or</i> Cooked cereal grains or an equivalent quantity of any combination of bread/bread alternates <i>or</i> Nonsweet snack products<sup>11</sup></p> <p><b>MEAT/MEAT ALTERNATES</b> Lean meat or poultry or fish<sup>5</sup> <i>or</i> Cheese <i>or</i> Eggs <i>or</i> Cooked dry beans or peas<sup>7</sup> <i>or</i> Peanut butter, soy nut butter, or other nut or seed butters <i>or</i> Peanuts, soy nuts, or tree nuts or seeds<sup>8</sup> <i>or</i> Yogurt, plain or flavored, unsweetened or sweetened<sup>10</sup> <i>or</i> An equivalent quantity of any combination of the above meat/meat alternates</p>	<p>1 cup</p> <p>1/2 cup</p> <p>1/2 cup</p> <p>1 slice</p> <p>1 oz</p> <p>3/4 cup or 1 oz</p> <p>1/2 cup</p> <p>1/2 cup</p> <p>1/2 cup</p> <p>1 serving</p> <p>1 oz</p> <p>1 oz</p> <p>1 egg</p> <p>1/4 cup</p> <p>2 Tbsp</p> <p>1 oz</p> <p>4 oz or 1/2 cup</p>	<p>At supplement, the institution must serve two of the following four components:</p> <p>1. One serving of milk</p> <p>2. One serving of vegetables and/or fruits</p> <p>3. One serving of bread/bread alternate</p> <p>4. One serving of meat/meat alternate</p> <p><i>There is no Offer versus Serve provision for supplement.</i></p>	<p><sup>8</sup> Tree nuts and seeds that may be used as meat alternates are listed in program guidance.</p> <p><sup>9</sup> No more than 50 percent of the requirement shall be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to fulfill the requirement. For purpose of determining combinations, one ounce of nuts or seeds is equal to one ounce of cooked lean meat, poultry, or fish.</p> <p><sup>10</sup> Applies to commercially prepared yogurt, lowfat yogurt, and nonfat yogurt. It does not apply to nonstandardized yogurt products such as frozen yogurt, yogurt-flavored products, yogurt bars, or yogurt-covered fruit or nuts. Commercial flavorings may be added, such as fruit, fruit juice, nuts, seeds, or granola, but they shall not be credited toward meeting the second food component requirement.</p> <p><sup>11</sup> Includes such products as hard pretzels or chips made of whole-grain or enriched meal or flour.</p>

# HOW TO CALCULATE NUMBER OF ADULT SERVINGS

Before determining the quantity of food to purchase or prepare, it is necessary to first calculate the amount of food or number of servings required.

**Step 1:** Determine the number of participants who normally eat in each meal service. You may use the Meal Count Worksheet to assist in determining the average counts. The Minimum Meal Pattern Requirements chart may also need to be referenced.

**Step 2:** For each component, multiply the number of participants by the minimum quantity requirement:

- For the approved fluid milk type, use the number of fluid ounces.
- For grains/breads, use the number of grains/breads servings.
- For fruit/vegetable, use the number of 1/4-cup servings.
- For meat/meat alternate, use the number of 2-ounce servings required.

**Step 3:** Total the quantities for each component.

The quantities per meal component can now be used with the Child and Adult Care Food Program (CACFP) Food-Buying Guide to determine the amount of food to purchase and prepare to meet meal pattern requirements.

**EXAMPLE**  
**BREAKFAST**  
**HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED**

Number of Adults Served 7

**MILK (Only Approved Types Allowed)**

$$\begin{array}{rcccccc} \text{Adults} & & \mathbf{7} & \times & 8 \text{ fluid oz} & = & \frac{\mathbf{56}}{\text{Total Number of Fluid Ounces Needed}} \end{array}$$

There are 128 ounces of milk in one gallon.

