

Acknowledgment Statement

You understand and acknowledge that:

- ☐ the training you are about to take does not cover the entire scope of the program; and that
- you are responsible for knowing and understanding all handbooks, manuals, alerts, notices and guidance, as well as any other forms of communication that provide further guidance, clarification or instruction on operating the program.



Class Objectives

By the end of this training, participants will be able to:

Identify appropriate MPR form to complete for adults served.

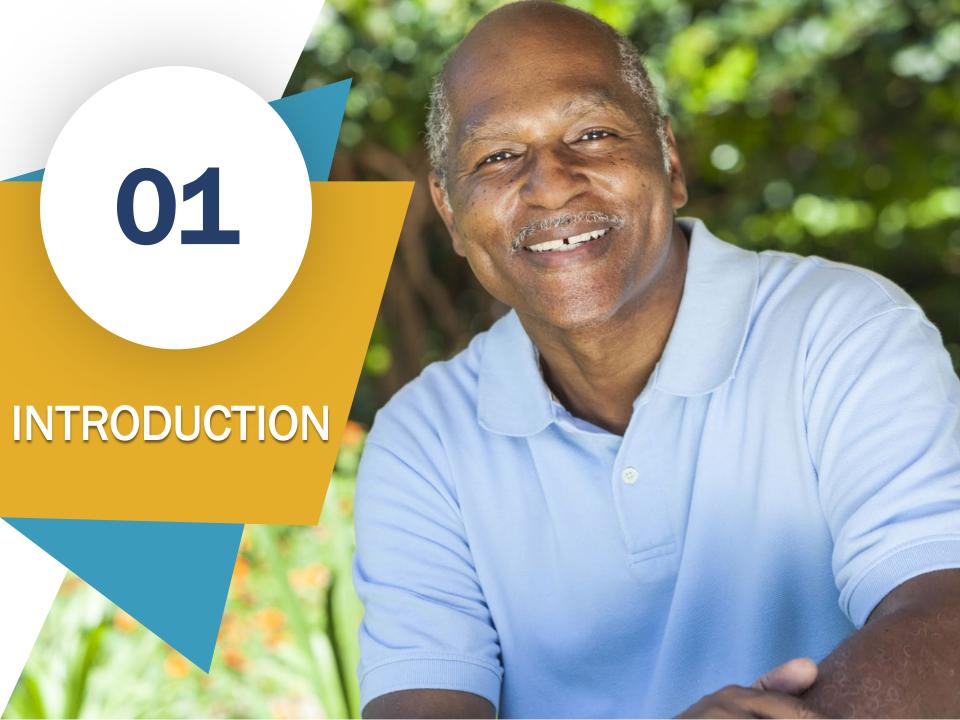
Explain the purpose and function of the MPR tool.

Know required information to be documented on a MPR.

State common MPR Findings.







Meal Production Record

- A document that states the meals and snacks served meet the required food components and minimum servings sizes to be eligible for program reimbursement.
- ☐ Child and Adult Care Food Program (CACFP) Contracting Entities (CE) must complete MPR for all meals & snacks served
- MPR
 - Provides supporting documentation for meals claimed for reimbursement
 - Help manage the food service operation







MPR are Useful as:

A Management Tool

A Compliance Tool



As a Management Tool

- Evaluate acceptability
- Plan future meals (forecasting)
- Order food & supplies





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As a Compliance Tool

Support meal claims submitted for reimbursement

Prove meal pattern requirements were met.











Meal Production Record

■ MPR are completed daily

Elements completed prior to meal production:

- Name of CE
- ☐ CE ID
- Name of Site
- ☐ Site #
- Date
- Menu
- ☐ Food Items Used
- Changes and substitutions

Elements completed after or during meal production

- Quantity prepared
- Leftovers
- Meal modifications or special instructions



Definitions

A Food Component

• Is one of the food categories (milk, grains, fruit, vegetable, meat/meat alternate) that make up a reimbursable meal.

A Food Item

• Is a specific food offered within the food components comprising the reimbursable meal.

A Combination Food

 Contains more than one food item from different food components that cannot be separated, such as a vegetable pizza.



