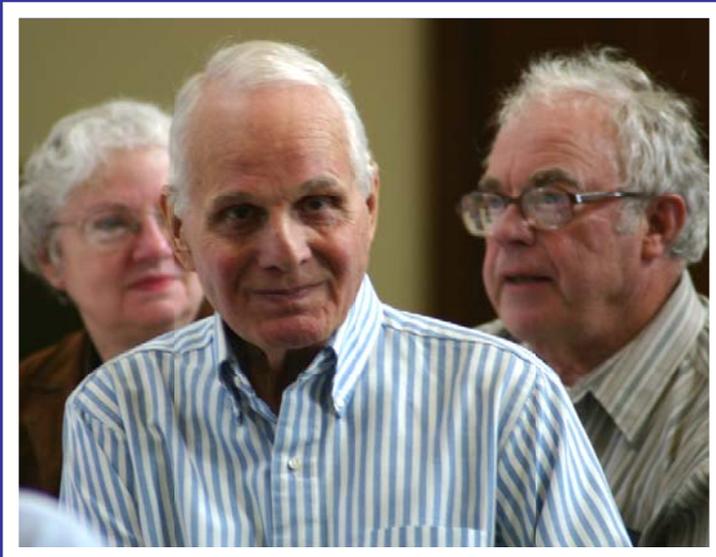


Adult Day Care Resource Manual

for the
USDA
Child and Adult Care
Food Program



Developed by the National Food Service Management Institute
through a cooperative agreement with the
United States Department of Agriculture, Food and Nutrition Service
NFSMI Item Number ET49-05





National Food Service Management Institute

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Resource Manual**
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2005

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NATIONAL FOOD SERVICE MANAGEMENT INSTITUTE

The University of Mississippi

Building the Future Through Child Nutrition

The National Food Service Management Institute (NFSMI) was authorized by Congress in 1989 and established in 1990 at The University of Mississippi in Oxford. The Institute operates under a grant agreement with the United States Department of Agriculture, Food and Nutrition Service.

PURPOSE

The purpose of the NFSMI is to improve the operation of Child Nutrition Programs through research, education and training, and information dissemination. The Administrative Offices and Divisions of Technology Transfer and Education and Training are located in Oxford. The Division of Applied Research is located at The University of Southern Mississippi in Hattiesburg.

MISSION

The mission of the NFSMI is to provide information and services that promote the continuous improvement of Child Nutrition Programs.

VISION

The vision of the NFSMI is to be the leader in providing education, research, and resources to promote excellence in Child Nutrition Programs.

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Chapter 1: Overview of Adult Day Care Programs



The ultimate goal of adult day care is to maximize the quality of life and promote successful living for participants.

OVERVIEW OF ADULT DAY CARE PROGRAMS

Adult day care centers, also known as adult day services, provide community-based programs to meet the needs of adults who are functionally impaired and/or mentally confused. These structured, comprehensive programs provide a variety of health, social, and related support services—including nutrition services—for people with Alzheimer’s disease and related dementia, chronic illnesses, traumatic brain injuries, developmental disabilities, and other problems that increase their care needs.

It is estimated that more than 4,000 adult day care centers are currently operating in the United States, with centers in every state and the District of Columbia. The 1970’s marked the beginning of the adult day care center movement, and the number of centers has grown rapidly, with the demand ever increasing.

Most programs are operated on a non-profit basis, and many are affiliated with larger organizations such as home care, skilled nursing facilities, medical centers, or multi-purpose senior organizations. Services are provided in a protective setting during any part of a day, but for less than 24 hours. The hours and days of operation vary from center to center, but most are open during normal business hours, 5 days a week. Some programs operate in the evenings and on weekends.

Adult day care programs offer an alternative to institutional long-term care, total in-home care, and assisted living for older or disabled adults, while providing respite to the caregivers.

Purpose of the *Adult Day Care Resource Manual for the USDA Child and Adult Care Food Program*

The *Adult Day Care Resource Manual for the USDA Child and Adult Care Food Program* is a useful tool for planning nutritious meals and snacks for the adults in your care. Meals can be prepared in a variety of ways, including on site, in a central kitchen, or purchased from an outside vendor with a food service contract. However, regardless of the method of meal service, providing safe, nutritious, and appealing meals in a pleasant atmosphere to older adults and adults with disabilities is your opportunity to make a difference—and that makes your job very important.

The *Adult Day Care Resource Manual for the USDA Child and Adult Care Food Program* is a useful tool for planning nutritious meals and snacks for the adults in your care.



Adult Day Care Resource Manual for the USDA CACFP

The *Adult Day Care Resource Manual for the USDA Child and Adult Care Food Program* can help you:

- Plan and serve meals that meet USDA's Adult Day Care Food Program requirements
- Learn more about the nutrition needs of older adults and adults with disabilities
- Learn ways to improve the quality of your food service
- Get ideas and tips on enhancing the atmosphere of your dining area

The *Adult Day Care Resource Manual for the USDA Child and Adult Care Food Program* includes:

- **Sample menus**
- **Minimum meal components for the Adult Care Food Program**
- **Nutrition information**
- **Sample forms to help with menu planning and production**
- **Guidance on using and maintaining food production records**
- **Information on food safety and sanitation**
- **Methods for helping participants who have difficulty feeding themselves**
- **Tips for training employees**

Chapter 2: Regulatory Issues



Adult day care centers that apply to receive funds from the CACFP must follow the Federal regulations governing the program.

REGULATORY ISSUES

Adult day care regulations differ from state to state and by funding source. Centers must follow the regulations in their state. *Standards and Guidelines for Adult Day Services* (2002), developed by the National Adult Day Services Association (NADSA), provides guidelines for states that choose to regulate adult day care services.

Adult day care centers that apply to receive funds from the CACFP must follow the Federal regulations governing the program.

The Federal regulations governing the CACFP provide guidance for all aspects of the USDA Adult Day Care Food Program. States may add additional regulations beyond the Federal regulations of the Food and Nutrition Service. **This chapter provides a basic overview of the Federal regulations pertaining to the CACFP meal service requirements.**

Eligibility

Adult day care centers must be public or private non-profit, provide non-residential day care, and be licensed or approved by the Federal, State, or local licensing authorities in order to be eligible to participate in the CACFP.

- All non-profit centers and certain for-profit centers meeting Federal, State, or local eligibility requirements may apply for CACFP funds.
- For-profit adult day care centers may be eligible for the CACFP if at least 25% of their participants receive benefits under Title XIX of the Social Security Act, the Grant to States for Medical Assistance Programs (Medicaid), or Title XX of the Social Security Act.

To participate in the CACFP, adult day care centers must:

- **Be public or private non-profit**
- **Provide non-residential day care**
- **Be licensed or approved by the Federal, State, or local licensing authorities**



Adult day care centers eligible to apply to receive CACFP funds must meet the following eligibility requirements:

- **Be public or private non-profit**
- **Provide care in a group setting outside the participant's home on a less-than-24-hour basis**
- **Be a community-based program**
- **Provide services to functionally impaired disabled adults 18 years or older, or to persons 60 years of age or older**
- **Develop an individual plan of care for each functionally impaired adult participant**
- **Offer a structured, comprehensive program that provides a variety of health, social, and related support services**

Eligibility is limited to certain types of centers. Centers that provide services such as residential care, employment, vocational training, or rehabilitation are not eligible to receive CACFP funds.

Centers are *not* eligible to receive CACFP funds if they provide:

- **Residential care**
- **Employment**
- **Vocational training**
- **Rehabilitation**



“Adult participant” and “functionally impaired adults” are defined in 7 Code of Federal Regulations (CFR), part 226.20, as follows:

- **Adult participant:** A person who is functionally impaired or over 60 years of age.
- **Functionally impaired adults:** Chronically impaired disabled persons 18 years or older. These include victims of Alzheimer's disease and related disorders with neurological or organic brain dysfunction. Functionally impaired adults are physically or mentally impaired to the extent that their capacity for independence and their ability to carry out activities of daily living are markedly limited.

Meal Requirements

Centers participating in the CACFP are required to serve nutritious meals and snacks meeting USDA nutrition standards. Centers may serve one or more of the following meals:

- Breakfast
- Lunch (midday meal)
- Supper (evening meal)
- Supplemental food (snack)

Reimbursement cannot be claimed for more than two meals and one snack provided daily to each adult participant.

Minimum Meal Components

Participating programs are required to serve the minimum meal components and quantities.

The requirements for each meal component are described more fully in appendix 1.

The following are the minimum food item requirements:

Breakfast

- One serving of fluid milk
- One serving of vegetable(s) and/or fruit(s) **or** full-strength vegetable or fruit juice **or** any combination of vegetable(s), fruit(s), and juice
- Two servings of bread or bread alternate

Lunch

- One serving of fluid milk
- Two servings of vegetable(s) and/or fruit(s) **or** full-strength vegetable or fruit juice **or** any combination of vegetable(s), fruit(s), and juice
- Two servings of bread or bread alternate
- One serving of meat or meat alternate

Supper

- Two servings of vegetable(s) and/or fruit(s) **or** full-strength vegetable or fruit juice **or** any combination of vegetable(s), fruit(s), and juice
- Two servings of bread or bread alternate
- One serving of meat or meat alternate

Supplemental food (snack)

Two of the following four components must be offered:

- One serving of milk
- One serving of vegetable(s) and/or fruit(s) **or** full-strength vegetable or fruit juice **or** any combination of vegetable(s), fruit(s), and juice
- One serving of bread or bread alternate
- One serving of meat or meat alternate

“Offer Versus Serve” Meal Service

Adult day care centers may use the “offer versus serve” meal service option. Participants are given the opportunity to select foods at each meal. This is one way to increase food consumption and decrease waste because participants choose only those foods they wish to eat.

“Offer versus serve” can:

- **Increase food consumption**
- **Decrease waste**



Programs using “offer versus serve” must offer participants all of the required meal components.

However, the adult participant may decline one meal component at breakfast and up to two meal components at lunch and supper. Both snack components must be served.

Assistance with meal component selection may be necessary in order to provide well-balanced meals.

Additional choices of required meal components may be provided to increase food intake and decrease plate waste.

Requirements for “Offer Versus Serve”

According to 7 CFR, part 226.20, each adult day care center shall offer its adult participants all of the required food servings for breakfast, lunch, and supper. (See appendix 1.)

However, *participants may be permitted to decline:*

- At breakfast—one of the required four food items [one serving of milk, one serving of vegetable(s) and/or fruit(s), and two servings of bread or bread alternate]
- At lunch—two of the required six food items [one serving of milk, two servings of vegetable(s) and/or fruit(s), two servings of bread or bread alternate, and one serving of meat or meat alternate]
- At supper—two of the required five food items [two servings of vegetables(s) and/or fruit(s), two servings of bread or bread alternate, and one serving of meat or meat alternate]

The price of a reimbursable meal shall not be affected if an adult participant declines a food item.

Types of Meal Service

Adult day care centers may choose the type of meal service that best suits their needs.

- **Centers may use traditional line service with participants moving through a cafeteria-style line.**
- **Meals may be pre-plated or served from a line or to the table.**
- **Meals may be provided by a vendor or catered from a satellite kitchen.**
- **Centers may choose to serve meals in a family-style setting.**

With family-style meal service, foods are served from bowls or dishes on the table. Enough food must be placed on the table to provide the full required portion size for all participants.

Meeting Special Nutrition Needs

Federal regulations allow for individual substitutions of required meal components under certain circumstances.

According to 7 CFR, part 226.20, food substitutions for medical reasons can be made only when there is a written statement from a medical authority. This written statement must include the medical reason and recommended alternate foods.

Food substitutions are allowed for a documented food allergy, food intolerance, or strict therapeutic diet. Documentation of the medical need and lists of alternate foods and all meal component substitutions must be kept on file and in the individual plan of care.

More information on documenting special dietary requirements is given in chapter 11. Appendix 3 includes a meal component substitution form to document special nutrition needs.

Food substitutions for medical reasons can be made only when there is a written statement from a medical authority.



Meal Reimbursement

All meals and snacks served to adult participants of the CACFP are subsidized with Federal funds.

Reimbursement rates are based on the participant's family size and household income.

Adult day care centers are reimbursed on the basis of the participants' eligibility for free, reduced-price, and paid meals. Adults who receive food stamps, aid from the Food Distribution Program on Indian Reservations (FDPIR), Supplemental Security Income (SSI), or Medicaid benefits are categorically eligible for free meals. Their meals are reimbursed at the highest rate.

New meal reimbursement rates take effect July 1, annually. Contact your State Agency or local funding authority for more information.

Reimbursement cannot be claimed for more than two meals and one snack or two snacks and one meal per participant per day.

Meals claimed under part C of Title III of the Older Americans Act of 1965 cannot be claimed for CACFP reimbursement.

Meal Service Recordkeeping Requirements

Adult day care centers that receive funds for the CACFP are required to maintain records that include, but are not limited to:

- Income eligibility applications
- Menus served
- Daily attendance
- Meal counts
- Information on staff training
- Individual plans of care developed for each functionally impaired adult participant
- Food service monitoring reviews
- Other records required by the State Agency and local governing agencies

During Federal, State, or local reviews, these records and other reports must demonstrate that meals and snacks claimed for reimbursement complied with CACFP requirements.

Chapter 3: Understanding the Needs of Adult Day Care Participants



Adult day care centers are designed to serve persons 60 years of age or older and functionally impaired adults 18 years of age or older.

UNDERSTANDING THE NEEDS OF ADULT DAY CARE PARTICIPANTS

Adult day care centers are designed to serve:

- Persons 60 years of age or older
- Functionally impaired adults 18 years of age or older

The National Adult Day Services Association (2005) reports that the average age of the adult day care participant is 72. Approximately two-thirds of the participants are women. Seventy-five percent of the participants live with a spouse, adult children, or other family and friends.

Adult day care participants need one or more of the following:

- **Supervision**
- **Increased social interaction**
- **Assistance with personal care**
- **Assistance with daily living activities**
- **Assistance with dispensing medications**
- **Monitoring of medical conditions**

The most common needs identified by caregivers are assistance in moving from one position to another (for example, sitting in a chair to standing) and, because of a decline in thinking or reasoning ability, assistance in making decisions or remembering (for example, when to take medications). Most participants served by adult day care require assistance in more than one area. **This chapter will focus on understanding the changing needs of older adults and adults with disabilities.**

Older Adults

The United States Administration on Aging reports that the older population (persons 65 years or older) numbered almost 36 million in 2003. It is estimated that by 2030, the older population will more than double to 71.5 million or 20% of the population in the United States (United States Department of Health and Human Services Administration on Aging [HHS AoA], 2005).

Most older adults have at least one chronic condition, and many have multiple conditions. Among the most frequent to occur in older adults in 2000–2001 were hypertension, arthritic symptoms, all types of heart disease, cancer, sinusitis, and diabetes. Reports indicated that half of the older population has at least one disability of some type (physical or mental). While some disabilities may cause minimal disruption to independent living, others result in the need for assistance with performing activities of daily living (HHS AoA, 2005).

By 2030, older adults will make up more than 20% of the population in the United States.



“Activities of daily living” (ADL) are activities done in a normal day that are related to self-care such as walking, eating, dressing, bathing, grooming, and using the toilet. “Instrumental activities of daily living” (IADL) are activities related to independent living and include meal preparation, shopping, light housework, managing money, using a telephone, and taking medicine. Limitations in either category may be temporary or chronic. **Persons are considered to have ADL or IADL limitation if they are unable to perform tasks without the assistance or substantial supervision of another person.**

While many older adults are healthy and live independently, they may require some assistance due to the physical changes of aging. Adult day care is one way to provide support services and to enhance the quality of life in a community setting.

Physical Changes With Aging

Everyone experiences the aging process, but it occurs at different rates. Many people lead a full, active lifestyle throughout the aging process, while others may begin experiencing limitations at a relatively young age.

The signs of aging can include changes in:

- Muscle mass and strength
- How the body uses energy
- Percentage of body fat
- Bone density
- Cholesterol/HDL levels
- Blood sugar tolerance
- Body temperature
- Aerobic capacity (Duyff, 2002)

Effect of Aging on Eating Habits

For older adults, eating is often a challenging and frustrating task. Medications, smoking, poor oral hygiene, poor-fitting dentures, and medical conditions may change the way food tastes. Moreover, physical changes due to aging can alter the way food tastes as well as how the body uses food.

For older adults, eating is often a challenging and frustrating task. Changes in the senses may make eating more difficult.



Changes in the senses (smell, taste, touch, hearing, and sight) may make eating more difficult.

- A decline in the sense of smell may contribute to poor appetite because pleasant food aromas increase appetite.
- Loss of hearing and poor eyesight may contribute to a lack of interest in eating or the ability to follow verbal instructions.
- Loss of the sense of touch impacts the ability to pick up food or eating utensils. The individual is unable to feel or hold the utensil, making eating very difficult. Also, serving very hot foods and beverages to a person unable to feel hot temperatures can result in burns.

Chapter 5 provides information on feeding techniques for individuals with sensory losses.

The ability to chew, swallow, and digest foods changes with age.

Chewing

Chewing problems usually occur over time. Older adults may believe that the food is tough or of poor quality rather than recognize the problem is their teeth or dentures. Foods that are easily cut with a fork are usually easiest to chew.

