

Completing the Daily Meal Production Records for Adult Care (H1654)

Purpose

This form is intended for use by Contracting Entities (CE's) that care for children to record planning and serving of meals daily to verify that those meals comply with Child and Adult Care Food Program (CACFP) meal patterns as required by the United States Department of Agriculture (USDA).

Required Elements

Items 1-10 on form H1530 are required

Contracting Entity Information

- **Item 1. Name of Contracting Entity (CE):** Record the name of the contracting entity.
- **Item 2. CE ID:** Record the five-digit CE ID that has been assigned to the organization by the Texas Unified Nutrition Programs System (TX-UNPS).
- **Item 3. Name of Site:** Record the name of the site where the meal is being served.
- **Item 4. Site #:** Enter the four-digit site number that has been assigned to the site by TX-UNPS.
- **Item 5. Date:** Enter the date the meal(s) were served.

Meal Production Information

- **Item 6. Food Components:** The required food components for each meal type are pre-listed.
- **Item 7. Menu:** Record the menu item for each meal service.
- **Item 8. Food Items Used:** Record each food item used as follows:
 - As purchased according to the *Food Buying Guide for Child Nutrition Programs* (FBG)
 - Enter the USDA recipe name, and number if a recipe is used.
 - The CN label unique 6-digit product identification number found on the label.
 - Specify the type of milk – Including fat content.
- **Item 9. Quantity Prepared:** Record the measurable amount of each food item prepared opposite the category name. Measurable amounts include ounces, cups, grams etc.
- **Item 10. Planned Participation:** Record the planned number of participants for each meal service.

CE's may develop their own meal production form, but must ensure it contains all required elements.

Items 1-10 on form H1654 are required

Items 1-8 and 10 completed prior to meal service.

Quantity Prepared and Leftover Food from day of meal service completed at the end of the meal service.

Optional Elements

Item 11, 12 & 13: Record any Leftover Food, Substitutions, and Comments as applicable.



Daily Meal Production Record - Adult Day Care (H1654)

Contracting Entity Name:

Name of Site:

CE ID # (Five Digit):

Site # (Four Digit):

Date Meal was Served:

Meal Service:

☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Evening

Meal Description
Breakfast - Must serve all three components. May serve a meat/meat alternative in place of the grains 3 times a week
Lunch - Must serve all 5 required components.
Supper - Must serve all 4 required components. Milk is optional.
Snacks - Must serve 2 of the 5 components.

Planned Participation	
Adults	Totals
Enrolled	
Program Staff	
Non-Program	

Leftover/Recycled Food		
Date First Served	Date Re-Served	Food Item and Quantity

Required Food Components	Menu	Food Items Used (Enter each food item used)	Quantity Prepared (measurable amount)
Milk			
Vegetables			
Fruits			
Grains (2 Servings) <input type="checkbox"/> Whole Grain Rich			
Meat and/or Meat Alternate			

Substitutions due to Medical or Special dietary needs or disability		
Name of Participant	Substitution(s) Made	Item/Component Provided by Participant - Y/N

Comments (Record any other meal modifications or special instructions here) :

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