Daily Meal Production Record - Adult Day Care (H1654)

		Daily N	near i rouu	Cuon	i Necolu - A	Addit Day (Care (111034)		
Contracting Entity Name:			CE ID # (Five	Digit)	:	Date Meal w	as Served:		
Name of Site:			Site # (Four	Digit):		Meal Service			
				_		Breakfast	t O AM Snack Lunch O PM Snack O Suppe	r C Evening	_
Meal Description		Planned Partic	cipation			_	Leftover/Recycled Food		
Breakfast - Must serve all three components. May serve a meat/meat alternative in place of the grains 3		Adults	Totals		Date First Served	Date Re- Served	Food Item and Quantity		
times a week		Enrolled							
Lunch - Must serve all 5 required		Program Staff							╛
components.		Non-Program							
Supper - Must serve all 4 required components. Milk is optional.									-
Snacks - Must serve 2 of the 5]
components.]
Required Food	Comp	onents		Men	u	Food	I Items Used (Enter each food item used)		Prepared urable ount)
Milk									
Vegetables									
Fruits									
Grains (2 Servings) Whole Grai	n Rich								
Meat and/or Meat Alternate									
		Subs	titutions due 1	to Med	ical or Special	dietary needs	s or disability		
Name of Pa	rticipa	int		Subst	itution(s) Mad	9	Item/Component Provided by Part	icipant - Y/N	
			1						

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

Contracting Entity Information

Contracting Entity Name:		CE ID # (Five	Digit):	П	Date Meal w	as Served:
Name of Site:		Site # (Four [Digit):		Meal Service	1927 B
Meal Description	Planned Pa	rticination	1 -		○ Breakfast	AM Snack Leftover/Re
Breakfast - Must serve all three components. May serve a meat/meat	Adults	Totals	Date F Serve		Date Re- Served	Leitover/Re
alternative in place of the grains 3 times a week	Enrolled					
Lunch - Must serve all 5 required	Program Staff					
components.	Non-Program					
Supper - Must serve all 4 required components. Milk is optional.						
Snacks - Must serve 2 of the 5 components.						



Meal Description

	Dail	y Meal Prod	duction	Record -	Adult Day (Care (H
Contracting Entity Name:		CE ID # (F	ive Digit)		Date Meal w	as Served
Name of Site:		Site # (Fo	ur Digit):		Meal Service	: :
					Breakfast	○ AM S
Meal Description	Planned Pa	articipation				Lefto
Breakfast - Must serve all three components. May serve a meat/meat alternative in place of the grains 3	Adults	Totals		Date First Served	Date Re- Served	
times a week	Enrolled					
Lunch - Must serve all 5 required	Program Staff					
components.	Non-Program					
Supper - Must serve all 4 required components. Milk is optional.						
Snacks - Must serve 2 of the 5 components.						
Required Food Co	mponents		Menu	ı	Food	Items Use
Milk						
Vegetables						



Participation

	entre amount		Date Meal w Meal Servic	
	Substitution to the Triblett (0.5%)		○ Breakfas	t O AM SnackO Lun
Planned Pa	articipation			Leftover/Recycle
Adults	Totals	Date First Served	Date Re- Served	Fo
Enrolled				
Program Staff				
Non-Program				
	Adults Enrolled Program Staff	Planned Participation Adults Totals Enrolled Program Staff	Adults Totals Date First Served Enrolled Program Staff	Site # (Four Digit): Meal Servic Breakfas Planned Participation Date First Served Enrolled Program Staff Meal Servic Served Program Staff



Daily Meal Count and Attendance Record (Centers and Emergency Shelters)

Form	Н	1	53	35
Jun	a	2	0.	16

Name of Contracting Entity (CE)	Name of Site	CEID	Month and Year

Centers: may claim up to 2 meals and 1 snack or 1 meal and 2 snacks. At-risk: may claim up to 1 meal and 1 snack. Emergency Shelters: may claim up to 3 meals or 2 meals and 1 snack.

B. C. C. W.		Day	/		[)ate			Day	/		[)ate			Day	Š		1	Date	200		Day	/		[)ate			Day			Da	ate		_
Participant's Name	Age	At	В	А	L	Р	S	E	At	В	Α	L	Р	S	Е	At	В	Α	L	Р	S	Е	At	В	Α	L	Р	S	Е	At	В	Α	L	Р	SE	
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9			-		1			-	H	-					-	H					1	-	⊢			-	-	10	1	_	-		-	+	+	_
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	Claimed		H	\vdash	\vdash			\vdash			\vdash				\vdash				_	\vdash	\vdash			\vdash					-				\dashv	\dashv	+	_
Number of Program Staff an Program	Meals																														,					

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for <u>eliqible</u> meals served to <u>eliqible</u> Program participants. I understand that misrepresentation may result in prosecution under applicable state or federal laws.