Signs of a chewing problem include:

- Loss of appetite and/or weight loss
- Refusal of solid food but not liquids
- Complaints that food is tough
- Complaints of pain while chewing
- Poor-fitting dentures or loss of dentures
- Refusal to wear dentures
- Taking a long time to eat

Swallowing

Difficulty in swallowing (dysphagia) affects people of all ages, but particularly the older adult. It can vary from mild discomfort to an inability to swallow. The most common causes of swallowing problems are stroke, Parkinson's disease, and dementia.

Signs of difficulty in swallowing include:

- Loss of appetite and/or weight loss
- Choking on food, beverages, or medications
- Clearing the throat frequently after eating
- Complaints that food sticks in the throat
- Complaints of pain with swallowing
- Drooling
- Holding food in the mouth
- Changes in voice quality during and after eating (Derring, Russell, & Womack, 2002)

Participants observed with signs of difficulty in swallowing are at increased risk of choking and getting food or fluids in the lungs.

Individuals having difficulty in swallowing may be helped by a swallowing therapist. This professional is trained to identify swallowing problems and to recommend changes in diets.

Digesting

Difficulties with digesting foods are common problems reported by older adults.

The most common digestion complaints include:

- Heartburn
- Indigestion
- Constipation

Heartburn occurs when food sloshes from the stomach back into the esophagus causing a burning feeling in the chest. Indigestion may be caused by changes in the stomach, making protein and fat more difficult to digest. Slow movement of food and waste products through the intestines can result in constipation. Indigestion and constipation contribute to poor appetite.

Adults With Cognitive Losses

Adults who have cognitive losses (general loss of mental ability) may not recognize hunger or may be distracted or confused at mealtimes, resulting in poor intake.

Reduced ability to think and reason clearly can occur:

- After an acute illness or traumatic head injury
- With depression
- As a side effect of certain medications
- From effects of metabolic and neurological disorders
- With the aging process in general

Such changes sometimes can be managed with medication or by adapting/modifying the diet, such as serving finger foods to allow the person to eat independently.

Ways to meet the nutrition needs of individuals with cognitive losses are discussed in chapter 5.

Adults With Disabilities

Adults with disabilities include a wide range of individuals with many special needs such as dementia and developmental disabilities.

Dementia

**Dementia is a progressive disease that attacks the brain.
Alzheimer's disease is the most common form of dementia.**

Dementia results in a gradual and irreversible decline in:

- Memory
- Language skills
- Thinking
- Behavior

Understanding the Needs of Adult Day Care Participants

The onset of dementia is usually gradual. Over time, people with dementia withdraw from lifelong hobbies and activities because they have forgotten how to perform them. Changes in routine are very upsetting because of increased confusion and decreased ability to perform daily tasks.

Eating can become difficult because the individual cannot focus his/her attention long enough to eat a meal or is confused over what to do when a meal is served. Loss of self-feeding skills may contribute to the confusion resulting in poor food intake.

Developmental Disabilities

Developmental disabilities include physical or mental limitations that are present at birth or caused by an injury.

Adults with developmental disabilities have difficulties with three or more of the following:

- Self-care
- Language
- Learning
- Physical movement
- Self-direction
- Capacity for independent living
- Economic sufficiency (U.S. Public Health Service, 2001)

Eating may be frustrating because of difficulties due to confusion, memory loss, loss of physical strength, loss of the sense of touch, and loss of coordination (Centers for Disease Control and Prevention [CDC], 2002).

Adults with developmental disabilities tend to be younger than 60 and have food preferences that are different from older adults.

Their experiences with food preparation and food service may be different from older adults as well. Fast food and foods eaten without utensils tend to be more popular with younger adults than older adults due to lifelong food habits.

Menus need to reflect the food preferences of all the adults participating in the CACFP.

Menus need to reflect the food preferences of all the adults participating in the CACFP.



Understanding the nutrition needs of all the adults participating in the CACFP and serving nutritious foods are vital to the health and well-being of the participants.

The adult day care center should tailor services to help each participant achieve and maintain the highest level of functioning possible.

Chapter 4: Nutrition Needs of Adult Day Care Participants



Providing nutritious meals, snacks, and other rehabilitative services can improve the overall health status of the CACFP participant.

NUTRITION NEEDS OF ADULT DAY CARE PARTICIPANTS

Many factors affect the food choices and eating habits of older adults. Every older adult has a unique set of nutrition needs that can be influenced by sensory losses, oral health problems, chronic illness or disabilities, and the use of multiple medications. Helping older adults and those with disabilities maintain independence is one of the goals of adult day care. Providing nutritious meals, snacks, and other rehabilitative services can improve the overall health status of the CACFP participant. **This chapter will focus on ways to meet the nutrient needs of the older adult and the adult with disabilities.**

Nutrition and Health Recommendations for Older Adults

As adults age, they still need the same nutrients—proteins, carbohydrates, fats, vitamins, minerals, and water—but the amounts may change. The physical changes of aging affect how the body digests food, absorbs nutrients, and excretes wastes. Older adults should eat sufficient amounts of fiber-rich foods because they aid digestion and help prevent constipation—two concerns of aging (Duyff, 2002).

The Dietary Guidelines for Americans (DGA) (USDA & HHS, 2005) and MyPyramid (USDA, Center for Nutrition Policy and Promotion [CNPP], 2005) provide science-based advice for making nutrition decisions for older and disabled adults. The DGA are updated and jointly published every 5 years by the USDA and HHS. MyPyramid serves as a tool to help educate the public about the DGA. **Both the DGA and MyPyramid emphasize the importance of making smart choices from every food group, finding the balance between food and physical activity, and getting the most nutrition out of calories.**

For more information about the DGA and MyPyramid, visit the following Web sites:

- DGA: http://www.healthierus.gov/dietary_guidelines
- MyPyramid: <http://www.mypyramid.gov>

DETERMINE: The Warning Signs of Poor Nutrition

In a national effort to identify and treat nutrition problems in older adults, a list of warning signs of poor nutrition has been developed using the word **DETERMINE**.

- D**isease
- E**ating poorly
- T**ooth loss/mouth pain
- E**conomic hardship
- R**educed social contact
- M**ultiple medications
- I**nvolutionary weight loss/gain
- N**eed of assistance in self-care
- E**lder years above age 80

Providing nutritious meals, snacks, and other rehabilitative services can improve the overall health status of the CACFP participant.



An older adult who has three or more of these warning signs should see a doctor, registered dietitian (RD), or other healthcare professional.

The Checklist for Determining Nutritional Health can be used to find out if an older person has any of these warning signs. This checklist may be accessed at <http://www.eatright.org/Public/Files/Checklist.pdf>.

Energy Nutrients

All adults need carbohydrates, protein, and fat from food each day. Carbohydrates, protein, and fat are the energy nutrients. The role of the energy nutrients and a list of their food sources can be found in appendix 4.

The primary sources of carbohydrates are grains, fruits, and vegetables. Food sources of protein and fat are meat, fish, poultry, dried beans and peas, and dairy products.

Older adults need slightly more dietary protein than younger adults because the body of the older adult uses protein from food less efficiently. Also, the body of the older adult is more easily injured and requires protein to repair tissues. Thus, older adults are more likely to develop protein malnutrition than are younger adults.

Older adults and adults with disabilities tend to eat smaller portions of food at meals due to fatigue and difficulty in chewing or swallowing. Foods that are easiest to chew and swallow are often high in carbohydrates, low in protein, and low in calories. Unplanned weight loss will occur if calorie needs are not met. **To prevent unplanned weight loss and protein malnutrition, the diets of adult day care participants should contain a balance of carbohydrates, protein, and fat.**

Vitamins and Minerals

All adults need specific vitamins and minerals each day. Because different foods contain different nutrients and no single food provides all the nutrients needed each day, eating a variety of foods is one way to build a healthy diet.

Older adults tend to absorb and utilize some vitamins and minerals less efficiently due to normal aging and medications. Therefore, their requirements may be greater, and supplementation may be necessary for some older adults upon the recommendation of a physician, registered dietitian, or other qualified health professional.

Aging alters vitamin and mineral needs. Some needs rise while others decline. For example, vitamin A absorption increases with aging, while vitamin D and vitamin B₁₂ deficiencies become more prevalent (Sizer & Whitney, 2003).

Food sources of vitamins and minerals are found in appendix 4.

Fiber

Fiber is the food component that the human body cannot digest. It is found only in plant foods. Fiber is the stiff cell walls that give plants their body and strength. Dietary fiber travels through the digestive system, absorbs water, and forms the bulk needed for normal elimination of solid waste.

For older adults and adults with disabilities, dietary fiber is the natural way to prevent constipation caused by inactivity, poor diet, inadequate fluid intake, or medications.

Dietary fiber is naturally found in:

- Whole grain products
- Fruits
- Vegetables
- Legumes

Many ready-to-eat cereals contain added fiber. The Nutrition Facts label provides information on the fiber content in commercially prepared foods and on individually packaged foods.

Dietary fiber from raw fruits, raw vegetables, seeds, or the skins of fruits and vegetables may not be advisable for adult day care participants with chewing, swallowing, or dental problems. Cooking foods high in fiber may make the fiber easier to chew.

Fluids

Fluids are essential for life because all life processes take place in body fluids. Fluids are necessary to transport vital materials to cells and to carry waste products away from cells.

Adults need to drink plenty of fluids each day. However, many older adults do not feel thirsty.

Caregivers must take the responsibility of providing adequate fluids and encouraging fluid consumption throughout the day.

- Encourage participants to drink a cup of fluid between meals and a cup or more of fluids with meals.
- Offer beverages, frozen juice bars, fruit slush, or fruit smoothies as part of an activity.
- Encourage families to provide beverages between meals and as part of all meals eaten outside the adult day care center.

Caregivers must take the responsibility of providing adequate fluids to adult day care participants and encouraging them to consume fluids throughout the day.



Meeting fluid needs will be more difficult with some participants due to their medical condition or disability.

Consult a swallowing therapist or registered dietitian for assistance with participants with low fluid intakes.

Some participants may be on a fluid-restricted diet due to a medical condition. Fluid intake is restricted to prevent fluid from building up in the body. Medical conditions for which fluid restrictions may be ordered include kidney problems and some types of heart disease.

Individual Plan of Care and Nutrition Assessment

One of the components of an individual plan of care is the nutrition assessment, which is a screening for nutrition problems.

The assessment includes all factors that impact eating and nutritional health such as:

- Food likes
- Food dislikes
- Food allergies
- Cultural or religious dietary requirements
- Dental problems
- Chewing or swallowing problems
- Medical conditions and medications requiring special diets

The nutrition assessment screens for nutrition problems. It is completed at the time of admission to the CACFP.



The nutrition assessment is completed at the time of admission to the CACFP and is updated as recommended by the nutrition consultant.

Participants with poor intakes of food and/or fluids, special diets, unplanned weight loss, skin breakdown, or other signs of declining health may require intervention by a registered dietitian, swallowing therapist, or other health care practitioner.

- The nutrition assessment will include a plan of care identifying individualized goals and intervention strategies.
- It is the responsibility of CACFP employees to implement the strategies.
- The registered dietitian, swallowing therapist, or other health care practitioner will evaluate the outcomes.

Chapter 11, Role of Nutrition Consultants, contains more information on nutrition assessments.

Liberalized Diets

The American Dietetic Association (ADA), in a 1998 position paper (reaffirmed in 2000), has recommended liberalizing therapeutic diets for many older adults.

- Diets that are highly restrictive and deny favorite foods can result in poor dietary intakes and unplanned weight loss.
- Quality of life can be enhanced with a more liberal approach to therapeutic diets.

CACFP staff should consult with the physician and registered dietitian about participants who might benefit from a liberalized therapeutic diet.

Only the physician can change a therapeutic diet. The registered dietitian or physician must monitor the outcomes of the changes in the diet to ensure that the liberalization of the diet is not harmful to the participant's general health.

Liberalization of diets applies primarily to therapeutic diets. Consistency-modified diets are designed to make chewing and swallowing easier and safer for participants having difficulties. Offering a different texture may put the participant at risk of choking or getting food or liquids into the lungs. Therefore, adult day care staff must be trained to prepare pureed diets with the required consistency.

Respect for Participants' Nutrition Needs

Participants come to adult day care with a wide range of food preferences and food habits, as well as cultural and religious food requirements. Many of these food preferences may be very different from those of the staff.

It is important for CACFP employees to understand participants' cultural and dietary requirements.

- Show respect for lifelong patterns by incorporating food preferences and cultural and religious food requirements into the menus and activities program.
- Invite participants and their families to share unique cultural food customs as part of a theme meal, holiday celebration, or scheduled activity.

Respecting participants' nutrition needs and food preferences is one way to enhance the quality of care provided.

Respecting participants' nutrition needs and food preferences is one way to enhance the quality of care provided.



Chapter 5: Feeding Techniques



The process of aging and the effects of disabilities can make mealtime frustrating and exhausting. Feeding techniques can help change mealtime into an enjoyable experience.

FEEDING TECHNIQUES

Eating is one of the joys of life. Yet the process of aging and the effects of disabilities can change mealtime from a pleasurable experience to a frustrating and exhausting one.

Adult day care participants may require help when eating.

- **Some participants will need help opening food packages or cutting foods into bite-size pieces.**
- **Other participants may need to be fed.**

Adults who need help eating are more likely to lose weight (ADA, 2004). **This chapter will focus on ways adult day care centers can help participants enjoy their meals so that they can maintain proper weight and remain in good health.**

Dining Room

The atmosphere of the dining area is an important factor in encouraging participants to eat.

Choose colors wisely.

- Use light, solid colors in the dining room to make the room inviting.
- For place settings, use contrasting solid colors for placemats, napkins, and dishes. This helps the participant locate the utensils and dishes. A simple centerpiece will create a homelike setting.

Keep distractions to a minimum.

- Keep noise from the kitchen to a minimum.
- Turn off the television and radio. Soft background music is pleasant for those with normal hearing, but may sound like noise or static to the hearing impaired.

The atmosphere of the dining area is an important factor in encouraging participants to eat.



Maintain a room temperature that is comfortable to the participants.

- If the dining area is too cool, too stuffy, or too hot, the participants will not enjoy the meal. They may refuse to eat in order to move to a more comfortable setting.
- Because the participant may not be able to identify or communicate his/her needs, or just not want to complain, it is the responsibility of CACFP adult day care employees to anticipate the participant's needs.
 - Be aware of drafts and blowing air vents.
 - Always ask the participant if the room is comfortable.
 - Watch for non-verbal signs of being too cool or too hot.
 - Offer to get a sweater or lap blanket for a participant who is cold.
 - If the area is stuffy, look for ways to increase air flow or move the participant to a cooler part of the room.
 - Offer to remove a hat or sweater if the participant is too warm.

Provide each participant with a large napkin that can be put in the lap or tucked under the chin, or with two napkins—one for the lap and one to wipe the mouth.

- Some participants will spill food. The goal is to prevent the participants' clothing from becoming soiled.
- A full-sized napkin can replace the need for other types of protective clothing like bibs or aprons. If a bib or apron is objectionable, the participant may refuse to eat or offer the excuse of not being hungry because wearing a bib or apron is offensive.

Because the participant may not be able to identify or communicate his/her needs, or just not want to complain, it is the responsibility of CACFP adult day care employees to anticipate the participant's needs.



Provide staff to assist participants at mealtimes.

- In the dining area, seat participants who need assistance together, and seat staff at the table with them.
- Have staff assist and converse with participants during the meal. Staff must be alert at all times for choking. Any slight change in a food's pureed texture may cause a participant to choke.

Evaluate the participants' needs at mealtimes.

- Consult a rehabilitation therapist to evaluate participants needing assistance at mealtimes.
- Use the recommendations from the rehabilitation therapist as part of the individual plan of care (Consultant Dietitians in Health Care Facilities Dietetic Practice Group [CD-HCF-DPG], 2001a).

Positioning

Positioning is the key to maximizing eating independence.

A standard dining room chair with arm rests for support provides the best position for most adults to eat.

- The participant should be able to move closer to the table by sliding the arm rests under the table.
- The goal is for the participant's mouth to be approximately 10–15 inches from the plate.
- While seated in a chair, the participant should be sitting up straight with the head upright and tilted slightly forward. The participant's feet should be planted squarely on the floor. If the feet do not reach the floor, a foot support is needed to help the participant maintain an upright position.

Encourage participants who are in wheelchairs to sit in a dining room chair, if possible.

- However, if the participant is unwilling or unable to move to the dining room chair, special accommodations should be made. The dining table may need to be elevated to allow the wheelchair arm supports to roll under the table edge.
- For participants with good balance, the arm supports may be removed to position the wheelchair closer to the table.
- Once the wheelchair is in place, it must be locked into position with the participant sitting at the table. The feet need to be planted squarely on the floor or on foot supports to maintain a proper eating position.

Participants with poor sitting balance or poor neck control will need support aids to maintain an upright position.

- A rehabilitation therapist should evaluate the needs of these participants and recommend appropriate strategies to maintain proper eating position.
- Use the recommendations from the rehabilitation therapist as part of the individual plan of care (CD-HCF-DPG, 2001b).

A standard dining room chair with arm rests for support provides the best position for most adults to eat.



Verbal Cues

Adult day care staff may need to provide verbal cues to help some participants at mealtime. Verbal cues are simple instructions to help the participant who is unsure what to do when the meal is served.