56 total fluid ounces needed ÷ 128 fluid ounces per gallon = .43 gallons or 1/2 gallon needed

**FRUIT/VEGETABLE**

$$\begin{array}{rcccccc} \text{Adults} & & \mathbf{7} & \times & 2 \text{ (1/4 cups)} & = & \frac{\mathbf{14}}{\text{Total Number of 1/4 Cups Needed}} \end{array}$$

**GRAINS/BREADS**

$$\begin{array}{rcccccc} \text{Adults} & & \mathbf{7} & \times & 2 \text{ servings} & = & \frac{\mathbf{14}}{\text{Total Servings Needed}} \end{array}$$

**EXAMPLE**  
**LUNCH AND SUPPER\***  
**HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED**

Number of Adults Served     **9**    

**MILK (Only Approved Types Allowed)\***

$$\begin{array}{rcccccc} \text{Adults*} & & \mathbf{9} & \times & 8 \text{ fluid oz} & = & \frac{\mathbf{72}}{\text{Total Number of Fluid Ounces Needed}} \end{array}$$

There are 128 ounces of milk in one gallon. 72 total fluid ounces needed ÷ 128 fluid ounces per gallon = .56 gallon or 3/4 gallon needed

**FRUIT/VEGETABLE**

$$\begin{array}{rcccccc} \text{Adults} & & \mathbf{9} & \times & 4 (1/4 \text{ cups}) & = & \frac{\mathbf{36}}{\text{Total Number of 1/4 Cups Needed}} \end{array}$$

**MEAT/MEAT ALTERNATE**

$$\begin{array}{rcccccc} \text{Adults} & & \mathbf{9} & \times & 2.0 \text{ oz} & = & \frac{\mathbf{18}}{\text{Total Ounces Needed}} \end{array}$$

**GRAINS/BREADS**

$$\begin{array}{rcccccc} \text{Adults} & & \mathbf{9} & \times & 2 \text{ servings} & = & \frac{\mathbf{18}}{\text{Total Servings Needed}} \end{array}$$

\*Milk is not a required component at supper.

**EXAMPLE**  
**SUPPLEMENT**  
**HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED**  
(Choose two of the four food components.)

Number of Adults Served 9

**MILK (Only Approved Types Allowed)**

$$\begin{array}{rcccccc} \text{Adults} & & \mathbf{9} & \times & 8 \text{ fluid oz} & = & \frac{\mathbf{72}}{\text{Total Number of Ounces Needed}} \end{array}$$

There are 128 ounces of milk in one gallon. 72 total fluid ounces needed  $\div$  128 fluid ounces per gallon = .56 gallon or 3/4 gallon needed.

**FRUIT/VEGETABLE**

$$\begin{array}{rcccccc} \text{Adults} & & \mathbf{9} & \times & 2 (1/4 \text{ cups}) & = & \frac{\mathbf{18}}{\text{Total Number of 1/4 Cups Needed}} \end{array}$$

**GRAINS/BREADS**

$$\begin{array}{rcccccc} \text{Adults} & & \mathbf{9} & \times & 1 \text{ serving} & = & \frac{\mathbf{9}}{\text{Total Servings Needed}} \end{array}$$

**MEAT/MEAT ALTERNATE**

$$\begin{array}{rcccccc} \text{Adults} & & \mathbf{9} & \times & 1.0 \text{ oz} & = & \frac{\mathbf{9}}{\text{Total Ounces Needed}} \end{array}$$

## **ADULT FOOD PRODUCTION RECORDS/MENUS AS SERVED**

The food production record is to begin on October 1 of each fiscal year and end on September 30. Make copies of *Menus as Served* original on **page 393** for your records.

All meal services offered each day are recorded on the same page. In addition, it is required that the following information be recorded:

- Date of meal service
- Meal counts of total participants served
- Menu as served
- Food item(s) credited toward each required meal component (Be specific as to the form of food; i.e., fresh, frozen, cooked, deboned)
- Quantity of each food item served (Be specific as to can size, number of pounds or ounces, etc.)
- Leftovers—All leftovers should be listed in this column and how they will be used.

The Food Production Records/Menus as Served must be completed on a daily basis. In addition, records must be kept on-site at all times.

This record is the institution's documentation that meals claimed for reimbursement met minimum meal pattern requirements.

As with all other record-keeping forms provided by the Oklahoma State Department of Education (the *State Agency*), the Food Production Records/Menus as Served form is a prototype management tool. If an institution has a food production record-keeping system that is equal to or better than the one provided, it may be used. Contact your area consultant for review of the alternate form.