0. 1	0.1	n	1 . 12
Signature-	-Site	Kepresen	tative

Date

Food Components

Supper - Must serve all 4 required				
components. Milk is optional.				
Snacks - Must serve 2 of the 5				
components.				
Required Food Components	Menu	Food	Items Used (Enter each food item used)	Quantit (mea an
Milk				
				1
Vegetables				
Fruits				
Grains (2 Servings) Whole Grain Rich				Т
200				
Meat and/or Meat Alternate				



Quantity Prepared

,	2			
Menu		Food	Items Used (Enter each food item used)	Quantity Prepared (measurable amount)
ns due to Medi	cal or Special	dietary needs	or disability	
is due to Medi	cal or Special (uletary fieeds	l uisability	



Leftover/Recycle Food

	Daily N	leal Production	n Record -	Adult Day (Care (H1654)	
Contracting Entity Name:		CE ID # (Five Digit):	Date Meal wa	as Served:	
Name of Site:		Site # (Four Digit):		Meal Service		Tay
				Breakfast	○ AM Snack Lunch PM Snack Supper	<u>Evening</u>
Meal Description	Planned Partic	ipation			Leftover/Recycled Food	
Breakfast - Must serve all three components. May serve a meat/meat	Adults	Totals	Date First Served	Date Re- Served	Food Item and Quantity	
alternative in place of the grains 3 times a week	Enrolled					
Lunch - Must serve all 5 required	Program Staff					
components.	Non-Program					
Supper - Must serve all 4 required components. Milk is optional.						
Snacks - Must serve 2 of the 5 components.						
Required Food Co	mponents	Men	u	Food	Items Used (Enter each food item used)	Quantity Prepared (measurable amount)



Substitutions

Fruits				
Grains (2 Servings) Whole Grain Rich				
X=0.				
Meat and/or Meat Alternate				
Subst	itutions due to Medical or Special o	dietary needs o	or disability	
Name of Participant	Substitution(s) Made		Item/Component Provided by Particip	pant - Y/N
		1		
Comments (Record any other meal modifications or special	instructions here) :			
Comments (Record any other meal modifications or special	instructions here) :			



Daily Meal Production Record - Adult Day Care (H1654)

Daily Meal Froduction Necord - Addit Day Care (171004)								
Contracting Entity Na Senior Fun		CE ID # (Five Digit): 11111 Date Meal was Served: 12/17/2018						
Name of Site:	Age Advantage		Site # (Four Digit):	#(Four Digit): 2222 Meal Service: Breakfast AM Snack Lunch PM Snack Supper Evening				
Meal Descripti	***	Planned Partic	ination		O breaklast	Leftover/Recycled Food	Evening	
1999 1997AC W. 1994 18	SUPERIOR	Planned Partic	pation	Date First	Date Re-	Leitovei/Recycled Food		
Breakfast - Must serve all three components. May serve a meat/meat alternative in place of the grains 3 times a week		Adults	Totals	Served	Served	Food Item and Quantity		
		Enrolled	41					
Lunch - Must serve all s	5 required	Program Staff	6					
Joinpanents.		Non-Program	0					
Supper - Must serve all components. Milk is o								
Snacks - Must serve 2	of the 5							
components.								
Required Food Components			Menu		Food Items Used (Enter each food item used)		Quantity Prepared (measurable amount)	
Milk			1% Unflavored milk & Nonfat 1% unflavored Strawberry milk milk			d 1/2 pint milk; nonfat flavored strawberry 1/2 pint	10 1/2 pint unflavored & 15 1/2 pint flavored strawberry	
Vegetables				USDA spaghetti and meat sauce recipe D-35 on file for review, 3/4 c vegetable		1 X recipe for 50 servings		
Fruits		Sliced Peaches		peaches canr	1 - #10 can			
Grains (2 Servings) Whole Grain Rich			WGDinner Roll & enriched spaghett		USDA recipe # D-35 1 serving grains; whole grain dinner roll weight; Exhibit A: Grain Requirements, G-B, 1 serving, each roll weights 25 g		1 X recipe for 50 servings; 4 dozen rolls	
Meat and/or Meat Alternate		Spaghetti & Meat Sauce		USDA spaghetti and meat sauce recipe D-35; on file for review		1 X recipe for 50 servings		
Substitutions due to Medical or Special dietary needs or disability								
Name of Participant Subs			itution(s) Made	ution(s) Made Item/Component Provided by Participa		ant - Y/N		
							,	
			,					
			I		2.4			