Use verbal cues to identify each step in eating such as:

- Picking up the utensil
- Scooping the food onto the utensil
- Chewing
- Putting the food in the mouth
- Swallowing
- Returning the utensil to the plate

Do the following when giving verbal cues:

- Show respect to the participant by calling the participant by his/her name and using words that are appropriate for adults
- Maintain eye contact when speaking to the participant
- Speak in a calm, soothing voice
- Offer choices by asking yes/no questions or other two-choice questions
- Give praise freely and recognize even the smallest steps toward independent eating
- Remember that repetition is essential (CD-HCF-DPG, 2001b)

Physical Cues

Participants who are unable to follow verbal cues consistently may need physical cues to eat. Physical cues offer support to the participant who is physically unsteady or can self-feed with help.

The staff member places his/her hand over the participant's hand and offers support. The hand-over-hand assistance allows the participant to go through the motions of eating, such as picking up the carton of milk and directing it to the mouth.

The goal is to decrease the physical support gradually while the participant is increasing strength and improving eating skills.

When providing physical cues, staff members should:

- Not provide more assistance than is needed
- Use verbal cues at the same time as physical cues to reinforce the steps in eating (CD-HCF-DPG, 2001b)

Adaptive Eating Equipment

A rehabilitation therapist is a professional trained to help individuals who are unable to perform daily tasks independently. The therapist may recommend adaptive eating equipment to help participants having difficulty at mealtimes.

Before adaptive equipment is considered, be sure that the participant is positioned correctly at mealtime. Improved positioning may eliminate the need for adaptive equipment.

If adaptive eating aids are recommended, the therapist will train the participant to use the aid and also train CACFP employees on the use and proper cleaning of the eating aid. Participants who use adaptive equipment successfully at adult day care are encouraged to use the same type of equipment at home.

Various adaptive eating aids are available. Appendix 5 contains a list of commonly used adaptive eating aids.

Changing Food Textures

Verbal cues, physical cues, and adaptive equipment may not be enough for all participants to eat an entire meal independently.

- Some participants will become very tired during mealtime and be unable to eat the entire meal. These participants may still be hungry, but are too tired to eat.
- Remember that some participants may be unable or unwilling to ask for help.

Participants who tire at mealtime may benefit from consistency-modified foods that require less effort to eat.

- Consult a swallowing therapist or registered dietitian to evaluate participants who appear to tire at mealtime.
- When appropriate, involve the participant and caregivers in choosing a food texture that is acceptable to eat.

Helping Participants Stay Clean

- Use of napkins or protective clothing (bibs or aprons) will help keep participants' clothing clean.
- Have a box of moist, disposable washcloths handy to keep hands and faces clean.

Proper positioning, use of adaptive equipment, and cueing will help reduce food spills.

Observe for foods that are easily spilled.

- An alternate food container or a change in menu item might eliminate the problem. For example, some participants may prefer finger foods because they find using spoons and forks too frustrating and messy.
- Consult a registered dietitian for all menu changes designed to meet participants' special needs.

Increasing Food Consumption

Increasing the food intake of a participant with a small appetite is challenging. Many older adults and those with disabilities are overwhelmed when a full plate of food is served to them. The portions of food and the mixture of aromas can decrease food intake.

Consider doing the following for adults who are overwhelmed by the amount of food required by the CACFP meal pattern:

- Using the “offer versus serve” menu option to increase food intake
- Using a family-style setting
- Offering variations in food components or substitutions that are nutritionally sound and are necessary to meet ethnic, religious, or economic considerations (State Agency approval required)
- Using smaller plates or bowls so that the portions do not look overwhelming
- Using plates with divided sections
- Using physical and verbal cues to encourage intake
- Consulting a registered dietitian about ways to add more calories and protein to the foods and beverages the participants are most likely to eat

Increasing the food intake of a participant with a small appetite is challenging.



Meeting the nutrition needs of the adult who is struggling to eat is challenging.

- At mealtimes, have day care staff sit with participants who struggle to eat. Have the staff offer verbal, physical, and emotional support to these participants to increase food intake.
- Use the team approach to identify and solve mealtime problems. By working together, you will improve not only the quality of care provided, but also the quality of life for the participant.

Chapter 6: Menu Planning and Sample Menus



For some participants, the food they eat at the CACFP adult day care program will be the tastiest and healthiest food they will have all day.

MENU PLANNING AND SAMPLE MENUS

Mealtime is often the highlight of the day for older and disabled adults. For some participants, the food they eat at the CACFP adult day care program will be the tastiest and healthiest food they will have all day.

With thoughtful and sound meal planning, centers can:

- **Ensure that participants receive the nutrition they need to maintain or improve their current health status**
- **Show respect to participants by considering their cultural and ethnic food preferences and special dietary needs**
- **Ensure that the foods served meet the CACFP meal pattern requirements**

This chapter will review the following:

- Cultural/ethnic and regional food preferences
- Menu planning
- Cycle menu development
- Menu evaluation
- Menus for special diets
- Sample menus

The information provided in this chapter will address the menu-planning needs of centers that produce their meals in-house and those that purchase meals from an outside vendor.

Cultural/Ethnic and Regional Food Preferences

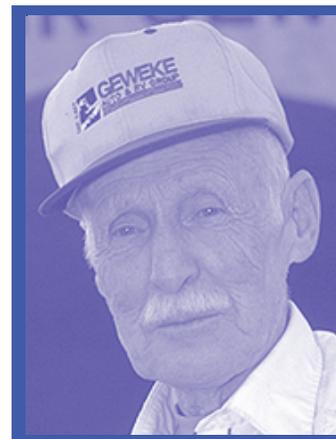
Food preferences are based on:

- Cultural background
- Religious beliefs
- Family traditions

The CACFP adult day care participant brings traditional patterns of eating to the center. Food service employees should understand and respect the diverse eating patterns of all participants.

Food preferences are based on:

- **Cultural background**
- **Religious beliefs**
- **Family traditions**



Each center should strive to offer a menu that meets the nutritional and cultural preferences of the participants being served.

- Survey participants, their families, and their caregivers to learn the types of foods and methods of food preparation they prefer.
- Spend some time talking with participants about their food preferences during the menu planning process.
- Use participant food preference information for planning or revising menus and for special occasion meals.

Menu Planning

Menu planning is an essential part of every successful CACFP adult day care program.

- The nutritional value of the meals and compliance with Federal program requirements depend on careful menu planning.
- The menu determines what foods are purchased, how foods are prepared, staff qualifications for food preparation, and food preparation equipment.

All CACFP adult day care programs are required to have planned menus.

A registered dietitian will need to write menus for participants with special nutrition needs.



The easiest menu format to use is a cycle menu. A cycle menu is one which is planned for a specified period of time and then repeated.

- Special occasions and seasonal foods are added to the menus at the beginning of the cycle.
- The State Agency or other funding source may require a specific number of weeks for the cycle menu.
- The basic cycle menu is designed for participants without special nutrition needs.
- A registered dietitian will need to write menus for participants with special nutrition needs, such as those requiring therapeutic diets, consistency-modified diets, or combination diets.

Cycle Menu Development

Planning menus may sound easy, but it takes a lot of time and effort. The menu served to participants without special nutrition needs is called the “regular diet.” There are seven basic steps to menu planning for the regular diet served to CACFP adult day care participants.

Step 1: Allow a block of time to work on the menu and gather together all the recipes and resources needed.

- Add new food items and new recipes, if possible. However, test all new recipes prior to placing them on the menu.
- Ask key food service employees to suggest new menu items.
- Try to select foods that can be easily modified for special diets.
- Have a complete copy of the minimum meal components available to consult to be sure the menus are in compliance with the CACFP requirements under the Federal regulations and with State requirements.

Step 2: Determine the length of the cycle.

- The length of the cycle may be determined by your State Agency or funding source.
- Keep in mind that adults usually eat a wider variety of foods than children and a longer cycle is preferred by adults.

Step 3: Identify the main dish.

- The main dish is usually the most expensive item and becomes the base for the menu.
- Remember that the required CACFP meal components are different for breakfast, lunch, supper, and snacks.
- Be sure that all meal components are listed on the menu in the appropriate portions.

Step 4: Visualize what each meal will look and taste like to the participant.

Color, flavor, and food texture make food appealing, so ask yourself the following about the menu items:

- Are the colors appealing?
- Do the flavors blend?
- Is there a variety of soft and crisp foods?

Step 5: Think about variety from day-to-day and week-to-week.

- Popular menu items can be served more than once during the cycle. However, think of ways to serve favorite foods in different forms, shapes, textures, and temperatures (hot vs. cold).
- Include a variety of different food preparation methods such as baking, broiling, and steaming.

Step 6: Think about the participants’ ethnic and cultural preferences.

Honoring the participants’ ethnic and cultural food preferences is essential for food acceptance.

Step 7: Calculate the cost of the menu.

The cost of the menu includes:

- The cost of the food
- The cost of the labor
- The cost of the utilities used to prepare the food

Sample menu writing worksheets are provided in appendix 6.

Menus may include foods made from “scratch” or commercially prepared main or side dishes.

Records must be kept of commercially prepared or processed foods to document the contribution of each menu item to the CACFP meal pattern.

One of the following is required to document the contribution of commercially prepared or processed foods to the CACFP meal pattern:

- Child Nutrition (CN) label
 - The CN label on a food product shows how the product contributes toward food-based meal pattern requirements.
 - See appendix 7 for more information about CN labeling and CN label application procedures.
- A statement from the manufacturer documenting the product, food components, and amounts that are credited to that product
 - Manufacturers must use the *Food Buying Guide for Child Nutrition Programs* (USDA/ FNS, 2001) to determine the yield of food components.
 - Check with your State Agency or funding authority source for specific information that needs to be provided by the manufacturer.

Menus may include foods made from “scratch” or commercially prepared main or side dishes.



Menu Evaluation

It is important to evaluate a menu before it is used.

- Set up a menu committee that will be responsible for evaluating the menu.
- Ask key employees, a registered dietitian, participants, and caregivers to serve on this menu committee.
- Schedule a time for the committee to meet and evaluate the menu.
- Have the committee use the menu evaluation checklist in appendix 8.

The menu committee needs to use the following criteria in evaluating the menu.

- 1. Nutritional Adequacy:** Does the menu follow the minimum food components for the CACFP adult meal pattern? Does the menu provide the nutrients older adults need? (Note: Refer to appendix 4 for facts on major nutrients and food sources to help plan nutritious menus. A registered dietitian can complete a nutrient analysis of the menu. To do this, the dietitian will need food labels, recipes, production records, etc.)
- 2. Food Preferences:** Do the menu items reflect the participants' ethnic, cultural, and regional food preferences?
- 3. Personnel:** Are employee skills adequate to prepare and serve the menu?
- 4. Equipment:** Is the food service equipment available to prepare the menu? Is there an overload on any piece of equipment that would interfere with quality preparation and service?
- 5. Flavor:** Is there a combination of mild and strong flavored foods?
- 6. Consistency:** Is there a combination of soft and crisp food items?
- 7. Texture:** Is there a variety of ground and whole cuts of meat? Is there variation in texture?
- 8. Color:** Are contrasting color combinations used? Will food look attractive and appetizing when served together? (Note: Color is also related to nutrient content.)
- 9. Variety:** Is the same food served more than once during the meal or during the day? Does the same food item appear on the cycle menu from the previous day or the next day? Is the end of the cycle menu different from the beginning of the cycle?

After the menu committee has evaluated the menus, use the new ideas to revise them.

Once the menus are revised, they need to be evaluated for cost.

- Remember that the main dish is usually the most expensive item on the menu.
- Try to include a balance of low-priced and high-priced items to keep food costs in line with the budget.

Menus for Special Diets

Special diets are ordered by a physician or other authorized medical professional, just as prescription medicine is. The diet is part of the medical management of the participant and must be followed as closely as possible.

All special diets need to be written and approved by a registered dietitian.

There are three ways the regular diet menu can be modified to meet special nutrition needs:

- Therapeutic diets (such as low fat, low sodium, or calorie-modified)
- Consistency-modified diets (change in food texture)
- Combination diets
 - More than one therapeutic diet (such as a low fat, low sodium diet)
 - Therapeutic diet with consistency-modified foods (such as a calorie-modified, pureed diet)

Therapeutic diets are ordered by a physician or other authorized medical authority. They are designed to assist in the management of disease or disorders by reducing or increasing specific foods, ingredients, or nutrients (for example, fat or sodium).

The ADA (1998, 2000) recommends a “liberal approach” to writing menus for therapeutic diets for older adults. A “liberal approach” means that only a few foods are restricted on therapeutic diets. With the approval of the physician or registered dietitian, occasional “treats” may be served to improve participant satisfaction.

All therapeutic diets must follow the CACFP meal pattern except for specific medical conditions.

According to CACFP guidelines found in 7 CFR, part 226.20h, “Substitutions because of medical needs shall be made only when supported by a statement from a recognized medical authority which includes recommended alternate foods.” Documentation of the medical need and a list of alternate foods must be kept on file and in the individual plan of care.

Some participants may require a therapeutic diet in which a specific food, ingredient, or nutrient has been reduced or increased.



Consistency-modified diets are those in which the food texture has been changed to make chewing easier or to promote safe swallowing. Changes in consistency can be based on either the regular diet or a therapeutic diet. All diet orders must specify a regular or therapeutic diet when consistency changes are requested.

Consistency-modified diets may include thickened beverages. The purpose of the changes in the texture of beverages is to promote safe swallowing and prevent food or fluids from getting into the lungs. The changes in food consistency are usually recommended by a swallowing therapist, physician, or registered dietitian. A registered dietitian will need to review the diets ordered and write consistency-modified diets appropriate for the participants.

Some participants will have orders for both therapeutic diets and consistency-modified diets. These are **combination diets**. A registered dietitian can assist centers in planning menus for participants on combination diets.

For participants' good health, centers must be sure to prepare and serve the diets as prescribed by the physician, swallowing therapist, or registered dietitian.

Sample Menus

The following pages contain sample menus that meet the CACFP adult meal pattern requirements.

Sample Menu: Breakfast

Food Components	Day 1	Day 2	Day 3	Day 4	Day 5
Milk (fluid)	1 cup¹ milk				
Vegetables, Fruit, or Juice²	½ cup fruit juice	½ cup pears	½ cup fruit juice	½ cup peaches	½ cup fruit juice
Grains/Breads³	2 oz biscuit	2 slices toast	1½ cups cold cereal	1 cup oatmeal	2 oz English muffin

Sample Menu: Supplemental Food (Snack)

Food Components (Select Two Required Components)	Day 1	Day 2	Day 3	Day 4	Day 5
Milk (fluid)	1 cup¹ milk		1 cup¹ milk		
Vegetables, Fruit, or Juice²		½ cup fruit juice		½ cup fruit juice	½ cup berries
Grains/Breads³	2 oz blueberry muffin	1 oz animal crackers	1 oz cinnamon toast	1 oz graham crackers	
Meat⁴ or Meat Alternate^{5,6}					4 oz yogurt

¹A cup means a standard measuring cup.

²Fruit or vegetable juice must be full strength.

³Breads and grains shall be whole grain or enriched meal or flour; cereal shall be whole grain or enriched or fortified.

⁴This must be the edible portion of cooked lean meat or poultry or fish.

⁵Nuts 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 requirement.

⁶Yogurt may be plain or flavored, unsweetened or sweetened.

Sample Menu: Lunch (Midday)

Food Components	Day 1	Day 2	Day 3	Day 4	Day 5
Milk (fluid)	1 cup¹ milk	1 cup¹ milk	1 cup¹ milk	1 cup¹ milk	1 cup¹ milk
Vegetables, Fruit, or Juice²	½ cup baked potato wedges, ½ cup seedless grapes	½ cup turnip greens, ½ cup mashed potatoes	½ cup cinnamon apples, ½ cup broccoli	½ cup green beans, ½ cup carrots	¾ cup sweet potatoes, ¼ cup kiwi fruit
Grains/Breads³	2 oz hamburger bun	2.2 oz cornbread	1 oz biscuit, ½ cup Mexican rice	2 oz roll	2 oz whole wheat roll
Meat⁴ or Meat Alternate^{5,6}	2 oz lean beef patty	2 oz grilled chicken	2 oz ham	2 oz turkey	2 oz fish filet

¹A cup means a standard measuring cup.

²Fruit or vegetable juice must be full strength.

³Breads and grains shall be whole grain or enriched meal or flour; cereal shall be whole grain or enriched or fortified.

⁴This must be the edible portion of cooked lean meat or poultry or fish.

⁵Nuts 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 requirement.

⁶Yogurt may be plain or flavored, unsweetened or sweetened.

Sample Menu: Supper (Evening Meal)

Food Components	Day 1	Day 2	Day 3	Day 4	Day 5
Vegetables, Fruit, or Juice²	½ cup¹ tossed salad with dressing, ½ cup broccoli	½ cup peaches and blueberries, ½ cup peas with pearl onions	¾ cup baked potato, ¼ cup cole slaw	½ cup zucchini squash, ½ cup fresh strawberries	½ cup sliced tomatoes, ½ cup potato salad
Grains/Breads³	1 oz Italian bread, ½ cup spaghetti	2 slices whole wheat bread	2 oz biscuit	2 oz roll	2 slices whole wheat bread
Meat⁴ or Meat Alternate^{5,6}	2 oz meat balls in tomato sauce	3 oz tuna salad	2 oz BBQ chicken	2 oz stewed beef	3 oz egg salad
Beverage⁷	1 cup¹ milk or juice or water	1 cup¹ milk or juice or water	1 cup¹ milk or juice or water	1 cup¹ milk or juice or water	1 cup¹ milk or juice or water

¹A cup means a standard measuring cup.