*EXAMPLE*  
**MENUS AS SERVED**

Regular Meals  
 At-Risk Meals

**Comments/Special Dietary Needs:**

**Date:** 10/3/4444

Meal Type	Menu	Qty. Served: Meat/Meat Alternate	Qty. Served: Grains/Breads	Qty. Served: Fruit/Veg/Juice	Qty. Served: Milk	Leftovers
<b>BREAKFAST</b> Total participants served: <u>24</u> Program Adults: _____	TOAST CORN FLAKES BANANAS MILK		1 32-OZ BOX CORN FLAKES 26 SLICES BREAD	7# BANANAS	1 GALLON, 1% UNFLAVORED	
<b>A.M. SNACK</b> Total participants served: ____ Program Adults: _____						
<b>LUNCH</b> Total participants served: <u>24</u> Program Adults: _____	SPAGHETTI SAUCE W/ GROUND BEEF GREEN BEANS PEACHES BREAD STICKS MILK	5# GROUND BEEF-80/20	SPAGHETTI NOODLES, 2 1/2# 24 1-OZ BREAD STICKS	GREEN BEANS, 2 #10 CANS SLICED PEACHES, 1 #10 CAN SPAGHETTI SAUCE (MEAT- LESS), 1 #10 CAN	1/2 GALLON, 1% UNFLAVORED	
<b>P.M. SNACK</b> Total participants served: <u>30</u> Program Adults: _____	VANILLA WAFERS ORANGE JUICE		2 1-LB BOX VANILLA WAFERS	1 GALLON ORANGE JUICE		
<b>SUPPER</b> Total participants served: ____ Program Adults: _____						
<b>EVENING SNACK</b> Total participants served: ____ Program Adults: _____						

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# REVIEW OPTIONS

Sponsors are required to monitor food service operations of facilities under their administration annually. New facilities must have their first review during the first four weeks of operation. Each review must include a meal analysis where enrollees are present and a five-day reconciliation of records. If a facility is found to be seriously deficient, the next review conducted must be an unannounced follow-up review. This review does not count toward the required reviews.

## MONITOR REVIEWS

A sponsoring organization (SO) must review food service operations at each facility. The United States Department of Agriculture (USDA) requires that multisited institutions include the following when fulfilling their monitoring responsibilities:

1. New adult care facilities must have a review conducted during the first four weeks of program operations.
2. Each adult care facility must be reviewed at least three times each year by the SO, with not more than six months elapsing between reviews.
3. There are two different methods in which a sponsor may conduct reviews to comply with USDA requirements:
  - a. Conduct one announced and two unannounced reviews of program operations to assess compliance with meal patterns, record keeping, and other requirements, with not more than six months elapsing between reviews. All reviews must be documented and kept on file.
  - b. There are two different methods in which a sponsor may conduct reviews to comply with USDA requirements:
    - Conduct one announced and two unannounced\* reviews of program operations to assess compliance with meal patterns, record keeping, and other requirements, with not more than six months elapsing between reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.
    - An SO may do **review averaging** by conducting an average of three reviews per provider per year. If an SO conducts one unannounced review\* of a facility in a year and finds no serious deficiencies, the SO may choose not to conduct a third review of the facility that year and may make its second review announced, provided that the SO conducts an average of three reviews of all of its facilities that year and that it conducts an average of two unannounced reviews of all of its facilities that year. When the SO uses this averaging provision and a specific facility receives two reviews in one review year, the first review in the next review year must occur no more than nine months after the previous review. If choosing this method, not more than nine months can elapse between reviews and all seriously deficient providers must have at least three reviews per year. If **review averaging** is selected, the SO must have a written plan with detailed procedures for tracking reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.
  - c. All reviews shall include, at a minimum:
    - CACFP meal patterns
    - Licensing or approval
    - Participation or attendance at sponsor training
    - Meal counts
    - Menus and meal records
    - Corrected problems from previous reviews
    - Five-day reconciliation
4. Maintain on file at the SO's office all reports pertaining to the above areas of responsibility. Conduct annual training sessions, maintaining documentation as well as topics presented and names of participants.

**CHILD AND ADULT CARE FOOD PROGRAM  
ADULT MULTISITED PREAPPROVAL VISIT FORM  
INSTRUCTIONS**

**Preapproval Visits**

Sponsors are required to conduct an on-site preapproval visit of each new facility prior to the beginning of CACFP operations. These reviews must be documented and kept on file.

Facility Name: Record the facility name.

Facility Address: Record the address of the facility.

Facility Agrees to Comply After Training:  
Check all boxes in Number 1 through 12 if the facility agrees to comply.

Comments: Make comments as needed.

Approval Recommended: Check *Yes* or *No*.

Facility Representative's Signature and Date:  
The representative of the facility must sign and date the Preapproval Visit Form.