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

OVS meal service implemented





Supporting Resources

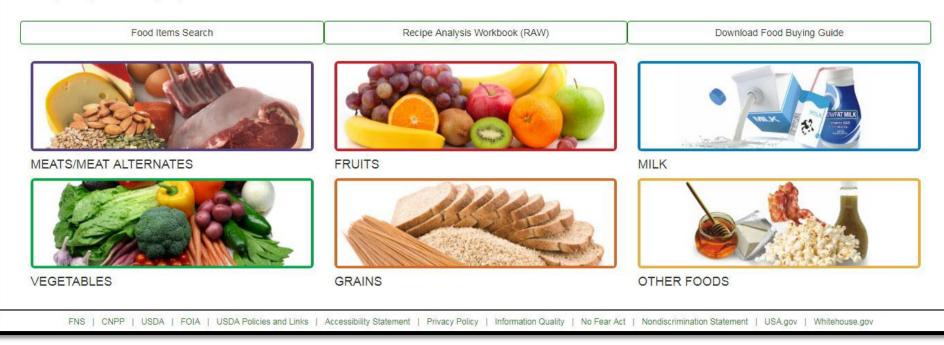
- Food Buying Guide(FBG) and Calculator
- FBG Helper Sheets
- Child Nutrition(CN) Labels andProduct Formulation Statements
- Standardized Recipes & NutritionFacts Labels





WELCOME TO THE FOOD BUYING GUIDE

The Interactive Food Buying Guide allows for easy display, search, and navigation of food yield information. In addition, users can compare yield information, create a favorite foods list, and access tools, such as the Recipe Analysis Workbook (RAW) and the Product Formulation Statement Workbook.



Web-based Interactive Food Buying Guide

Food Buying Guide

- ☐Principal tool to determine meal contribution
- □Current version accessible online
- □Also available as a downloadable Mobile app

Peaches, canned Clings or Freestone, Halves, Includes USDA Foods	No. 10 Can (106 oz)	47.10	1/4 cup fruit and liquid (about 1 peach half with juice)	2.20	
	No. 10 Can (106 oz)	32.50	1/4 cup drained fruit, clings	3.10	1 No. 10 can = about 64.0 oz (8-1/8 cups) drained clings
	No. 10 Can (106 oz)	26.60	1/4 cup drained fruit, Freestones	3.80	1 No. 10 can = about 60.0 oz (6-2/3 cups) drained Freestones
	No. 2-1/2 Can (29 oz)	12.90	1/4 cup fruit and liquid	7.80	
	No. 2-1/2 Can (29 oz)	8.50	1/4 cup drained fruit, clings	11.80	1 No. 2-1/2 can = about 17.0 oz (2-1/8 cups) drained clings
	No. 2-1/2 Can (29 oz)	8.00	1/4 cup drained fruit, Freestones	12.50	1 No. 2-1/2 can = about 15.7 oz (2 cups) drained Freestones
	No. 300 Can (15 oz)	6.36	1/4 cup fruit and liquid	15.80	
Peaches, canned Clings, Sliced, Light syrup pack, Includes USDA Foods	No. 10 Can (105 oz)	50.00	1/4 cup fruit and liquid	2.00	1 No. 10 can = about 105.0 oz (12-1/2 cups) fruit and liquid
	No. 10 Can (105 oz)	36.10	1/4 cup drained fruit	2.80	1 No. 10 can = about 72.0 oz (9 cups) drained peaches