²Fruit or vegetable juice must be full strength.

³Breads and grains shall be whole grain or enriched meal or flour; cereal shall be whole grain or enriched or fortified.

⁴This must be the edible portion of cooked lean meat or poultry or fish.

⁵Nuts 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 requirement.

⁶Yogurt may be plain or flavored, unsweetened or sweetened.

⁷A beverage of choice may be served at supper.

Chapter 7: Tools for Food Production



Food service employees use a variety of tools to produce nutritious meals in large quantities. A standardized recipe is one of these tools.

TOOLS FOR FOOD PRODUCTION

Food service employees use a variety of tools to produce nutritious meals in large quantities. Menus are the starting point for a quality meal. After menus, recipe selection, food purchasing, food preparation, and service are needed to produce meals.

This chapter will focus on:

- Recipes for quantity production
- Quantity food production

Recipes for Quantity Production

A standardized recipe is a useful tool for quantity production.

A standardized recipe is one that has been tried, adapted, and retried many times to be sure the food product is the same each time it is prepared.

A standardized recipe makes the same number of servings each time it is prepared as long as:

- The exact procedures are followed
- The same type of equipment is used
- The ingredients are of the same quality
- The quantity of ingredients is the same

A standardized recipe has all the information needed to prepare the food item.

The recipe should include the following information:

1. Recipe title
2. Recipe category
3. Ingredients
4. Weight/volume of each ingredient
5. Preparation instructions (directions)
6. Cooking temperature and time
7. Serving size
8. Recipe yield
9. Equipment and utensils to be used (National Food Service Management Institute [NFSMI], 2002)

A sample of a standardized recipe can be found on page 52.

Sample Standardized Recipe

1 Carrot-Raisin Salad

2 Category: Salad

3 Ingredients	50 Servings		5 Directions
	Weight	4 Measure	
Carrots, coarsely shredded	2 lb 14 oz	3 qt	1. Place carrots and raisins in a large bowl. 9 2. Combine milk, mayonnaise or salad dressing, salt, nutmeg, and lemon juice. 3. Pour dressing over carrots and raisins. Mix lightly. 4. Cover. Refrigerate for 1 to 1½ hours. 6 5. Mix lightly before serving. Portion with No. 8 scoop (½ cup) 9
Raisins	1 lb 7 oz	1 qt ½ cup	
Milk	---	½ cup	
Mayonnaise or salad dressing	1 lb	2 cups	
Salt	---	½ tsp	
Ground nutmeg	---	½ tsp	
Lemon juice	---	2 Tbsp	

7 Serving: ½ cup **8 Yield: 50 servings (about 3¼ quarts)**

Key

- 1** = Recipe title
- 2** = Recipe category
- 3** = Ingredients
- 4** = Weight/volume of each ingredient
- 5** = Preparation instructions (directions)
- 6** = Cooking temperature and time
- 7** = Serving size
- 8** = Recipe yield
- 9** = Equipment and utensils to be used

Some standardized recipes also include food safety guidelines, food costs, and nutrient analysis data.

There are many resources for standardized recipes.

- Some wholesale food vendors provide standardized recipes to customers.
- Resources are available from NFSMI including:
 - *Measuring Success With Standardized Recipes* (2002). The manual and video may be ordered from NFSMI, or the manual may be accessed online at <http://www.nfsmi.org/information/measuring-success.html>.
 - *Building Quality Meals: Standardized Recipes and Portion Control* (2000). This 60-minute videotape may be ordered from NFSMI, and handout materials may be accessed online at <http://nfsmi.org/Education/Satellite/ss21/partic.pdf>.
- The Child Care Nutrition Resource System Web site at <http://www.nal.usda.gov/childcare/Recipes/index.html> provides information to persons working in the CACFP.

Most standardized recipes make 25 or more servings. Therefore, adult day care centers preparing fewer servings will need to standardize their own recipes.

To standardize your own recipe, do the following:

- Carefully review the recipe and prepare it several times to verify its yield. Record any adjustments made in the recipe.
- Ask employees, participants, and caregivers to taste test the new recipe. Refer to chapter 9 for taste testing procedures.
- Adjust the recipe as needed and document the adjustments.
- Retest the recipe if changes are made.
- If a different number of portions is needed, adjust the ingredient amounts to give different yields (NFSMI, 2002). Appendix 9 contains information on equivalent measures, scoops, labels, and weights and measures.

Quantity Food Production

Food production involves more than just cooking and serving the food. It begins with a variety of tasks that must be done before the day of the meal.

These tasks include:

- Purchasing food
- Receiving food
- Storing food
- Planning food preparation

Food production involves a variety of tasks that must be done before the day of the meal.



Purchasing Food

The amount of food purchased is determined by:

- The menu
- The number of participants being served

A cycle menu can simplify the purchasing process because the same foods are ordered each time the cycle is served.

- Adjust the amount of food to be purchased according to the number of participants being served.
- Add any special items to the order.

Food can be purchased through a wholesale food vendor, food buying club, or a retail grocery store.

Wholesale food vendors typically have a set procedure for ordering food.

- The food salesperson can provide you with the manufacturer's information about the yield of a food product.
- Use the menu to determine the types and amounts of foods needed.

Foods purchased from a food buying club or retail grocery store need to be handled carefully to retain quality and freshness.



If food is purchased from a food buying club or retail grocery store, use the Nutrition Facts label to determine the yield of a product.

- Remember that the serving sizes on the Nutrition Facts label may not be the same as the portions required in the Federal regulations.
- Use the *Food Buying Guide for Child Nutrition Programs* (USDA/FNS, 2001) to determine how much food to purchase.

Foods purchased at a food buying club or retail grocery store need to be handled carefully to retain quality and freshness. It is best to take all foods directly from the store to the adult day care center for proper storage.

When purchasing food from a retail grocery store or a food buying club, be sure to do the following:

- Plan the shopping to select non-perishable foods first, fresh items second, and frozen foods last.
- Place chemicals in the cart away from foods.
- Keep meats in a separate area of the cart away from ready-to-eat foods. Place fresh meats in plastic bags (if available) to prevent drippings from getting on other foods.
- Check “use by” dates and purchase the freshest foods.
- Ask the cashier to bag meats separately from other foods.
- Ask the cashier to bag chemicals separately from foods.
- Place frozen foods in a cooler if the foods are likely to thaw before being properly stored at the adult day care center.

Receiving Food

Fresh foods can spoil and frozen foods can thaw if they are not stored promptly.

All foods need to be stored immediately upon arrival at the adult day care center.

Foods purchased from a commercial vendor need to be checked in by a trained employee to be sure the food received is the food ordered.

- Food temperatures, expiration dates, and “use by” dates need to be checked.
- Any damaged items or foods that were not ordered must be rejected.
- The food must be moved quickly into storage.
- A designated employee will need to sign the invoice for the food. The signature means that the center accepts the food as delivered and agrees to pay the bill in full.
- Chapter 8 provides more information on receiving food safely.

Storing Food

All food needs to be stored using FIFO, which means “First In, First Out.”

- Write the date the food was received on the package label.
- Shelve new food and supplies behind the old, so that the old are used first.
- See chapter 8 for more information on storing food safely.

All food needs to be stored using FIFO (First In, First Out).



Planning Food Preparation: Daily Menu Production Records

If quality meals are to be served, food preparation must be planned. The daily menu production record is an effective planning tool because it helps the food service staff be organized.

Although the format of the production record may vary, it should contain the following:

- Adult day care site
- Meal date
- Menu type (breakfast, lunch, snack, or supper)
- Food components and other items including condiments
- Recipe of food product used
- Planned/projected number of portions and serving sizes
- Total amount of food prepared
- Actual number of reimbursable meals or snacks served
- Actual number of non-reimbursable meals or snacks served
- Leftovers and substitutions

To be a successful planning tool, the production record should be started well in advance of the meal service.

Completing Daily Menu Production Records

The staff person who plans the menu should complete the first part of the menu production record when the menu is planned.

The following information should be recorded:

- **Menu or food item served and its form** (such as “shredded lettuce” or “grated cheese”).
- **Recipe or product:**
 - Specify exact recipes and products.
 - List the recipe number if it is a USDA quantity recipe.
 - List the name of the food and its form.
 - For processed foods, list the brand name and code number.
- **Age group:** Identify that “Adults” are being served.
- **Portion or serving size:** Record the portion size or serving size to ensure the correct portion is planned for, prepared, and served.
- **Total projected servings:**
 - Estimate the number of servings needed for each menu item.
 - This is the first step in determining how much food to purchase, how much time to allow for food preparation, and which equipment to use.

After the meal is served, the following information needs to be recorded on the production record:

- **Amount of food used:**
 - Record how much food was used.
 - These records verify that the planned menu was actually prepared and served.
- **Actual number of meals served:** After the meal, record the number of reimbursable meals that were actually served and the number of non-reimbursable meals that were actually served.
- **Leftovers:**
 - Record all leftovers if required by the funding agency.
 - List any menu substitutions.

Appendix 10 contains a sample menu production record with instructions on how to complete it. Consult your State Agency for the records required to document compliance with Federal regulations.

Chapter 8: Food Safety and Sanitation



Older adults and adults with special needs and disabilities are at greater risk of becoming sick from improperly handled foods than are younger, healthier individuals.

FOOD SAFETY AND SANITATION

Food safety is an essential part of the adult day care program to prevent foodborne illness. There is a need for a well-designed food safety program that protects both employees and adult day care participants.

It is important that adult day care providers serve safe food.

- Older adults and adults with special needs and disabilities are at greater risk of becoming sick from improperly handled foods than are younger, healthier individuals.
- Food that is stored, prepared, and served properly is more likely to retain its fresh quality and nutritional value.

This chapter discusses the components of a food safety program to help evaluate either in-house food preparation or a commercial vendor.

Food Safety Hazards

While the food supply in the United States is one of the safest in the world, there are many ways foods can become unsafe through improper handling.

Foods contaminated with bacteria, viruses, or parasites can cause illness, especially in high-risk groups.

The majority of adult day care participants are high-risk for foodborne illness due to age or medical conditions.

In order for a foodborne illness to occur, all of the following must be available:

- Presence of a pathogen (bacteria, viruses, or parasites) in the food
- Food to carry the pathogen
- Conditions that allow the pathogen to survive, multiply, and produce a toxin
- High-risk person who eats enough of the pathogen or its toxins to cause illness (Roberts, 2001)

The majority of adult day care participants are high-risk for foodborne illness due to age or medical conditions.



Designing a Food Safety Program

Federal regulations require that adult day care programs receiving CACFP funds follow the State and local health and sanitation regulations governing the center.

The Federal standards for food safety are outlined in a model food code published by the Food and Drug Administration (FDA). These standards are reviewed and updated every 4 years.

State Health Departments may choose to adopt this model food code or develop a State food code.

Many states and jurisdictions require food safety training and certification for at least one person working in a food service establishment.

Adult day care providers must abide by the local and State laws for food safety training.

The guidelines discussed in this chapter are based on the FDA *2001 Food Code* (FDA, 2001) and the *Supplement to the 2001 Food Code* (FDA, 2003).

A food safety program should be designed to:

- **Identify potential hazards**
- **Set up procedures that reduce the risk of foodborne illness**



Although setting up a food safety program takes time and effort, it is important to set up a good one because food safety and sanitation are an important part of food service.

A food safety program should be designed to:

- Identify potential hazards
- Set up procedures that reduce the risk of foodborne illness

The following seven steps can be used to start an on-site program.

Steps in Starting a Food Safety Program

Step 1: Do a self-evaluation.

Compare the food handling practices in your operation to the local and State regulations.

- Look at the results of recent sanitation inspections.
- Review policies and procedures that relate to food safety.
- Be sure that employees are following the standards that are currently in place.

Make a list of all cleaning products used in the food service. Be sure to have a material safety data sheet (MSDS) on each product and file these sheets in a binder in the kitchen.

- A MSDS lists:
 - The manufacturer's address
 - The chemical contents of the product
 - Potential hazards
 - Procedures for accidents or spills and personal protection
 - Procedures for handling and storage
- A MSDS can be obtained for a product via the Internet or from the manufacturer or supplier.
 - Web sites for the MSDS include:
 - <http://www.msdsonline.com>
 - <http://www.msdssearch.com>
 - Other sites can be found by doing a search for "MSDS" or "material safety data sheets."

Check out each piece of food service equipment to see if it appears to be working correctly.

- Monitor and document temperatures in all food storage areas, temperatures in the dishwasher, and temperatures in other equipment.
- Be sure oven thermometers give accurate readings.
- Contact the equipment maintenance provider for assistance with repairs.

While completing the above actions, make three lists:

1. Food safety practices observed
2. Food handling practices that need improvement
3. Equipment needs

Step 2: Map out the flow of food.

Because all food is potentially hazardous, it is important to establish a food safety program that prevents, eliminates, or reduces the risk of food contamination at each point in the flow of food.

The flow of food is the route food takes from the time it arrives at the adult day care center until it reaches its final destination as part of a meal or snack.

Steps in the flow of food for in-house production might include:

- Purchasing
- Receiving
- Storing
- Preparing
- Cooking
- Holding and Serving
- Cooling
- Reheating

Meals purchased from a commercial vendor may have additional steps in the flow of food that include:

- Cooling
- Transporting
- Reheating

Identify the flow of food in *your* adult day care center.

Step 3: Identify and write standard food handling practices for each point in the flow of food.

Standard food handling practices are outlined in the *FDA 2001 Food Code* (FDA, 2001), the *Supplement to the 2001 Food Code* (FDA, 2003), and State food codes. However, each adult day care center will need to pattern its standard food handling practices after the laws and regulations that govern its operation.

Some sample food handling practices for an in-house food service production can be found on page 65. The samples are based on the standards in the *2001 Food Code* (FDA, 2001) and the *Supplement to the 2001 Food Code* (FDA, 2003).

The sample food handling practices are not meant to be a complete list; they are only a starting place. Check the latest *FDA Food Code* for periodic changes in food safety standards.

Centers that purchase meals from vendors should do the following:

- If possible, tour the vendors' operations to observe food handling practices as part of the contract negotiations
- Discuss the procedures for food preparation and the safe transport of meals to the adult day care center
- Follow the temperature guidelines in the *FDA Food Code* or State food code for minimum food preparation temperatures and holding temperatures
- Ask the vendor to provide records documenting:
 - Food temperatures during production
 - Holding temperatures at the time the food leaves the vendor
 - Food temperatures once the food is received at the center

Flow of Food	Sample Food Handling Practices: In-House Meal Production
Purchasing	<ol style="list-style-type: none"> 1. Buy from reputable vendors, grocery stores, or food buying clubs. 2. Check “use by” dates to purchase the freshest foods. 3. Place frozen foods in cooler during transport between store and center. 4. Place fresh meats in separate area from ready-to-eat foods.
Receiving	<ol style="list-style-type: none"> 1. Store foods immediately. 2. Avoid cross-contamination. 2. Keep receiving area clean.
Storing	<ol style="list-style-type: none"> 1. Record delivery/purchase date on food. 2. Use oldest food first (FIFO). 3. Avoid cross-contamination. 4. Store chemicals away from food and other food-related supplies. 5. Maintain proper refrigerator, freezer, and dry storage temperatures.
Preparing	<ol style="list-style-type: none"> 1. Wash hands frequently, properly, and at appropriate times. 2. Avoid cross-contamination. 3. Keep foods out of the “temperature danger zone” (41 °F–135 °F). 4. Prepare foods no further in advance than necessary. 5. Thaw foods properly.
Cooking	<ol style="list-style-type: none"> 1. Avoid cross-contamination. 2. Use a clean food thermometer. 3. Cook food to the proper internal temperature for appropriate time without interruptions. 4. Record internal temperatures.
Serving and Holding	<ol style="list-style-type: none"> 1. Avoid cross-contamination. 2. Hold foods at proper temperature, either below 41 °F or above 135 °F. 3. Record internal temperatures. 4. Monitor the temperature of hot-holding and cold-holding equipment. 5. Follow rules for good personal hygiene. 6. Maintain a sanitary food service operation.
Cooling	<ol style="list-style-type: none"> 1. Chill rapidly. 2. Stir frequently. 3. Use shallow, pre-chilled pans. 4. Record internal temperatures. 5. Store appropriately.
Reheating	<ol style="list-style-type: none"> 1. Reheat rapidly. 2. Reheat to internal temperature of 165 °F for 15 seconds. 3. Record internal temperatures. 4. Never reheat food in hot-holding equipment.

Policies need to be in place for handling meals once they arrive at the center. Listed below are sample food handling practices for programs that purchase meals from vendors.