Sponsoring Organization Representative's Signature and Date:  
The SO representative who made the preapproval visit must sign and date the Preapproval Visit Form.

# EXAMPLE

## CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ADULT MULTISITED PREAPPROVAL VISIT FORM

Center Name: Live Longer Adult Day Care

Center Address: 556 Pebble Street, Oklahoma City, OK 73123

The following items were discussed and reviewed:	Center Agrees to Comply
1. Current license posted (if applicable) 1.	X
2. Civil rights compliance (poster, complaint procedure) 2.	X
3. Family-Size and Income Application (FSIA) 3.	X
a. Obtained on enrollee a.	X
b. Approved by institution official b.	X
4. Monthly count by category/roster sheet maintained 4.	X
5. Daily attendance records maintained 5.	X
6. Meal Count Worksheet (Meal Counts) 6.	X
7. Itemized receipts/invoices properly maintained 7.	X
a. Food-Purchasing Form a.	X
b. Signature of purchaser b.	X
8. Inventory up-to-date (recommended) 8.	X
9. Food Production Records/Menus as Served Book maintained accurately (up-to-date) 9.	X
10. Meal patterns 10.	X
a. Minimum Meal Pattern Requirements (Components and Quantities) a.	X
b. Meal Limitation/Time Frame b.	X
c. Child Nutrition (CN) Labels/Product Formulation Statement c.	
d. Special Dietary Needs d.	
11. Sanitation and safety 11.	
12. Food preparation area adequate for meals served 12.	

Comments: Center requested assistance in nutrition ideas for disabled enrollees.

Approval Recommended:    Yes     No

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

**Gettin Older**

Center Representative's Signature

**10/3/YYYY**

Date

**Ima Fishul**

Sponsoring Organization Representative's Signature

**10/3/YYYY**

Date

## **ADULT ON-SITE MONITOR REVIEW FORM INSTRUCTIONS**

1. Reviewer: Record the name(s) of the reviewer(s) or monitor(s).
  2. Facility's Name: Record the facility's name.
  3. Facility's Address: Record the facility's address.
  4. Unannounced or Announced: Indicate if the review is unannounced or announced.
  5. Institution Agreement Number: Record the institution's agreement number.
  6. Date of Visit: Record the date of the monitor review.
  7. Time of Visit: Record the time of arrival at this site.
  8. Review: Circle the appropriate answer to identify which review is being conducted (1, 2, 3, weekend, or follow-up).
  9. New Site: Indicate if this is a new site's initial review.
- Items A.—H. Read each statement and answer each item accordingly.

**EXAMPLE  
ADULTS ONLY**

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ON-SITE MONITOR REVIEW**

1. Reviewer: IMA FISHUL 5. Institution Agreement Number: AD-99-999  
 2. Facility: LIFE LONG ADULT DAY CARE 6. Date of Visit: 10/31/YYYY  
 3. Facility's Address: 555 STONE STREET 7. Time of Visit 10 a.m.  
 4. Unannounced Review  Announced Review  8. Review: 1 2 3 Weekend Follow-Up  
 9. New Site Initial Review: Yes  No

- |   |   |
|---|---|
| <p align="center"><b>YES/NO/NA</b></p> <p><b>A. License (if applicable)</b></p> <p>1. Current license/permit. 1. <u>YES</u><br/>         2. Capacity: <u>35</u> 2. <u>YES</u><br/>         3. Center meets licensing standards. 3. <u>YES</u></p> <p><b>B. Record Keeping</b></p> <p>1. Family-Size and Income Application. 1. <u>YES</u><br/>         2. Monthly categorical counts/CACFP Roster maintained and verified by attendance records. 2. <u>YES</u><br/>         3. Daily attendance/arrival/departure records up-to-date. 3. <u>YES</u><br/>         4. Sponsoring organization notified of enrollment changes. 4. <u>YES</u><br/>         5. Food-Purchasing Form/Itemized Receipts. 5. <u>YES</u><br/>         6. Expenditure/Reimbursement Worksheet. 6. <u>YES</u><br/>         7. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period? 7. <u>YES</u></p> | <p align="center"><b>YES/NO/NA</b></p> <p><b>E. Sanitation and Safety</b></p> <p>1. Trash cans covered. 1. <u>YES</u><br/>         2. Clean kitchen (floors, cupboards, pest-free). 2. <u>YES</u><br/>         3. Clean equipment. 3. <u>YES</u><br/>         4. Dining surfaces and countertops sanitized. 4. <u>YES</u><br/>         5. Proper method of dishwashing. 5. <u>YES</u><br/>         6. Effective hair restraint. 6. <u>YES</u><br/>         7. Proper handwashing technique. 7. <u>YES</u><br/>         8. Proper grooming and hygiene. 8. <u>YES</u><br/>         9. Participants are in a safe environment and not in imminent danger. 9. <u>YES</u><br/>         10. Food-handling procedures (thawing, time, temperature, transportation). 10. <u>YES</u><br/>         11. Leftovers properly stored. 11. <u>YES</u><br/>         12. Only authorized persons in kitchen area. 12. <u>YES</u><br/>         13. Medications properly stored. 13. <u>YES</u></p> |
|---|---|