FBG Calculator

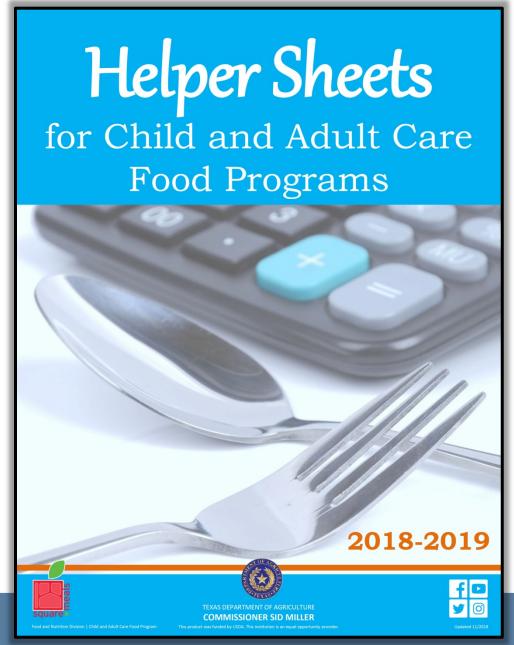


http://fbg.theicn.org/



Helper Sheets

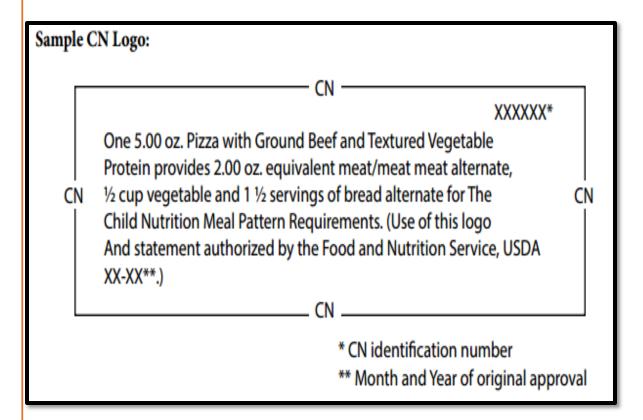
☐ Helpful in determining amounts to purchase for number and serving sizes of participants served.





CN Labels

- Voluntary labeling program administere d by the USDA
- Tells how a commercially prepared product contributes to the meal pattern
- ☐ Is an identifiable logo





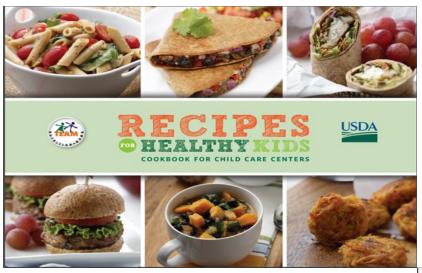
Product Formulation Statements

- Manufacturer provided statement
- Tells how a commercially prepared product contributes to the meal pattern
- Written and designed by individual manufacturers

Child Nutrition Program operators in addition to the following inform					
Product Name:		Cod	e No.:		
Manufacturer:	Ca	se/Pack/Cour			
I. Meat/Meat Alternate Please fill out the chart below to de	etermine the credi	itable amount	of Meat/Me	at Alternate	
Description of Creditable Ingredients per	Ounces per Raw Portion of Creditable		Multiply	FBG Yield/ Servings	Creditable Amount *
Food Buying Guide (FBG)	Ingre	Ingredient		Per Unit	
			X		
	+		X		
A. Total Creditable M/MA Am	nunt ¹				
If the product contains APP, please APP is used, you must provide doc Description of APP,					
manufacture's name, and code number	Dry APP Per Portion		Protein As-Is*	18**	Amount APP***
		X		÷ by 18	
		x		+ by 18	
	-1	х		÷ by 18	
B. Total Creditable APP Amou C. TOTAL CREDITABLE AM			. 40		
nearest ¼ oz)	ी				
*Percent of Protein As-Is is provided **18 is the percent of protein when fu **2 the transparent of protein when fu **Creditable amount of APP equals Total Creditable Amount must be rou equivalent). Do not round up. If you Creditable M/MA Amount) until after	lly hydrated. bunces of Dry APP nded down to the r are crediting M/M. you have added the	P documentation multiplied by nearest 0.25oz A and APP, you e Total Credita	on, the percent of (1.49 would r u do not need able APP Amo	ound down to 1.: to round down i ount from box B	25 oz meat n box A (Total
*Percent of Protein As-Is is provided **18 is the percent of protein when fu **2 the transparent of protein when fu **Creditable amount of APP equals Total Creditable Amount must be rou equivalent). Do not round up. If you Creditable M/MA Amount) until after	lly hydrated. bunces of Dry APP nded down to the r are crediting M/M. you have added the	P documentation multiplied by nearest 0.25oz A and APP, you e Total Credita	on, the percent of (1.49 would r u do not need able APP Amo	ound down to 1.: to round down i ount from box B	25 oz meat n box A (Total
*Percent of Protein As-Is is provided **18 is the percent of protein when fu **2 the the protein between the protein when fu **Creditable amount of APP equals Total Creditable Amount must be rou equivalent). Do not round up. If you Creditable M/MA Amount) until after Total weight (per portion) of product Total creditable amount of product	lly hydrated. punces of Dry APP maded down to the rare crediting M/M. you have added the cet as purchased _ (per portion)	P documentation multiplied by nearest 0.25oz A and APP, you e Total Credita	on. the percent of (1.49 would r u do not need ible APP Amo	ound down to 1 to round down i ount from box B	25 oz meat n box A (Total to box C.
*Percent of Protein As-Is is provided **18 is the percent of protein when fu ****Creditable amount of APP equals 'Total Creditable Amount must be rou equivalent). Do not round up. If you	lly hydrated. sunces of Dry APP nded down to the r are crediting M/M. you have added the ict as purchased (per portion) nt cannot count for is true and corre	P documentation multiplied by nearest 0.25oz A and APP, you Total Credits or more than ct and that a	the percent of (1.49 would r u do not need the APP Amo	ound down to 1 to round down is ount from box B ght of product.) serving of the	25 oz meat n box A (Total to box C.
*Percent of Protein As-Is is provided. **18 is the percent of protein when fu ***Creditable amount of APP equals. 'Total Creditable Amount must be rou equivalent). Do not round up. If you Creditable M/MA Amount) until after Total weight (per portion) of produ Total creditable amount of product (Reminder: Total creditable amou I certify that the above information product (ready for serving) contain	Illy hydrated. Dunces of Dry APP unded down to the r are crediting M/M. you have added the uct as purchased _ (per portion) _ nt cannot count for is true and corre s ounces of in the product co	P documentation multiplied by nearest 0.250z A and APP, yo e Total Credita or more than ct and that a of equivalent	the percent of (1.49 would r u do not need ble APP Amo	ound down to 1 to round down i unt from box B ght of product.) serving of the ternate when p	25 oz meat n box A (Total to box C. above repared c Regulations
*Percent of Protein As-Is is provided. **18 is the percent of protein when fu **18 is the percent of protein when fu ***Creditable amount of APP equals. 'Total Creditable Amount must be rou equivalent). Do not round up. If you Creditable M/MA Amount) until after Total weight (per portion) of produ Total creditable amount of product (Reminder: Total creditable amou I certify that the above information product (ready for serving) contain according to directions. I further certify that any APP used	Illy hydrated. Dunces of Dry APP unded down to the r are crediting M/M. you have added the uct as purchased _ (per portion) _ nt cannot count for is true and corre s ounces of in the product co	P documentation multiplied by nearest 0.250z A and APP, yo e Total Credita or more than ct and that a of equivalent	the percent of (1.49 would r u do not need ble APP Amo	ound down to 1 to round down i unt from box B ght of product.) serving of the ternate when p	25 oz meat n box A (Total to box C. above repared c Regulations