Flow of Food	Sample Food Handling Practices: Meals from Vendors
Purchasing	<ol style="list-style-type: none">1. Buy from reputable vendors.2. Include food safety standards in purchasing agreement.3. Accept food only if delivered at proper temperature in clean, well-equipped trucks.
Receiving	<ol style="list-style-type: none">1. Inspect food upon arrival for proper temperature, content, and damage.2. Reject all products that do not meet requirements.3. Store foods immediately.4. Keep receiving area clean.
Serving and Holding	<ol style="list-style-type: none">1. Avoid cross-contamination.2. Hold foods at proper temperature, either below 41 °F or above 135 °F.3. Record internal temperatures.

Step 4: Purchase equipment needed for safe food handling.

Invest in quality thermometers that give accurate readings.

- Accurate thermometers are vital to safe food handling because they are the only tools to measure the internal temperature of food. The length of time a food has been cooked and the appearance of food are not good indicators of the safety and doneness of the product.
- Be sure that employees are trained to determine if the thermometers are working properly.
- *Kitchen Thermometers* (USDA/Food Safety and Inspection Service [FSIS], 2002) is a good resource for thermometers. It describes the various types of thermometers that can be used in food service and explains how to use them correctly. A copy of this publication can be downloaded at <http://www.fsis.usda.gov/OA/thermy/kitchen.pdf>.

Evaluate storage space. Adequate refrigerated space is needed to keep raw foods, thawing foods, and ready-to-eat foods separated.

Raw and thawing foods must be kept away from ready-to-eat foods to prevent cross-contamination.

Provide employees with adequate utensils for serving food and with disposable gloves (if required by the regulatory authority governing the center). Also, provide hair restraints (nets or hats) for all employees.

Step 5: Train employees.

Training employees is an ongoing job.

- Remember that employees most likely handle food at work the same way they do at home.
- Many employees do not bring safe food handling practices to the job, and habits are hard to change.
- When employees are rushed and tired, they are more likely to do the easiest and most efficient method regardless of whether it is a safe practice. Haste not only makes waste, but increases the potential for hazards as well.
- Centers using employees to work in more than one area (for example, personal care and food service) must train these individuals on safe food handling practices, such as handwashing, to prevent cross-contamination of foods.

When planning employee food safety training, refer to the list you made in Step 1 of food handling practice areas that need improvement. Chapter 12 provides more information on employee training.

Step 6: Set up a system of monitoring food handling practices.

Once your food safety system is in place, it must be monitored to assure that it is working.

Monitor all the steps in the flow of food where food may become unsafe if handled improperly.

Listed below are some examples of monitoring practices.

Flow of Food	Sample Monitoring Practices for In-House Meal Production
Receiving	Record product temperatures on receiving log for all fresh and frozen foods received.
Storing	Record room temperature of all storage areas on temperature log as scheduled. Check for proper labeling and dating of foods stored and out-of-date stock as scheduled.
Serving and Holding	Record food temperatures on temperature log prior to service.
Cooling	Record internal temperatures.
Reheating	Record food temperatures on temperature log prior to service. Reheat to internal temperature of 165 °F for 15 seconds.

Step 7: Evaluate the program.

Set aside time to evaluate the food safety program.

- A reasonable timeframe might be every 3 to 6 months.
- Compare your initial self-evaluation to the current food handling practices.
- Determine the policies and practices that are effective and ones that need improvement.
- Reevaluate your training program for effectiveness. Remember that it takes time to change habits.

Resources

Food safety resources are available from a variety of private, professional, and governmental organizations.

Be sure the resource selected is up-to-date with the latest FDA *Food Code* or local regulations.

Appendix 11 contains sample temperature logs.

Chapter 9: Quality Control



Quality is achieved through people. The adult day care center employees and vendors are the most valuable resources in achieving quality.

QUALITY CONTROL

Quality control is important to the successful operation of an adult day care center.

“Quality” is a word used in food service to describe the menu, meal service, and customer service.

Quality in adult day care food service has several elements including:

- What participants and families expect
- Standards for preparation and service of food products
- Standards for food safety and sanitation

Quality is achieved through people.

- The adult day care center employees and vendors are the most valuable resources in achieving quality.
- Dedicated, motivated, and well-trained employees make sure that quality standards are met daily. They listen to comments from families and participants to learn ways to improve the food service.

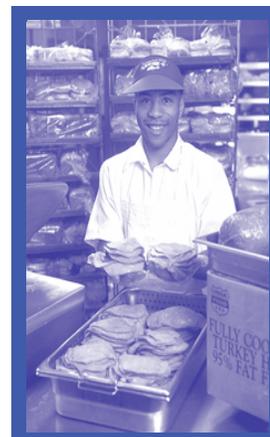
Quality control is an ongoing program with the ultimate goals of:

- Timely service
- Attractive, tasty, and nutritious foods
- A safe and sanitary kitchen

The tools of a quality control program for food service are discussed throughout the *Adult Day Care Resource Manual for the USDA Child and Adult Care Food Program*. The following tools of a quality control program are addressed in the chapters noted in parentheses:

- CACFP regulations and other State funding source regulations (chapter 2)
- Written menus (chapter 6)
- Standardized recipes (chapter 7)
- Production records (chapter 7)
- Food safety and sanitation monitoring systems (chapter 8)
- Safety checklists and maintenance logs (chapter 8)
- Portion control procedures and portion control tools (chapter 9)
- Scales, timers, and other measurement equipment (chapter 9)
- Taste testing (chapter 9)
- Test meal evaluation (chapter 9)
- Participant surveys (chapter 9)

Dedicated, motivated, and well-trained employees make sure that quality standards are met daily.



This chapter addresses measurement tools and quality control procedures used to ensure quality standards.

Measurement Tools and Portion Control Procedures

Measurement tools are essential for preparing and serving quality food products.

These tools include:

- Ladles
- Measuring cups
- Measuring spoons
- Scales
- Scoops
- Spoodles
- Thermometers
- Timers

Each tool has its unique purpose. If centers are to ensure quality food products, employees must be trained to use these tools accurately.

- Avoid “eyeballing” or estimating portions because the “eye” can be fooled. There is a greater chance of either food shortage or waste when portions are visually estimated.
- Make sure standard measuring equipment is used so that therapeutic diets are served as ordered.

If centers are to ensure quality food products, employees must be trained to use measurement tools accurately.



Standard portions should be written on the menus.

- For programs purchasing unitized or pre-plated meals, the standard portions should be documented in the contract to avoid any misunderstanding with the vendor.
- Some common weights and measures are found in appendix 9.

The accuracy of portions served should be evaluated routinely.

- Weigh and measure portions served on a test tray.
- This is especially important for unitized meals if there is a concern about the accuracy of portions. Follow up with the vendor if a problem with portion sizes is identified.

Taste Testing

Taste testing all food before service is an important technique to control food quality.

- Taste test all menu items before serving them. Modify or discard any food that does not meet quality standards.
- Rotate the responsibility for taste testing among food service employees.

When preparing to taste test a food item, review the menu and recipe, noting ingredients and preparation procedures. Be familiar with the quality standards for the food item.

Practice food safety and sanitation measures when conducting a taste test:

- Take a small sample from the pan with the serving spoon.
- Place the sample on a separate utensil or a plate.
- Return the serving spoon to the pan.
- Do not taste the food sample over the pan.
- Send the tasting utensil to the dishwasher.
- Remember—taste testing is *not* eating.

Answer the following questions about the food item:

- How does the food look?
- How does the food taste?
- Is the food at the proper temperature?
- Is the texture of the food correct? (moist, firm, crunchy, etc.)
- Is the food acceptable for service?

Criteria for taste testing:

- Appearance
- Taste
- Temperature
- Texture
- Acceptability

If the food item is not acceptable for service, decide if it can be modified to meet quality standards or if it should be discarded. Determine how the recipe or preparation procedures should be changed to result in a better product in the future.

Taste Testing New Recipes or Food Products

A taste-testing “party” is one way that programs can get feedback from participants and their caregivers before offering a new food item or using a new recipe.

- Have the adult day care center staff plan a taste-testing “party.”
- Offer samples of new menu items to participants and record their responses.
- Use the Participant New Menu Item Survey (appendix 12) to record responses.

Test Meal Evaluation

Ongoing quality evaluations are one way to maintain control of the food service program (Sullivan & Atlas, 1998). Therefore, meals should be evaluated routinely for quality.

Test meals should be evaluated for:

- Accuracy of portions
- Accuracy of foods served
- Food temperatures
- Food quality and taste

The procedure for a test meal evaluation is:

Step 1: Schedule a test meal.

Step 2: Compare the foods served to the menu. Are the foods served in accordance with the menu?

Step 3: Take food temperatures using an accurate thermometer.

Step 4: Weigh or measure each food portion for accuracy. Record the results.

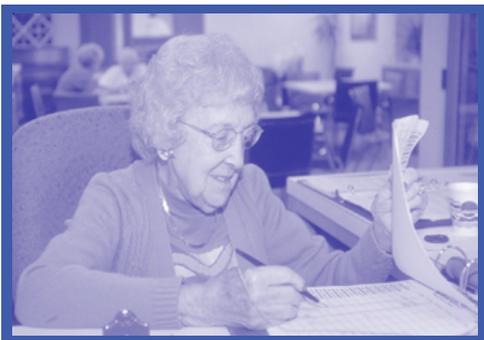
Step 5: Taste each food item and evaluate the food quality. Record the results.

A sample test meal evaluation survey can be found in appendix 12.

It is important to keep a file of the test meal results.

- Discuss the results with employees or the vendor and take corrective action if necessary.
- Use the test meal evaluations in contract negotiations. The consequences for not following the quality standards need to be part of the written contract with the vendor.

It is important to survey the participants and their families for their opinions about the food service program.



Participant Surveys

Adult day care program participants and their families have opinions about the food served at the center, but many will not express their opinions unless asked.

Therefore, it is important to survey the participants and their families for their opinions about the food service program.

- If your center already has an ongoing system of surveying participants and families about aspects of care, including food service, work within the system already in place and use the information to improve your program.
- If your center does not have a system of surveying participants, consider setting up a system for food service.

Techniques to gather participant responses include:

- Written surveys
- Oral surveys
- Observations of non-verbal responses to oral surveys (such as smiles or frowns)

Sample participant survey forms can be found in appendix 12.

The procedure for developing a participant survey is:

Step 1: Determine what the food service staff needs to know.

Step 2: Determine how many participants to survey, when to survey them, and where the survey will take place.

Step 3: Determine the types of questions.

- Be sure the participants are able to understand and answer the questions.
- Ask someone who is not a food service employee to assist the participants who must complete the surveys orally or non-verbally.

Step 4: Test the survey to be sure the questions are understandable.

Step 5: Conduct the survey and summarize the responses.

Step 6: Use the information to improve the food service operation.

Developing a Quality Program

Achieving quality is a never-ending process. It requires that each employee make a daily commitment to serving quality food and providing quality service.

Remember that quality food is NEVER an accident. It is the result of careful planning and preparation.

Excellent food and timely, courteous service are the results of a commitment to quality.

Chapter 10: Working With Vendors



Some adult day care centers will purchase products from a variety of retail grocery stores or food buying clubs. Others will have contracts with just one or two vendors to provide the majority of foods and supplies needed.

WORKING WITH VENDORS

All food service operations work with a variety of vendors.

Vendors are business people who sell products to food service operators. Examples of vendors are retail grocery stores, food buying clubs, or food service distributors.

This chapter will focus on working with vendors.

Vendors sell many different products and services to adult day care centers including:

- Groceries
- Chemicals
- Paper products
- Food service equipment
- Unitized or pre-plated meals
- Bulk delivery

Some adult day care centers will purchase products from a variety of retail grocery stores or food buying clubs. Others will have contracts with just one or two vendors to provide the majority of foods and supplies needed.

It is important for a center to get to know the manager of the grocery store, the salesperson from the food service distributor, or the salesperson from the operation selling unitized meals. The adult day care center may need to order special products or have a problem with an item purchased. Knowing the manager or salesperson before the problem occurs or special need arises makes the problem easier to resolve. The store manager or salesperson is interested in satisfying the needs of the adult day care center.

Adult day care centers that purchase in volume from one or more vendors need to have written contracts.

- The food service staff must provide information to the vendor about the product needs and the quality expected.
- The vendor must be able to document that the products sold meet the quality standards, food safety standards, and meal component requirements of the CACFP.
- The contracts must state:
 - The guaranteed pricing
 - The time period for guaranteed pricing
 - All financial adjustments for any problems with products or service

Centers should get to know the manager or salesperson representing their vendors.



Centers that contract with vendors for groceries, supplies, or unitized meals must follow the purchasing regulations found in 7 CFR, part 226.22.

Centers should always check with the State Agency or local funding authority before negotiating a contract with a vendor.

Vendors should welcome all of the information from the adult day care centers and food service staff so that they can better meet the needs of the participants.

- Be sure that the information provided to the vendor by the adult day care center is used in the preparation of the bid or pricing of foods.
- Be wary of vendors who are uncooperative or hesitant to provide information requested.
- An effective business relationship requires two-way communication.

An excellent resource for purchasing procedures, including the bidding process and working with vendors, is *First Choice: A Purchasing Systems Manual for School Food Service* (USDA/FNS, 2002). A copy of this publication can be obtained from NFSMI. NFSMI also provides training on purchasing. For more information, contact NFSMI at 800-321-3054.

Chapter 11: Role of Nutrition Consultants



The nutrition consultant, who must be a licensed or registered dietitian, in consultation with a physician, can assist the adult day care center in assessing the participants' nutritional needs and in designing an action plan.

ROLE OF NUTRITION CONSULTANTS

Nutrition consultants are vital team members for adult day care centers that serve participants with special nutrition needs.

The nutrition consultant, who must be a licensed or registered dietitian, in consultation with a physician, can assist the adult day care center in assessing the participants' nutritional needs and in designing an action plan.

This chapter will focus on the role of the nutrition consultant.

Center Needs Assessment

The first priority of a nutrition consultant is to assist the center with a needs assessment.

This assessment should include a review of:

- Information about the participants
 - Medical information
 - Special dietary needs
 - Food preferences or other special needs (including food allergies and cultural and religious food preferences)
- Menus
- Vendor contracts
- Operational audit of the food service program
- Meal production or delivery system
- Meal service
- Employee training program
- Resource materials

The nutrition consultant will identify the needs of the center and develop an action plan that will be reviewed with the adult day care provider.

- Usually all needs identified will not be met simultaneously.
- The adult day care provider and nutrition consultant will need to prioritize the needs and develop a timeline and budget for implementing the plan.

Each center will have a unique set of needs. However, the most common needs are addressed in this chapter.

The first priority of a nutrition consultant is to assist the center with a needs assessment.



Assessment of Participants

The nutrition consultant needs to review the individual plan of care for each participant to determine if any adjustments need to be made.

- To get to know the participants, the nutrition consultant will want to spend time at meals observing the participants eating and the staff interacting with them.
- The consultant should be available to speak with participants' family members who have questions or concerns about the nutrition and food services provided at the center.

After obtaining this information, the consultant will make recommendations to the adult day care provider about the plan of care. The consultant could also recommend changes in policies or services. Then, the consultant and day care provider will discuss a timetable for implementation of the recommendations.

Nutrition Care Documentation

The adult day care center must complete an individual plan of care for each participant. The individual plan of care must include a nutrition screening component to identify participants who are high-risk for nutrition-related health problems.

It is the responsibility of the adult day care provider to refer all high-risk participants to the nutrition consultant.

The nutrition consultant should:

- Review the individual plan of care for all referred participants
- Review meal component substitutions due to medical needs
- Maintain nutrition assessment records on all high-risk participants

Recommendations for individual participants will be made based on the information provided by the adult day care provider. Sample nutrition assessment data collection tools can be found in appendix 13.

Contract Reviews

The nutrition consultant can assist the adult day care provider by reviewing current contracts with either food suppliers or meal vendors.

The consultant should discuss any recommendations for revising the contracts with the adult day care provider prior to the termination of the current contract.

Menus

The adult day care center needs to make the menus available to the nutrition consultant.

The consultant should:

- Review menus and, if needed, revise the menus to be sure they meet CACFP meal pattern requirements
- Determine if the meals are nutritionally balanced
- Determine if the cultural and religious dietary needs are honored
- Determine if the food preferences and special food needs of the participants are being honored
- Determine if all the menus are being served as written

Some centers may have a number of participants with medical orders for restrictive therapeutic diets.

- The registered dietitian is the most qualified professional to write menus for therapeutic and consistency-modified diets.
- The nutrition consultant should evaluate the appropriateness of these diets and contact the physician if clarification or changes are required to ensure that participants receive diets that meet their individual needs.

Food Service Management

The nutrition consultant should work with the food service staff on:

- Departmental policies
- Food production
- Purchasing
- Food safety policies
- All other aspects of food production as needed

For centers that purchase meals from vendors, the nutrition consultant may want to contact the vendors and review their food production and food safety programs.

Employee Training

Employee training is an ongoing process. The nutrition consultant should assist in planning and implementing in-service training to food service staff and center staff.

Chapter 12 discusses strategies for effective training of adults.

The nutrition consultant should assist in planning and implementing in-service training to food service staff and center staff.



Advisory Role

The nutrition consultant will serve as an advisor to the adult day care provider and the food service staff on how to meet participants' nutrition needs.

To document the work of the nutrition consultant, the center needs to develop a system the consultant can use for reporting findings and making recommendations.