DATE	# ENROLLMENT	# IN ATTENDANCE	# BREAKFAST	# AM	# LUNCH	# PM	# SUPPER	RECONCILED YES/NO
10/5	30	25	25		25	25		YES
10/6	30	30	30		30	30		YES
10/7	30	27	27		27	27		YES
10/8	30	25	25		25	25		YES
10/9	30	28	28		28	28		YES

- |  |   |
|--|---|
| <p><b>C. Meal Counts</b></p> <p>1. Physical point of service count taken. 1. <u>YES</u><br/>         2. Counts separated by shifts. 2. <u>YES</u><br/>         3. Counts within license capacity. 3. <u>YES</u><br/>         4. Meal service times as approved. 4. <u>YES</u><br/>         5. Meal Count Worksheet maintained. 5. <u>YES</u></p> <p><b>D. Storage</b></p> <p>1. Adequate space. 1. <u>YES</u><br/>         2. Chemicals and medicines in separate location. 2. <u>YES</u><br/>         3. No rusted, dented, or unlabeled containers. 3. <u>YES</u><br/>         4. Stored food items off floor and away from walls and participants. 4. <u>YES</u><br/>         5. Proper temperature and ventilation. 5. <u>YES</u><br/>         6. Thermometers in freezers and refrigerators. Refrigerator temperature: <u>41</u><br/>         Freezer temperature: <u>0</u> 6. <u>YES</u><br/>         7. Refrigerators and freezers defrosted. 7. <u>YES</u><br/>         8. Open cardboard boxes discarded. 8. <u>YES</u><br/>         9. Commodity foods dated. 9. <u>YES</u><br/>         10. Commodity temperature logs maintained. 10. <u>YES</u></p> | <p><b>F. Food Production</b></p> <p>1. Food Production Records/Menus As Served Book complete and up-to-date. 1. <u>YES</u><br/>         2. All components served. 2. <u>YES</u><br/>         3. Sufficient quantities served. 3. <u>YES</u><br/>         4. Statement from recognized medical authority on file for substitutions due to medical reasons. 4. <u>YES</u><br/>         5. Child Nutrition (CN) labels or product formulation statement available. 5. <u>YES</u><br/>         6. Procedure used for controlling the ordering and delivery of contract meals. 6. <u>NA</u></p> <p><b>G. Civil Rights Compliance</b></p> <p>1. . . . <i>And Justice for All</i> Poster. 1. <u>YES</u><br/>         2. Complaint-filing procedure. 2. <u>YES</u><br/>         3. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service. 3. <u>YES</u></p> <p><b>H. Training</b></p> <p>1. CACFP training by sponsor for all facility staff. 1. <u>YES</u><br/>         2. CACFP training by sponsor for all parent volunteers. 2. <u>YES</u></p> |
|--|---|

Item I.

Food Service/Meal Observation

Read each statement, and answer accordingly.

Item J.

Meal Analysis

Meal Observed:

Circle the appropriate meal which is being observed.

Time Served:

Record the time the meal was actually served.

Nonclaimable Meals Served:

Record how many nonclaimable meals were served. This could be, but is not limited to, participants over the license capacity; participants who have already participated in three meal services during the day; participants who are not served a reimbursable meal, etc.

Components and Quantities:

In the appropriate box, record the food item, quantity served, amount needed, and the difference in the amount needed and the amount served. (Be specific.)

# EXAMPLE

I. Food Service/Meal Observation	Yes/No/NA	Yes/No/NA	Yes/No/NA
1. Method of Production <u>SELF-PREP</u>	[REDACTED]	9. Meal supervision provided.	9. <u>YES</u>
2. Meal service times as approved.	2. <u>YES</u>	10. Adequate time for eating.	10. <u>YES</u>
3. Adequate space for dining.	3. <u>YES</u>	11. Special dietary needs documentation available.	11. <u>YES</u>
4. Program adults served the same meal as participants.	4. <u>YES</u>	12. Current product formulation/Child Nutrition (CN) label on file and available at time of review.	12. <u>NA</u>
5. All components served	5. <u>YES</u>	13. Is further training needed?	13. <u>YES</u>
6. Required quantities served.	6. <u>YES</u>	14. Observed Offer versus Serve being implemented.	14. <u>YES</u>
7. Method of production and quality of food.	7. <u>YES</u>		
8. If milk is offered, is it fat-free or 1%?	8. <u>YES</u>		

**J. Meal Analysis**

<b>Meal Observed:</b> Breakfast    A.M. Snack <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Lunch</span> P.M. Snack    Supper    Late P.M. Snack
<b>Time Served:</b> <u>11:30 a.m.</u>

Total Meals Served	Nonclaimable Meals Served	Comments:
<b>24</b>	<b>0</b>	

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk/Yogurt	MILK	1/2 GALLON, 1% UNFLAVORED = 64 OZ		0
Fruit/Vegetable/Juice	GREEN BEANS PEACHES SPAGHETTI SAUCE	2 #10 CANS CUT GREEN BEANS—45.3 (1/4 CUPS) 1 #10 CAN PEACHES, SLICED—50 (1/4-CUPS) SPAGHETTI SAUCE, MEATLESS—1 #10 CAN—47.9 (1/4-CUPS) TOTAL—143.20 (1/4-CUPS)	24 X 4 (1/4 CUPS) = 96 (1/4 CUPS)	143.20 - 96 = + 47.2 (1/4 CUPS)
Grains/Breads	SPAGHETTI	SPAGHETTI NOODLES, 2 1/2#  26.5 (1/2-CUP SERVINGS) 24 - 1 OZ BREADS STICKS	24 X 2 = 48 (SERVINGS)	50.5 - 48 = + 2.5 SERVINGS
Meat/Meat Alternate	GROUND BEEF—80/20	5# GROUND BEEF = 59 (1-OZ SERVINGS)	24 X 2 OZ = 48 OZ	59 - 48 = +11 OZ

Item K.

Review Summary

Record all areas that require corrective action. Make appropriate comments and recommendations.

Item L.

Facility Is in Compliance/Noncompliance

Check the appropriate box.

Follow-Up Visit:

Circle *Yes* if a follow-up is required, as per the sponsor's policy, to view that corrective action has taken place. If the answer is *Yes*, then documentation must be available to show that a follow-up visit was made. **NOTE:** A follow-up visit does not count as a second monitor review. The follow-up visit must be unannounced. Circle *No* if no areas of noncompliance have been noted. A follow-up visit is not necessary.

Facility Signature and Date:

The facility representative must sign and date the Monitor Review form.

Reviewer Signature and Date:

The reviewer must sign and date the Monitor Review form.

**EXAMPLE**

**K. Review Summary**

Corrective Action Needed, Recommendations, and Comments:

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**L. Facility is in compliance.**

**In noncompliance.**

Were problems noted in previous review corrected? (Circle one) Yes No **N/A**

Is a follow-up review required to view corrective action? (Circle One) Yes **No**

*We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed.*

**NELL CARTER**

(Facility Representative's Signature)

**10/31/YYYY**

(Date)

**IMA FISHUL**

(Sponsoring Organization Monitor's Signature)

**10/31/YYYY**

(Date)

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**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
ADULT MULTISITED PREAPPROVAL VISIT FORM**

Center Name: \_\_\_\_\_

Center Address: \_\_\_\_\_

<b>The following items were discussed and reviewed:</b>		<b>Center Agrees to Comply</b>
1. Current license posted (if applicable)	1.	
2. Civil rights compliance (poster, complaint procedure)	2.	
3. Family-Size and Income Application (FSIA)	3.	
a. Obtained on enrollee	a.	
b. Approved by institution official	b.	
4. Monthly count by category/roster sheet maintained	4.	
5. Daily attendance records maintained	5.	
6. Meal Count Worksheet (Meal Counts)	6.	
7. Itemized receipts/invoices properly maintained	7.	
a. Food-Purchasing Form	a.	
b. Signature of purchaser	b.	
8. Inventory up-to-date (recommended)	8.	
9. Food Production Records/Menus as Served Book maintained accurately (up-to-date)	9.	
10. Meal patterns	10.	
a. Minimum Meal Pattern Requirements (Components and Quantities)	a.	
b. Meal Limitation/Time Frame	b.	
c. Child Nutrition (CN) Labels/Product Formulation Statement	c.	
d. Special Dietary Needs	d.	
11. Sanitation and safety	11.	
12. Food preparation area adequate for meals served	12.	