Resource Materials

Every adult day care center will need to have key resource materials available for food service employees and the nutrition consultant.

These resource materials include:

- A copy of State regulations for adult day care services
- A copy of CACFP regulations
- A copy of regulations unique to the funding source or regulatory agency
- A nutrition care manual approved by the administrative and medical staff of the center
- A food safety reference that is consistent with State sanitation and safety regulations
- Other materials deemed necessary by the nutrition consultant

Sources for a nutrition care manual include the ADA and state dietetic associations.

Sources for a food safety reference include:

- U.S. Department of Agriculture Food and Nutrition Service
- Food and Drug Administration
- National Food Service Management Institute
- National Restaurant Association
- American Dietetic Association
- State dietetic associations

Sources for Resource Materials

American Dietetic Association
120 South Riverside Plaza
Suite 2000
Chicago, IL 60606-6995
800-877-1600
<http://www.eatright.org>

Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857-0001
888-463-6332
<http://www.fda.gov>

National Food Service Management Institute
The University of Mississippi
6 Jeanette Phillips Drive
P.O. Drawer 188
University, MS 38677-0188
800-321-3054
<http://www.nfsmi.org>

National Restaurant Association
1200 17th Street NW
Washington, DC 20036
202-331-5900
<http://www.restaurant.org>

U.S. Department of Agriculture Food and Nutrition Service
3101 Park Center Drive
Alexandria, VA 22302-1500
703-305-2621
<http://www.fns.usda.gov>

Chapter 12: Staff Training



Well-trained staff can transform the food service operation from average to outstanding.

STAFF TRAINING

Employee training is both a rewarding and challenging responsibility faced by every adult day care provider.

Employee training is important because well-trained staff can transform the food service operation from average to outstanding.

There are many obstacles to a well-trained staff:

- Rapid employee turnover in the center's food service staff
- Doing more and more with fewer employees
- Expectation for food service staff to work in other areas such as personal care or housekeeping (These employees must be properly trained to prevent cross-contamination of food when their work responsibilities vary during the day.)

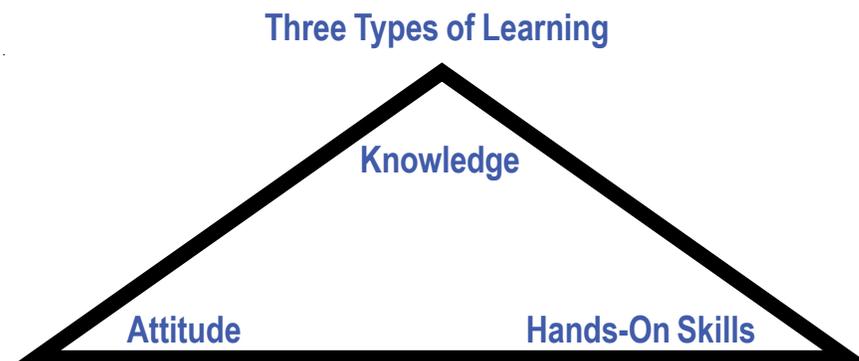
Training sounds like a simple task, but thought and preparation are required to determine the level of performance expected from trained employees.

Developing a good training program begins with understanding the different types of learning required.

Types of Learning

Training involves three types of learning, each essential for food service employees to master:

- Knowledge or intellectual
- Attitude or emotional
- Manipulative or hands-on skill development



Knowledge Learning

Most food service employees need to know more than basic facts about food preparation and safety.

- Employees need to understand the reason(s) they are doing something. For example, a food safety fact is that employees should not cut up raw meat and then ready-to-eat food, such as raw vegetables for a salad, on the same cutting board without properly cleaning and sanitizing the cutting board first. Employees need to understand that the reason for this food safety fact is that raw meat can contain dangerous microorganisms that can contaminate the ready-to-eat food. If consumed, the dangerous microorganisms can cause older people to become very sick or even die.
- Employees also need to know how to use facts to make decisions and solve problems. For instance, they must be able to use food safety and food preparation facts to determine what food can or cannot be served safely to older people.

Attitudinal Learning

Attitudinal learning defines employee feelings or attitudes in a work situation. The adult day care center may designate as a job requirement that employees have a certain attitude toward participants, staff, and family members.

Manipulative Learning or Hands-On Skill Development

Manipulative learning emphasizes the skilled use of hands.

- In food service, manipulative skills include tasks such as cutting, chopping, and garnishing foods.
- If food service employees assist participants at meals, feeding techniques also require manipulative skills.

Developing a Training Plan

The steps in developing a training plan are:

Step 1: Identify training needs. Answer the following questions when developing a training plan:

- How would you like employees to perform their jobs differently than they do now?
- What educational topics are required by either your center or regulatory authorities?
- Do employees know all the requirements of the CACFP?
- Do employee job descriptions define specific job skills and attitudes?
- Do you want to change employee attitudes?
- Are employees expected to know a lot of facts or are they expected to solve problems?
- What changes are needed in the food service operation?
- Do employees work in more than one area such as personal care, housekeeping, and food service?
- What are employees expected to be able to do after training?

Step 2: Set up an educational calendar.

- Schedule training at the same time each month.
- Plan time to prepare for the in-service training programs.
- Start with all required training topics.
- Look at problems that have occurred in the last year or complaints by families. These may be good topics to include in the training calendar.

Step 3: Identify educational resources.

- Many training tools are available from food service distributors, professional organizations, government agencies, and nutrition communication businesses.
- Invest some time to review these products in print or on the Internet.

Step 4: Evaluate the usefulness of these training tools.

- Read the objectives carefully to determine if the program is suitable.
- Look for fun and creative learning activities to reinforce learning. Remember that some adults have unhappy memories of school.
- Adults learn more from doing than from listening.
- Adults enjoy and learn from the use of humor in training programs.

Step 5: Develop a system to evaluate employee skills gained from training.

- Hold employees accountable to perform at the level expected.
- Skills checklists are helpful to document that employees have been trained to meet the standards set by the adult day care center.

Step 6: Schedule training programs and be sure employees know they are expected to attend.

- Document attendance at training programs according to the policy at the center and CACFP regulations.
- A sample attendance form is available in appendix 14.

Step 7: Keep records of training.

- Keep copies of training objectives, handouts, and evaluation tools used.
- Keep documentation of employee attendance at training programs.

Step 8: Evaluate the success of the training program. Ask yourself:

- Are employees performing as expected after the training?
- Have you documented participation in training programs and new skills demonstrated?
- Do employees demonstrate different attitudes at work?
- What areas require additional training and follow-up?

Training is an ongoing job for all food service employees.

- Learning new techniques of food preparation or presentation takes time.
- Usually more than one training session is required.
- Not all employees learn at the same pace.
- Trainers should:
 - Follow up with employees who need one-on-one instruction
 - Use educational tools like mini-posters in the kitchen to reinforce knowledge or skills covered in training sessions
 - Reinforce training by complimenting employees' positive behaviors
 - Remember that all manipulative or hands-on skills need to be demonstrated, and competency should be documented on a skills checklist

Sources of Educational Materials and Training Tools

American Dietetic Association
120 South Riverside Plaza, Suite 2000
Chicago, IL 60606-6995
800-877-1600
<http://www.eatright.org>

Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857-0001
888-463-6332
<http://www.fda.gov>

National Food Service Management Institute
The University of Mississippi
6 Jeanette Phillips Drive
P.O. Drawer 188
University, MS 38677-0188
800-321-3054
<http://www.nfsmi.org>

National Restaurant Association
1200 17th Street NW
Washington, DC 20036
202-331-5900
<http://www.restaurant.org>

U.S. Department of Agriculture Food and Nutrition Service
3101 Park Center Drive
Alexandria, VA 22302-1500
<http://www.fns.usda.gov>

Glossary and References



GLOSSARY

Adaptive Equipment: Special equipment designed to substitute for motions lost due to disability.

Adult Day Care: Community-based programs for older adults and adults with functional impairments living in non-residential care settings.

Adult Participant: Person who is functionally impaired or over 60 years of age.

CACFP: Child and Adult Care Food Program.

Combination Diet: Special diet that consists of more than one therapeutic diet or a therapeutic diet with consistency-modified foods.

Consistency-Modified Diet: Special diet in which the texture or consistency of food or beverages has been changed to ease chewing and/or to facilitate normal swallowing.

Cycle Menu: Menu planned for a specific period of time and repeated.

Daily Menu Production Record: Form that assists in planning CACFP meals/snacks and also documents actual meals/snacks served. (See page 56 for more information.)

Dementia: Progressive degenerative disease that attacks the brain resulting in loss of memory, language skills, and thinking ability.

Developmental Disabilities: Physical and/or mental limitations that are present at birth or caused by an injury before the age of 22 and can continue indefinitely. The disabilities result in functional limitations in three or more of the following areas: self care, receptive and expressive language, learning, mobility, self direction, capacity for independent living, and economic self sufficiency.

Dietary Guidelines for Americans (2005): A set of guidelines providing science-based advice to promote health and to reduce risk for major chronic diseases through diet and physical activity. Developed jointly by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. Reviewed, updated as needed, and published every 5 years (<http://www.healthierus.gov/dietaryguidelines/>).

Dysphagia: Difficult or painful swallowing of food or fluid.

FDA Food Code: Publication by the Food and Drug Administration that outlines the Federal standards for food safety. These standards are reviewed and updated every 4 years.

Flow of Food: Route food takes from the point of arrival at the adult day care center to its final destination as part of a meal or snack.

Food Specifications: Written statements describing a food to be purchased.

Functionally Impaired Adult Participants: Chronically impaired, disabled persons 18 years or older. These include victims of Alzheimer’s disease and related disorders with neurological or organic brain dysfunction. Functionally impaired adults are physically or mentally impaired to the extent that their capacity for independence and their ability to carry out activities of daily living are markedly limited.

Meal Component: Food group required in the meal pattern. The four meal components required in the CACFP meal pattern for adults are Milk, Vegetable or Fruit, Grains/Breads, and Meat/Meat Alternates.

Meal Pattern: The set of food components, food items, and minimum quantities required for a breakfast, supplement (snack), and lunch or supper for a specific age group that allows a meal to be reimbursable.

Menu/Food Item: Actual food served to meet the requirements of a meal pattern that allows a meal to be reimbursable, e.g. eggs, cheese, cornbread, juice.

MyPyramid: A symbol of a personalized approach to remind consumers to make healthy food choices and to be active every day. The different parts of the symbol suggest Activity, Moderation, Personalization, Proportionality, Variety, and Gradual Improvement. MyPyramid was developed by the U.S. Department of Agriculture, Center for Nutrition Policy and Promotion. It is available at <http://www.MyPyramid.gov>.

National Adult Day Services Association (NADSA): Professional organization serving adult day care services nationwide.

Nutrition Consultant: Nutrition professional qualified to assess nutritional needs and design an action plan. A nutrition consultant for an adult day care center must be a licensed or registered dietitian.

Offer Versus Serve: Meal service option for CACFP adult participants in which participants can decline one food component at breakfast and up to two meal components at lunch and supper.

Physical Cues: Physical support to assist a participant.

Registered Dietitian (RD): Food and nutrition expert who has completed a minimum of a bachelor’s degree at a U.S. regionally accredited college or university and course work approved by the Commission on Accreditation for Dietetics Education (CADE) of The American Dietetic Association (ADA); completed a CADE-accredited 6- to 12-month supervised practice program at a healthcare facility, community agency, or a food service corporation; passed a national examination administered by the Commission on Dietetic Registration (CDR); and completed continuing professional education requirements to maintain registration.

Standardized Recipe: Recipe that has been tested for consistency of product and yield.

Therapeutic Diet: Diet that is ordered by a physician or other authorized medical authority and is designed to assist in the management of disease or disorders by reducing or increasing specific foods, ingredients, or nutrients.

Unitized Meals: Meals purchased from a vendor.

Verbal cues: Simple instructions to help a confused or impaired participant.

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CACFP Minimum Meal Components

Programs participating in the CACFP are required to serve minimum meal components. The minimum meal components are published in the CACFP Federal regulations.

The following tables show the minimum meal components for breakfast, lunch, supper, and supplemental foods (snacks).

CACFP Minimum Meal Components for Breakfast

Food Component	Portion	Description
Milk	1 cup ¹	Milk, fluid
Vegetables, Fruit, or Juice	½ cup ½ cup	Vegetable(s) and/or fruit(s) or Full-strength vegetable or fruit juice or an equivalent quantity of any combination of vegetables(s), fruits(s), and juice
Grains/Breads ²	2 slices (servings) 2 servings 1½ cups or 2 oz 1 cup 1 cup 1 cup	Bread or Cornbread, biscuits, rolls, muffins, etc. ³ or Cold dry cereal ⁴ or Cooked cereal or Cooked pasta or noodle products or Cooked cereal grains or an equivalent quantity of any combination of bread/bread alternates

¹A cup means a standard measuring cup.

²Bread, 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.

³Serving size and equivalents are published in guidance materials by FNS.

⁴The portion can be either volume (cup) or weight (oz), whichever is less.

CACFP Minimum Meal Components for Lunch

Food Component	Portion	Description
Milk	1 cup ¹	Milk, fluid
Vegetables, Fruit, or Juice	1 cup total	Vegetable(s) and/or fruit(s)
Grains/Breads ²	2 slices (servings) 2 servings 1 cup 1 cup	Bread or Cornbread, biscuits, rolls, muffins, etc. ³ or Cooked pasta or noodle products or Cooked cereal grains or an equivalent quantity of any combination of bread/bread alternates
Meat or Meat Alternate	2 oz 2 oz 2 oz 1 ½ cup 4 Tbsp 1 oz 8 oz or 1 cup	Lean meat or poultry or fish ⁴ or Alternate protein products ⁵ or Cheese or Egg (large) or Cooked dry beans or peas or Peanut butter or soynut butter or other nut or seed butters or Peanuts or soynuts or tree nuts or seeds ^{6,7} or Yogurt, plain or flavored, unsweetened or sweetened, or an equivalent quantity of any combination of meat/meat alternates

¹A cup means a standard measuring cup.

²Bread, 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.

³Serving size and equivalents are published in guidance materials by FNS.

⁴This means the edible portion of cooked lean meat or poultry or fish.

⁵They must meet the requirements in appendix A of 7 CFR, part 226.20.

⁶Nuts 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 requirement.

⁷Tree nuts and seeds that may be used as meat alternates are listed in program guidance.

CACFP Minimum Meal Components for Supper

Food Component	Portion	Description
Milk	None	Milk, fluid
Vegetables, Fruit, or Juice	1 cup ¹ total	Vegetable(s) and/or fruit(s)
Grains/Breads ²	2 slices (servings) 2 servings 1 cup 1 cup	Bread or Cornbread, biscuits, rolls, muffins, etc. ³ or Cooked pasta or noodle products or Cooked cereal grains or an equivalent quantity of any combination of bread/bread alternates
Meat or Meat Alternate	2 oz 2 oz 2 oz 1 ½ cup 4 Tbsp 1 oz 8 oz or 1 cup	Lean meat or poultry or fish ⁴ or Alternate protein products ⁵ or Cheese or Egg (large) or Cooked dry beans or peas or Peanut butter or soynut butter or other nut or seed butters or Peanuts or soynuts or tree nuts or seeds ^{6,7} or Yogurt, plain or flavored, unsweetened or sweetened, or an equivalent quantity of any combination of meat/meat alternates

¹A cup means a standard measuring cup.

²Bread, 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.

³Serving size and equivalents are published in guidance materials by FNS.

⁴This means the edible portion of cooked lean meat or poultry or fish.

⁵They must meet the requirements in appendix A of 7 CFR, part 226.20.

⁶Nuts 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 requirement.

⁷Tree nuts and seeds that may be used as meat alternates are listed in program guidance.

CACFP Minimum Meal Components for Supplemental Food (Snack)

Food Component (Serve Two Required Components)	Portion	Description
Milk	1 cup ¹	Milk, fluid
Vegetables, Fruit, or Juice	½ cup ½ cup	Vegetable(s) and/or fruit(s) or Full-strength vegetable or fruit juice or an equivalent quantity of any combination of vegetables(s), fruits(s), and juice
Grains/Breads ²	1 slice (serving) 1 serving ¾ cup or 1 oz ½ cup ½ cup	Bread or Cornbread, biscuits, rolls, muffins, etc. ³ or Cold dry cereal ⁴ or Cooked pasta or noodle products or Cooked cereal grains or an equivalent quantity of any combination of bread/bread alternates
Meat or Meat Alternate	1 oz 1 oz 1 oz ½ egg ¼ cup 2 Tbsp 1 oz 4 oz or ½ cup	Lean meat or poultry or fish ⁵ or Alternate protein products ⁶ or Cheese or Egg (large) ⁷ or Cooked dry beans or peas or Peanut butter or soynut butter or other nut or seed butters or Peanuts or soynuts or tree nuts or seeds ⁸ or Yogurt, plain or flavored, unsweetened or sweetened, or an equivalent quantity of any combination of meat/meat alternates

¹A cup means a standard measuring cup.

²Bread, 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.

³Serving size and equivalents are published in guidance materials by FNS.

⁴The portion can be either volume (cup) or weight (oz), whichever is less.

⁵This means the edible portion of cooked lean meat or poultry or fish.

⁶They must meet the requirements in appendix A of 7 CFR, part 226.20.