Comments: \_\_\_\_\_

Approval Recommended:    Yes     No

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

\_\_\_\_\_

Center Representative's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Sponsoring Organization Representative's Signature

\_\_\_\_\_

Date

**CHILD AND ADULT CARE FOOD PROGRAM  
ADULT MULTISITED PREAPPROVAL VISIT FORM  
INSTRUCTIONS**

**Preapproval Visits**

Sponsors are required to conduct an on-site preapproval visit of each new facility prior to the beginning of CACFP operations. These reviews must be documented and kept on file.

Facility Name:                      Record the facility name.

Facility Address:                 Record the address of the facility.

Facility Agrees to Comply After Training:  
    Check all boxes in Number 1 through 13 if the facility agrees to comply.

Comments:                         Make comments as needed.

Approval Recommended:        Check *Yes* or *No*.

Facility Representative's Signature and Date:  
    The representative of the facility must sign and date the Preapproval Visit Form.

Sponsoring Organization Representative's Signature and Date:  
    The SO representative who made the preapproval visit must sign and date the Preapproval Visit Form.

## ADULTS ONLY

### CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ON-SITE MONITOR REVIEW

1. Reviewer: \_\_\_\_\_ 5. Institution Agreement Number: \_\_\_\_\_  
 2. Facility: \_\_\_\_\_ 6. Date of Visit: \_\_\_\_\_  
 3. Facility's Address: \_\_\_\_\_ 7. Time of Visit \_\_\_\_\_  
 4. Unannounced Review  Announced Review  8. Review: 1 2 3 Weekend Follow-Up  
 9. New Site Initial Review: Yes  No

YES/NO/NA

YES/NO/NA

**A. License (if applicable)**

1. Current license/permit. 1.
2. Capacity: \_\_\_\_\_ 2.
3. Center meets licensing standards. 3.

**B. Record Keeping**

1. Family-Size and Income Application. 1.
2. Monthly categorical counts/CACFP Roster maintained and verified by attendance records. 2.
3. Daily attendance/arrival/departure records up-to-date. 3.
4. Sponsoring organization notified of enrollment changes. 4.
5. Food-Purchasing Form/Itemized Receipts. 5.
6. Expenditure/Reimbursement Worksheet. 6.
7. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period? 7.

**E. Sanitation and Safety**

1. Trash cans covered. 1.
2. Clean kitchen (floors, cupboards, pest-free). 2.
3. Clean equipment. 3.
4. Dining surfaces and countertops sanitized. 4.
5. Proper method of dishwashing. 5.
6. Effective hair restraint. 6.
7. Proper handwashing technique. 7.
8. Proper grooming and hygiene. 8.
9. Participants are in a safe environment and not in imminent danger. 9.
10. Food-handling procedures (thawing, time, temperature, transportation). 10.
11. Leftovers properly stored. 11.
12. Only authorized persons in kitchen area. 12.
13. Medications properly stored. 13.

DATE	# ENROLLMENT	# IN ATTENDANCE	# BREAKFAST	# AM	# LUNCH	# PM	# SUPPER	RECONCILED YES/NO

**F. Food Production**

8. Individual plan of care is on file for each adult participant. 8.
9. Adult care facility has a group program. 9.
- C. Meal Counts**
1. Physical point of service count taken. 1.
2. Counts separated by shifts. 2.
3. Counts within license capacity. 3.
4. Meal service times as approved. 4.
5. Meal Count Worksheet maintained. 5.

**D. Storage**

1. Adequate space. 1.
2. Chemicals and medicines in separate location. 2.
3. No rusted, dented, or unlabeled containers. 3.
4. Stored food items off floor and away from walls and participants. 4.
5. Proper temperature and ventilation. 5.
6. Thermometers in freezers and refrigerators. Refrigerator temperature: \_\_\_\_\_ Freezer temperature: \_\_\_\_\_ 6.
7. Refrigerators and freezers defrosted. 7.
8. Open cardboard boxes discarded. 8.
9. Commodity foods dated. 9.
10. Commodity temperature logs maintained. 10.