⁷One-half egg meets the required minimum amount (1 oz or less) of meat alternate.

⁸Tree nuts and seeds that may be used as meat alternates are listed in program guidance.

A Guide to Equivalent Minimum Serving Sizes for Grains/Breads

The following are wide variety of purchased products. **Keep in mind that a full serving is required for all adult participants.**

Group A

Minimum Serving Size for Group A

Bread-type coating	1 serving = 20 g or 0.7 oz
Bread sticks (hard)	$\frac{3}{4}$ serving = 15 g or 0.5 oz
Chow mein noodles	$\frac{1}{2}$ serving = 10 g or 0.4 oz
Crackers (saltines and snack crackers)	$\frac{1}{4}$ serving = 5 g or 0.2 oz
Croutons	
Pretzels (hard)	
Stuffing (dry)	
Note: Weights apply to <i>bread</i> in stuffing	

Summary: When you buy items from Group A, a *full serving* should have a minimum weight of 20 g (0.7 oz).

Group B

Minimum Serving Size for Group B

Bagels	1 serving = 25 g or 0.9 oz
Batter-type coating	$\frac{3}{4}$ serving = 19 g or 0.7 oz
Biscuits	$\frac{1}{2}$ serving = 13 g or 0.5 oz
Breads (white, wheat, whole-wheat, French, Italian)	$\frac{1}{4}$ serving = 6 g or 0.2 oz
Buns (hamburger and hot dog)	
Crackers (graham crackers—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)	
Taco shells	
Tortilla chips (wheat or corn)	
Tortillas (wheat or corn)	

SUMMARY: When you buy items from Group B, a *full serving* should have a minimum weight of 25 g (0.9 oz).

Adapted from Information Card 2, pages 10–12 of *Child Care Recipes: Food for Health and Fun* (USDA/FNS, 1999).

Group C

Minimum Serving Size for Group C

Cookies (plain)	1 serving = 31 g or 1.1 oz
Corn muffins	$\frac{3}{4}$ serving = 23 g or 0.8 oz
Cornbread	$\frac{1}{2}$ serving = 16 g or 0.6 oz
Croissants	$\frac{1}{4}$ serving = 8 g or 0.3 oz
Pancakes	
Pie crust (dessert pies, fruit turnovers, and meat/meat-alternate pies)	
Waffles	

SUMMARY: When you buy items from Group C, a *full serving* should have a minimum weight of 31 g (1.1 oz).

Group D

Minimum Serving Size for Group D

Donuts (cake and yeast-raised, unfrosted)	1 serving = 50 g or 1.8 oz
Granola bars (plain)	$\frac{3}{4}$ serving = 38 g or 1.3 oz
Muffins (all, except corn)	$\frac{1}{2}$ serving = 25 g or 0.9 oz
Sweet roll (unfrosted)	$\frac{1}{4}$ serving = 13 g or 0.5 oz
Toaster pastry (unfrosted)	

SUMMARY: When you buy items from Group D, a *full serving* should have a minimum weight of 50 g (1.8 oz).

Group E

Minimum Serving Size for Group E

Cookies (with nuts, raisins, chocolate pieces, and/or fruit purees)	1 serving = 63 g or 2.2 oz
Donuts (cake and yeast-raised, frosted or glazed)	$\frac{3}{4}$ serving = 47 g or 1.7 oz
French toast	$\frac{1}{2}$ serving = 31 g or 1.1 oz
Grain fruit bars	$\frac{1}{4}$ serving = 16 g or 0.6 oz
Granola bars (with nuts, raisins, chocolate pieces, and/or fruit)	
Sweet rolls (frosted)	
Toaster pastry (frosted)	

SUMMARY: When you buy items from Group E, a *full serving* should have a minimum weight of 63 g (2.2 oz).

Adapted from Information Card 2, pages 10–12 of *Child Care Recipes: Food for Health and Fun* (USDA/FNS, 1999).

Group F**Minimum Serving Size for Group F**

Cake (plain, unfrosted)
Coffee cake

1 serving = 75 g or 2.7 oz
 $\frac{3}{4}$ serving = 56 g or 2.0 oz
 $\frac{1}{2}$ serving = 38 g or 1.3 oz
 $\frac{1}{4}$ serving = 19 g or 0.7 oz

SUMMARY: When you buy items from Group F, a *full serving* should have a minimum weight of 75 g (2.7 oz).

Group G**Minimum Serving Size for Group G**

Brownies (plain)
Cake (all varieties, frosted)

1 serving = 115 g or 4.0 oz
 $\frac{3}{4}$ serving = 86 g or 3.0 oz
 $\frac{1}{2}$ serving = 58 g or 2.0 oz
 $\frac{1}{4}$ serving = 29 g or 1.0 oz

SUMMARY: When you buy items from Group G, a *full serving* should have a minimum weight of 115 g (4.0 oz).

Group H**Minimum Serving Size for Group H**

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)

1 serving = $\frac{1}{2}$ cup cooked (or 25 g dry)

SUMMARY: When you buy items from Group H, a *full serving* should have a minimum of $\frac{1}{2}$ cup cooked product (25 g dry).

Group I**Minimum Serving Size for Group I**

Ready-to-eat breakfast cereal (cold dry)

1 serving = $\frac{3}{4}$ cup or 1 oz, whichever is less

SUMMARY: When you serve items from Group I, a *full serving* should measure $\frac{3}{4}$ cup or weigh 1 oz, whichever is less.

Adapted from Information Card 2, pages 10–12 of *Child Care Recipes: Food for Health and Fun* (USDA/FNS, 1999).

Sample Food Item Substitution Form

Directions: Complete the lines below.

Note: According to 7 CFR, part 226.20, food substitutions for medical reasons can be made only when there is a written statement from a medical authority. This written statement must include the medical reason and recommended alternate foods.

Name _____ Date _____

Food allergy/intolerance _____

Allowed food substitutions _____

Religious dietary requirement _____

Allowed food substitutions _____

Recommended by _____

Re-Evaluation of Diet Order

Recommendations _____

Allowed food substitutions _____

Recommended by _____

Date of re-evaluation of diet order _____

Major Food Nutrients

1. Carbohydrates

- Supply energy (4 calories per gram)
- Spare proteins to be used for growth, repair, and maintenance of body tissues rather than for energy
- Provide fiber if whole-grain
- Two types:
 - Complex carbohydrates
 - Simple carbohydrates

Food Sources: (1) complex carbohydrates: breads, cereals, pasta, rice, and starchy vegetables such as potatoes, green peas, corn, lima beans; (2) simple carbohydrates: honey, sugar, candy, soft drinks, icing, fruit

2. Proteins

- Build and repair body tissues
- Help antibodies fight infection
- Supply energy (4 calories per gram) if more is consumed than needed to build and repair body tissues

Food Sources: meat, poultry, fish, eggs, milk, yogurt, cheese, dried beans and peas, nuts, nut butters

3. Fats

- Supply the most concentrated form of food energy (9 calories per gram)
- Carry fat-soluble vitamins A, D, E, and K
- Provide a feeling of fullness since fats take longer to digest

Food Sources: oils, shortening, butter, margarine, mayonnaise, salad dressings, cream, sour cream

4. Vitamins

Vitamin C (Ascorbic Acid)

- Helps form cementing substances such as collagen that hold body cells together, thus strengthening blood vessels and hastening healing of wounds and bones
- Increases resistance to infection
- Helps body absorb iron in the diet

Food Sources: cantaloupe, grapefruit, grapefruit juice, honeydew melon, kiwi fruit, mandarin orange sections, mango, orange juice, papaya, strawberries, tangerines, asparagus, broccoli, brussels sprouts, cabbage, cauliflower, kale, sweet green and red peppers, sweet potatoes

Adapted from appendix D of *Building Blocks for Fun and Healthy Meals* (USDA/FNS, 2000).

Major Food Nutrients

4. Vitamins (cont.)

Thiamin (B₁)

- Helps body cells obtain energy from food
- Helps keep nerves healthy
- Promotes good appetite and digestion

Food Sources: meat, poultry, fish, dried beans and peas, nuts, enriched and whole-grain breads and cereals

Riboflavin (B₂)

- Helps cells use oxygen to release energy from food
- Helps keep eyes healthy and vision clear
- Helps keep skin around mouth and nose healthy

Food Sources: milk, liver, meat, poultry, fish, eggs, green leafy vegetables

Niacin (B₃)

- Helps cells use oxygen to release energy from food
- Maintains health of skin, tongue, digestive tract, and nervous system

Food Sources: liver, meat, poultry, fish, peanuts and peanut butter, dried beans and dried peas, enriched and whole-grain breads and cereals

Vitamin A

- Helps keep eyes healthy and able to adjust to dim light
- Helps keep skin healthy
- Helps keep lining of mouth, nose, throat, and digestive tract healthy and resistant to infection
- Promotes growth

Food Sources: liver, dark green and deep yellow vegetables (such as broccoli, collards and other green leafy vegetables, carrots, pumpkin, sweet potatoes, winter squash), butter and fortified margarine, whole milk, vitamin A-fortified nonfat milk, vitamin A-fortified lowfat milk

Vitamin D

- Helps body absorb calcium
- Helps body build strong bones and teeth

Food Sources: vitamin D-fortified milk

Note: Exposure to sunlight is another source of vitamin D.

Adapted from appendix D of *Building Blocks for Fun and Healthy Meals* (USDA/FNS, 2000).

Major Food Nutrients

4. Vitamins (cont.)

Vitamin E

- Active in maintaining the involuntary nervous system, vascular system, and involuntary muscles

Food Sources: vegetable oils, margarine made from vegetable oils

Vitamin K

- Necessary for proper blood clotting

Food Sources: green leafy vegetables, milk, meat, eggs

Folate (Folic Acid or Folacin)

- Helps body produce normal red blood cells
- Helps in the biochemical reactions of cells in the production of energy
- Reduces the risk of neural tube birth defects in newborns

Food Sources: most enriched breads, flour, corn meal, pasta, rice and other grain products, vegetables, mustard and turnip greens, liver, citrus fruit juices, legumes

Biotin

- Essential in the breakdown of carbohydrates, lipids, and proteins in the body

Food Sources: liver, kidney, egg yolk, vegetables, fruits (especially bananas, grapefruit, watermelon, strawberries)

Pantothenic Acid

- Aids in the metabolism of fat
- Aids in the formation of cholesterol and hormones

Food Sources: liverwurst, meat, poultry, egg yolk, wheat germ, rice germ, tomato paste, sweet potatoes, oatmeal, milk

Pyridoxine (B₆)

- Needed to help nervous tissues function normally
- Helps to maintain the health of the skin and red blood cells
- Assists in the metabolism of carbohydrates, proteins, and fats

Food Sources: liver, lean meat, cereals, vegetables, milk

Adapted from appendix D of *Building Blocks for Fun and Healthy Meals* (USDA/FNS, 2000).

Major Food Nutrients

4. Vitamins (cont.)

Cyanocobalamin (B₁₂)

- Necessary in the development of normal growth
- Helps in the metabolism of folate
- Helps protect against pernicious anemia

Food Sources: liver, fish, seafood, meat, eggs, chicken, milk

5. Minerals

Calcium

- Needed for bone rigidity
- Helps in blood clotting
- Aids in muscle contraction and normal nerve functions

Food Sources: milk (nonfat, lowfat, whole), yogurt, cheese, green leafy vegetables such as kale, collards, mustard greens, turnip greens

Phosphorus

- Helps build strong bones and teeth
- Aids in all phases of calcium metabolism

Food Sources: liver, meat, poultry, fish, eggs, milk and other dairy products, grain products, lima beans, legumes, nuts, seeds

Magnesium

- Helps regulate body temperature, muscle contractions, and the nervous system
- Helps cells utilize carbohydrates, proteins, and fats.

Food Sources: green leafy vegetables, nuts (including Brazil nuts, almonds, cashews), meat, beef liver, salmon, cheddar cheese, milk, eggs, dry beans and peas

Sodium, Chloride, Potassium

These three work together to:

- Regulate the flow of fluids in the body
- Help regulate the nervous system
- Help regulate the muscle functions, including the heart
- Help regulate nutrient absorption in the cells

Food Sources: Sodium and chloride are found in table salt. Potassium is found in meat, milk, bananas, leafy green vegetables, and citrus fruits.

Adapted from appendix D of *Building Blocks for Fun and Healthy Meals* (USDA/FNS, 2000).

Major Food Nutrients

5. Minerals (cont.)

Iron

- Combines with protein in the blood to form hemoglobin

Food Sources: liver and other organ meats, egg yolk, dried legumes, ground beef, green leafy vegetables, shellfish, enriched breads, fortified cereals

Zinc

- Plays an important role in the formation of protein in the body and therefore assists in wound healing, blood formation, and general growth and maintenance of all tissues

Food Sources: oysters, organ meats, beef, pork, chicken, turkey, wheat germ

Copper

- Necessary in the formation of hemoglobin

Food Sources: liver, shellfish, nuts and seeds, prunes, whole-wheat grain and bean products, barley, lima beans, white and sweet potatoes, tomato juice, turnip greens

Manganese

- Necessary for normal development of bones and connective tissues

Food Sources: nuts, rice, whole grains, beans, leafy green vegetables

Selenium

- Works in conjunction with vitamin E to protect cells from destruction

Food Sources: fish, organ meats, shellfish, eggs, and grains and plants grown in selenium-rich soil

Chromium

- Maintains normal glucose uptake into cells
- Helps insulin bind to cells

Food Sources: vegetable oils, egg yolk, whole grains, meat

Iodine

- Needed by thyroid gland to produce thyroxine, which is essential for the oxidation rates of cells

Food Sources: iodized salt, ocean fish, seaweed, milk

Adapted from appendix D of *Building Blocks for Fun and Healthy Meals* (USDA/FNS, 2000).

Major Food Nutrients

5. Minerals (cont.)

Fluoride

- Helps reduce incidence of tooth decay

Sources: fluoridated drinking water, seafood, tea, fruits and vegetables grown in areas where the natural fluoride level in the water is high, fluoridated toothpaste

6. Water

- Is essential for life
- Represents two-thirds of our body weight
- Is part of every living cell
- Is the medium for all metabolic changes (digestion, absorption, excretion)
- Transports nutrients and all body substances
- Helps maintain body temperature
- Acts as a lubricant

Sources: drinking water, liquid foods, water in foods, and water released when carbohydrates, proteins, and fats are metabolized in the body

Adapted from appendix D of *Building Blocks for Fun and Healthy Meals* (USDA/FNS, 2000).

Eating Aids

There are many types of eating aids available in the market place. Here is a list of the ones most commonly used.

Utensils

- Large-handled
- Built-up handles available in varying widths
- Center-hole sizes of foam tubing
- Gripper handles
- Bent or angled handle for lack of shoulder, elbow, or wrist motion
- Rocker knife for one-handed cutting
- Pizza cutter for one-handed cutting
- Weighted utensils to compensate for hand tremors
- Long-handled utensils for poor arm/elbow range of motion
- Nonslip material on utensil handle

Cups or Glasses

- Nose cut-out cup that enables participant to drink without bending head back
- Travel mug with large molded handle for participants who spill or have difficulty with small handles (Participants may wrap hands around the mug or insert a straw through the hole in the center.)
- Cups with spouted lids or lids for straws

Straws

- Flexible shafts bent to reach participant's mouth (should be inserted through the hole of a covered mug)
- Special straw holder that clamps to a glass

Plates

- Inner lip with raised edge for gathering food onto spoon for those with weakness or lack of coordination, impaired vision, or use of only one hand
- Plate guard that snaps on edge of plate
- Sectioned plates
- Weighted plates
- Plates attached to tables with suction cups or tape

Menu Writing Worksheet

Breakfast	Day 1	Day 2	Day 3	Day 4	Day 5
Food Components					
Milk (fluid)¹					
Vegetables, Fruit, or Juice² (See page 105 of appendix 1 for the minimum meal components for breakfast.)					
Grains/Breads³					

¹ A cup means a standard measuring cup.

² Fruit or vegetable juice must be full strength.

³ Breads and grains shall be whole-grain or enriched meal or flour; cereal shall be whole-grain or enriched or fortified.

Menu Writing Worksheet

Lunch (Midday Meal)	Day 1	Day 2	Day 3	Day 4	Day 5
Food Components					
Milk (fluid) ¹					
Vegetables, Fruit, or Juice ² (See page 106 of appendix 1 for the minimum meal components for lunch.)					
Grains/Breads ³					
Meat ⁴ or Meat Alternate ^{5,6}					

¹ A cup means a standard measuring cup.

² Fruit or vegetable juice must be full strength.

³ Breads and grains shall be whole-grain or enriched meal or flour; cereal shall be whole-grain or enriched or fortified.

⁴ This must be the edible portion of cooked lean meat or poultry or fish.

⁵ 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 requirement.

⁶ Yogurt may be plain or flavored, unsweetened or sweetened.

Menu Writing Worksheet

Supper (Evening Meal)

Food Components	Day 1	Day 2	Day 3	Day 4	Day 5
Vegetables, Fruit, or Juice^{1,2} (See page 107 of appendix 1 for the minimum meal components for supper.)					
Grains/Breads³					
Meat⁴ or Meat Alternate^{5,6}					
Beverage⁷					

¹ A cup means a standard measuring cup.

² Fruit or vegetable juice must be full strength.

³ Breads and grains shall be whole-grain or enriched meal or flour; cereal shall be whole-grain or enriched or fortified.

⁴ This must be the edible portion of cooked lean meat or poultry or fish.

⁵ 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 supper requirement.

⁶ Yogurt may be plain or flavored, unsweetened or sweetened.

⁷ A beverage of choice may be served at supper.

Menu Writing Worksheet

Supplemental Food (Snack)		Day 1	Day 2	Day 3	Day 4	Day 5
Food Components (Select Two Required Components)						
Milk (fluid)¹						
Vegetables, Fruit, or Juice² (See page 108 of appendix 1 for the minimum meal components for snacks.)						
Grains/Breads³						
Meat⁴ or Meat Alternate⁵						

¹ A cup means a standard measuring cup.

² Fruit or vegetable juice must be full strength.

³ Breads and grains shall be whole-grain or enriched meal or flour; cereal shall be whole-grain or enriched or fortified.

⁴ This must be the edible portion of cooked lean meat or poultry or fish.

⁵ Yogurt may be plain or flavored, unsweetened or sweetened.

Child Nutrition (CN) Label

Child Nutrition Labeling Program

The Child Nutrition (CN) Labeling Program is a voluntary Federal program for the Child Nutrition Program. The CN Labeling Program is run by the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA) in cooperation with the Food Safety and Inspection Service, the Agricultural Marketing Service, and the National Marine Fisheries Service. The program is operated by FNS directly with commercial food processing firms.

The program requires an evaluation of a product's formulation by FNS to determine its contribution toward meal pattern requirements. It allows manufacturers to state this contribution on their labels. The program provides a warranty against audit claims for purchasers of CN-labeled products.

Eligible Products

Eligible products include main dishes that contribute to the meat/meat alternate component of the meal pattern requirements. Examples of these products include beef patties; cheese or meat pizzas; meat, cheese, or bean burritos; egg rolls; and breaded fish portions.

Other eligible products include juice and juice drink products which contain at least 50% full-strength juice by volume. Examples of these products include grape juice, fruit punch, and juice drink bars.

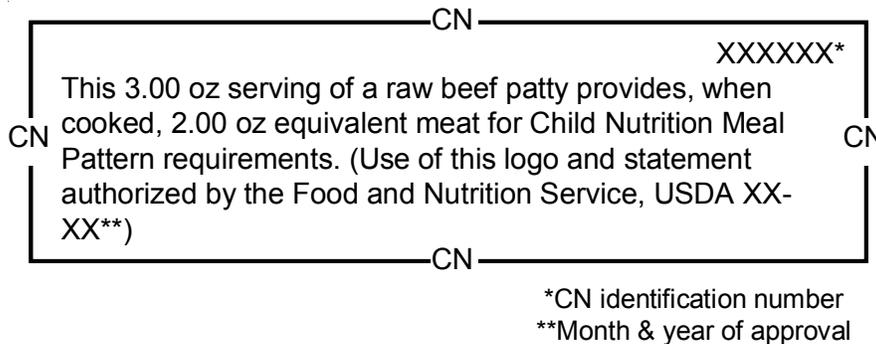
All products carrying the CN label must be produced under Federal inspection by the USDA or the U.S. Display Consortium. The contribution of the meat/meat alternate products must be determined using the yields in the most current USDA *Food Buying Guide*.

Identifying a CN Label

A CN label will always contain the following:

- The CN logo, which is a distinct border
- A 6-digit product identification number
- The USDA/FNS authorization statement
- The month and year of approval appearing at the end of the authorization statement

Sample CN Label



Note: The Xs in the sample CN logo are used only to demonstrate the placement of the CN identification number and the final date. If you receive a CN labeled product containing all Xs (or other non-number symbols) or all zeros as the CN identification number, that label is not a valid CN label. If a CN label is not valid, FNS cannot provide a warranty for its use towards meal pattern requirements.

If you need more information about the CN Labeling Program, or if you want to apply for a CN label and need additional information on CN label application procedures, contact:

CN Labels
USDA Food and Nutrition Service
Child Nutrition Division
3101 Park Center Drive, Room 1004
Alexandria, VA 22302-1500
Phone: 703-305-2621
Fax: 703-305-2549
<http://www.fns.usda.gov>

Adapted from appendix M of *Building Blocks for Fun and Healthy Meals* (USDA/FNS, 2000).

Menu Evaluation Checklist

Directions: Evaluate menus by asking yourself questions like the ones listed below.

1. Meal Requirements

Do the menus meet the minimum requirements of the CACFP meal pattern? Yes No

2. Foods Selected

Do the food choices have appealing colors and textures? Yes No

Do the menus have foods with different shapes, sizes, and colors? Yes No

Do the *menus* complement each other? Yes No

Do the *menu items* complement each other? Yes No

Have you included seasonal foods and USDA commodities if you receive them? Yes No

Have you introduced any new food items? Yes No

3. Staffing and Equipment

Can some food preparation be done safely in advance? Yes No

Can you prepare and serve meals with available equipment? Yes No

Are oven and surface-cooking areas adequate for items planned? Yes No

4. Cost

Have you considered cost? Yes No

Are high-cost and low-cost foods balanced in the menus? Yes No

5. Menus, Recipes and Other Food Service Records

Have you specified the standardized recipes, preparation techniques, and processed food to be used? Yes No

Are portion sizes stated in correct amounts? Yes No

Have you listed the condiments to be served on the menu? Yes No

6. Special Considerations

Is a vitamin C food included two to three times a week? Yes No

Are vitamin A foods included two to three times per week? Yes No

Are iron-rich foods included each day? Yes No

Are whole-grain products offered several times a week? Yes No

Are assorted dry cereals offered at least once a week? Yes No

Are fresh fruits and vegetables offered several times during the week? Yes No

Adapted from appendix I of *Building Blocks for Fun and Healthy Meals* (USDA/FNS, 2000).

Common Weights and Measures

Weights and Measures

1 Tbsp = 3 tsp
 $\frac{1}{8}$ cup = 2 Tbsp or 1 fl oz
 $\frac{1}{4}$ cup = 4 Tbsp
 $\frac{1}{3}$ cup = $5\frac{1}{3}$ Tbsp
 $\frac{3}{8}$ cup = 6 Tbsp
 $\frac{1}{2}$ cup = 8 Tbsp
 $\frac{2}{3}$ cup = $10\frac{2}{3}$ Tbsp
 $\frac{3}{4}$ cup = 12 Tbsp
 1 cup = 16 Tbsp
 $\frac{1}{2}$ pt = 1 cup or 8 fl oz
 1 pt = 2 cups
 1 qt = 4 cups
 1 gal = 4 qt
 1 peck = 8 qt (dry)
 1 bushel = 4 pecks
 1 lb = 16 oz

Abbreviation Key

fl oz = fluid ounce
 gal = gallon
 lb = pound
 oz = ounce
 pt = pint
 qt = quart
 Tbsp = tablespoon
 tsp = teaspoon

Scoops

<u>Scoop Number</u>	<u>Level Measure</u>
6	$\frac{2}{3}$ cup
8	$\frac{1}{2}$ cup
10	$\frac{3}{8}$ cup
12	$\frac{1}{3}$ cup
16	$\frac{1}{4}$ cup
20	$3\frac{1}{3}$ Tbsp
24	$2\frac{2}{3}$ Tbsp
30	2 Tbsp
40	$1\frac{2}{3}$ Tbsp

Ladles

<u>Ladle Number</u>	<u>Approximate Measure</u>
1 fl oz	$\frac{1}{8}$ cup
2 fl oz	$\frac{1}{4}$ cup
4 fl oz	$\frac{1}{2}$ cup
6 fl oz	$\frac{3}{4}$ cup
8 fl oz	1 cup
12 fl oz	$1\frac{1}{2}$ cups

Adapted from appendix L of *Building Blocks for Fun and Healthy Meals* (USDA/FNS, 2000).

Weights and Measures of Selected Foods

Bread

Dry: $\frac{1}{3}$ cup = 1 slice

Soft: $\frac{3}{4}$ cup = 1 slice

Butter

1 stick = 8 Tbsp or $\frac{1}{2}$ cup

4 sticks = 2 cups or 1 lb

Cheese, American

1 lb = $2\frac{2}{3}$ cups, cubed

1 lb loaf = 16 to 20 slices

Cocoa

1 lb = 4 cups ground

Corn Meal

1 lb = 3 cups

Cracker Crumbs

23 soda crackers = 1 cup

15 graham crackers = 1 cup

1 lb medium fine crackers = 5 to 6 cups

Eggs

1 large = 4 Tbsp liquid

4 to 5 whole = 1 cup

7 to 9 whites = 1 cup

12 to 14 yolks = 1 cup

12 (1 dozen) = $2\frac{1}{4}$ cups

Flour

1 lb all-purpose = 4 cups

1 lb cake flour = $4\frac{3}{4}$ cups

1 lb graham (whole wheat) = $3\frac{3}{4}$ cups

1 lb rye = 5 cups

Gelatin

$\frac{3}{4}$ oz package, flavored = $\frac{1}{2}$ cup

$\frac{1}{4}$ oz package, unflavored = 1 Tbsp

Lemons, Juice

1 lb = 4 to 5 lemons or $\frac{3}{4}$ cup juice

1 medium = 2 to 3 Tbsp

5 to 8 medium = 1 cup

Lemons, Rind

1 lemon = 3 Tbsp, grated

Milk, Dry, Nonfat Solids

1 lb = 4 cups

Oranges, Juice

1 medium = 6 to 8 Tbsp

3 to 4 medium = 1 cup

Oranges, Rind

1 rind = 2 Tbsp, grated

Rolled Oats

1 lb = $4\frac{3}{4}$ cups

Shortening

1 lb = $2\frac{1}{4}$ cups

Sugar

1 lb brown, solid packed = 2 cups

1 lb = 96 cubes

1 lb granulated = 2 cups

1 lb confectioners, sifted = 3 cups

Adapted from appendix L of *Building Blocks for Fun and Healthy Meals* (USDA/FNS, 2000).

Daily Menu Production Record

Below are directions for filling out the chart on the following page.

1. After **Date**, enter the calendar date showing month, day (of cycle or of week), and year.
2. After **Site**, enter the name of the adult day care center.
3. Under **Menu**, enter all menu items served on this date for the appropriate meal service.
4. Under **Food Item Used**, list the foods items used to make the menu. For menu items such as beef stew, list each food item that meets a meal requirement. Include the recipe of food products used (if applicable).
5. Under **Quantity Used**, enter the quantity of each ingredient or food item used to meet the meal requirements. Use weight, measure, or number.
6. Under **Serving Size**, enter the portion or serving size of each menu item served (Example: 1 cup). Serving sizes can be shown in measures (such as cups or scoop size), weight, or number.
7. Under **Number of Reimbursable Adult Meals**, enter the number of reimbursable adult participants served at each meal/snack.
8. Under **Number of Non-Reimbursable Adult Meals**, enter the number of non-reimbursable adult participants served at each meal/snack.
9. Under **Substitutions or Leftovers**, enter the number of substitutions or meals left over (if applicable).

Adapted from appendix K of *Building Blocks for Fun and Healthy Meals* (USDA/FNS, 2000).

Sample Daily Menu Production Record

Meal Pattern	Menu	Food Item Used	Quantity Used	Serving Size	Number of Reimbursable Adult Meals	Number of Non-Reimbursable Adult Meals	Substitutions or Leftovers
Breakfast Milk (fluid) Vegetables, Fruit, or Juice Grains/Breads							
Lunch Milk (fluid) Vegetables, Fruit, or Juice Grains/Breads Meat or Meat Alternate							
Supper Beverage Vegetables, Fruit, or Juice Grains/Breads Meat or Meat Alternate							
Snack (select 2) Milk (fluid) Vegetables, Fruit, or Juice Grains/Breads Meat or Meat Alternate							

Date _____ Site _____

Adapted from appendix K of *Building Blocks for Fun and Healthy Meals* (USDA/FNS, 2000).

Sample Refrigerator/Freezer Temperature Log

Directions: Using an accurate thermometer, record the external and internal temperatures of your refrigerator and freezer.

Site: _____ Month, Year: _____

Day	Time	Recorded By	Refrigerator		Freezer		Corrective Action
			External	Internal	External	Internal	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Optimal Ranges: 35 °F to 41 °F for refrigerators and at or below 0 °F for freezers.

Sample Participant Survey Form 1

The _____ Adult Day Care Center values your participation in our program. We want to do everything possible to make mealtime enjoyable. Please complete the survey and leave it on the dining room table. Thank you!

Part A. Circle the best answer:

5 = strongly agree

4 = agree

3 = no opinion

2 = disagree

1 = strongly disagree

1. Most days I enjoy the foods served.	5	4	3	2	1
2. I like the way the foods are seasoned.	5	4	3	2	1
3. The food looks good.	5	4	3	2	1
4. The food service employees are always pleasant and helpful.	5	4	3	2	1
5. The dining room always looks and smells clean.	5	4	3	2	1

Now turn the page over and complete **Part B.**

Part B. Complete the following.

My favorite foods are:

- 1.
- 2.
- 3.
- 4.
- 5.

My least favorite foods are:

- 1.
- 2.
- 3.
- 4.
- 5.

What do you like **BEST** about the foods served here?

What would you change about the current menus?

What would you change about the food service?

Sample Participant Survey Form 2

The _____ Adult Day Care Center values your participation in our program. We want to do everything possible to make mealtime enjoyable. Please complete the survey and leave it on the dining room table. Thank you!

Directions: Circle the best answer: **Yes**, **Not Sure**, or **No**

1. Most days I enjoy the foods served.	Yes	Not Sure	No
2. I like the way the foods are seasoned.	Yes	Not Sure	No
3. The food looks good.	Yes	Not Sure	No
4. The food service employees are always pleasant and helpful.	Yes	Not Sure	No
5. The dining room always looks and smells clean.	Yes	Not Sure	No

Sample Participant New Menu Item Survey

Tell us what you think about this new food item.

New Food: _____ **Date:** _____

This food looks good.	Yes	Not Sure	No
This food tastes good.	Yes	Not Sure	No
I would eat this food.	Yes	Not Sure	No

Tell us what you think about this new food item.

New Food: _____ **Date:** _____

This food looks good.	Yes	Not Sure	No
This food tastes good.	Yes	Not Sure	No
I would eat this food.	Yes	Not Sure	No

Tell us what you think about this new food item.

New Food: _____ **Date:** _____

This food looks good.	Yes	Not Sure	No
This food tastes good.	Yes	Not Sure	No
I would eat this food.	Yes	Not Sure	No

Sample Nutrition History and Assessment Checklist

Name: _____ Diet Order: _____

Date of Birth: _____ Age: _____ Gender: Male _____ Female _____

Height: _____ Weight: _____ Usual Weight: _____ Desirable weight : _____

Medical Conditions Impacting Nutrition Status

Check all that apply:

Medical Conditions	Eating Ability	Physical/Mental Limitations
<input type="checkbox"/> Chewing problems	<input type="checkbox"/> No assist	<input type="checkbox"/> Alert
<input type="checkbox"/> Constipation	<input type="checkbox"/> Total assist, type _____	<input type="checkbox"/> Aphasia (no speech)
<input type="checkbox"/> Dementia/Memory problems	<input type="checkbox"/> Partial assist, type _____	<input type="checkbox"/> Combative
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Requires special equipment	<input type="checkbox"/> Confused/disoriented
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Requires verbal cues	<input type="checkbox"/> Language barrier
<input type="checkbox"/> Digestive disorders		<input type="checkbox"/> Non-responsive
<input type="checkbox"/> Heart disease	Dental Condition	<input type="checkbox"/> Paralysis
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Natural teeth	<input type="checkbox"/> Upper body immobility
<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Dentures	<input type="checkbox"/> Wanders/paces
<input type="checkbox"/> Poor appetite		<input type="checkbox"/> Depressed
<input type="checkbox"/> Skin breakdown	Substance Abuse	<input type="checkbox"/> Anxious, fearful
<input type="checkbox"/> Swallowing problems	<input type="checkbox"/> Alcohol or drug use	

Medications: _____

Vitamin/Mineral Supplements or Herbal Supplements: _____

Food Allergies/Intolerances: _____

(Continue on the back)

Adult Day Care Resource Manual for the USDA CACFP

Food Preferences

Cultural and/or Religious Food Needs: _____

Food Dislikes

Dairy: _____

Fruits/Vegetables: _____

Grains/Breads: _____

Meat/Meat Alternate: _____

Other: _____

Nutrition

Nutritional Supplement: _____

Nutritional Concerns	Goals	Strategies

Completed by: _____ Date: _____

Sample Weight Graph

Name: _____ Year: _____
 Height: _____ Weight: _____ Usual Weight: _____ Desirable Weight: _____

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
260												
255												
250												
245												
240												
235												
230												
225												
220												
215												
210												
205												
200												
195												
190												
185												
180												
175												
170												
165												
160												
155												
150												
145												
140												
135												
130												
125												
120												
115												
110												
105												
100												
95												
90												
85												
80												
75												
70												
65												

Record weight in pounds by month:

JAN
FEB
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
DEC

Sample In-Service Training Attendance Record

Title of Program: _____

Date: _____ Location: _____

Speaker: _____

Objectives: _____

Please Sign In:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____