1. Food Production Records/Menus As Served Book complete and up-to-date. 1.
2. All components served. 2.
3. Sufficient quantities served. 3.
4. Statement from recognized medical authority on file for substitutions due to medical reasons. 4.
5. Child Nutrition (CN) labels or product formulation statement available. 5.
6. Procedure used for controlling the ordering and delivery of contract meals. 6.

**G. Civil Rights Compliance**

1. . . . *And Justice for All* Poster. 1.
2. Complaint-filing procedure. 2.
3. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service. 3.

**H. Training**

1. CACFP training by sponsor for all facility staff. 1.
2. CACFP training by sponsor for all parent volunteers. 2.

## **ADULT ON-SITE MONITOR REVIEW FORM INSTRUCTIONS**

1. Reviewer: Record the name(s) of the reviewer(s) or monitor(s).
  2. Facility's Name: Record the facility's name.
  3. Facility's Address: Record the facility's address.
  4. Unannounced or Announced: Indicate if the review is unannounced or announced.
  5. Institution Agreement Number: Record the institution's agreement number.
  6. Date of Visit: Record the date of the monitor review.
  7. Time of Visit: Record the time of arrival at this site.
  8. Review: Circle the appropriate answer to identify which review is being conducted (1, 2, 3, weekend, or follow-up).
  9. New Site: Indicate if this is a new site's initial review.
- Items A.—H. Read each statement and answer each item accordingly.

I. Food Service/Meal Observation		Yes/No/NA			Yes/No/NA
1.	Method of Production _____	<input type="checkbox"/>	9.	Meal supervision provided.	<input type="checkbox"/>
2.	Meal service times as approved.	<input type="checkbox"/>	10.	Adequate time for eating.	<input type="checkbox"/>
3.	Adequate space for dining.	<input type="checkbox"/>	11.	Special dietary needs documentation available.	<input type="checkbox"/>
4.	Program adults served the same meal as participants.	<input type="checkbox"/>	12.	Current product formulation/Child Nutrition (CN) label on file and available at time of review.	<input type="checkbox"/>
5.	All components served	<input type="checkbox"/>	13.	Is further training needed?	<input type="checkbox"/>
6.	Required quantities served.	<input type="checkbox"/>	14.	Observed Offer versus Serve being implemented.	<input type="checkbox"/>
7.	Method of production and quality of food.	<input type="checkbox"/>			
8.	If milk is offered, is it fat-free or 1%?	<input type="checkbox"/>			

**J. Meal Analysis**

<b>Meal Observed:</b> Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper	Late P.M. Snack
<b>Time Served:</b> _____					

Total Meals Served	Nonclaimable Meals Served	Comments:

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk/Yogurt				
Fruit/Vegetable/Juice				
Grains/Breads				
Meat/Meat Alternate				

Item I.

Food Service/Meal Observation

Read each statement, and answer accordingly.

Item J.

Meal Analysis

Meal Observed:

Circle the appropriate meal which is being observed.

Time Served:

Record the time the meal was actually served.

Nonclaimable Meals Served:

Record how many nonclaimable meals were served. This could be, but is not limited to, participants over the license capacity; participants who have already participated in three meal services during the day; participants who are not served a reimbursable meal, etc.

Components and Quantities:

In the appropriate box, record the food item, quantity served, amount needed, and the difference in the amount needed and the amount served. (Be specific.)



Item K. Review Summary Record all areas that require corrective action. Make appropriate comments and recommendations.

Item L. Facility Is in Compliance/Noncompliance  
Check the appropriate box.

Follow-Up Visit: Circle *Yes* if a follow-up is required, as per the sponsor's policy, to view that corrective action has taken place. If the answer is *Yes*, then documentation must be available to show that a follow-up visit was made. **NOTE:** A follow-up visit does not count as a second monitor review. The follow-up visit must be unannounced. Circle *No* if no areas of noncompliance have been noted. A follow-up visit is not necessary.

Facility Signature and Date:  
The facility representative must sign and date the Monitor Review form.

Reviewer Signature and Date:  
The reviewer must sign and date the Monitor Review form.