Standardized Recipes



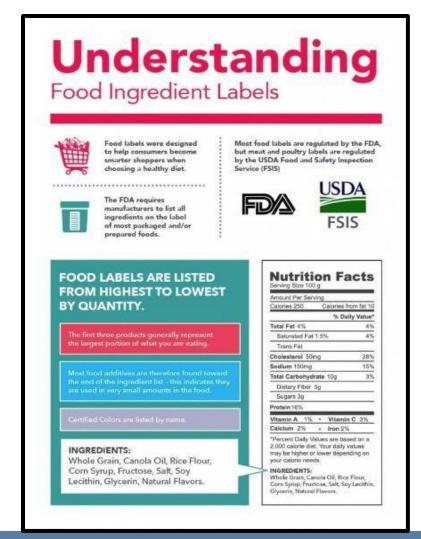








Nutrition Labels









PY 16

Top 5 Violations	Question	Findings
V-0409	Do records of purchases/acquisitions of food support the menu listed on meal production records?	93
V-0400	Does the meal analysis indicate correct quantities of food are prepared?	76
V-0403	Do meal production records show compliance with meal components?	69
V-0402	Do meal production records contain sufficient documentation of specific food items used?	62
SV-0412	Are the quantities used completed on a daily basis before the meal service?	40



PY 17

Top 5 Violatio ns	Question	Findings
V-0409	Do records of purchases/acquisitions of food support the menu listed on meal production records?	112
V-0400	Does the meal analysis indicate correct quantities of food are prepared?	91
SV- 0405	Based on the meal analysis, is the quantity of each component sufficient to meet meal pattern requirements for the number of meals served?	61
V-0402	Do meal production records contain sufficient documentation of specific food items used?	57
V-0403	Do meal production records show compliance with meal components?	54



PY 18

Top 5 Violations	Question	Findings
V-0408	Do records of purchases/acquisitions of food support that there were sufficient quantities of food purchased for the reimbursable meals claimed?	99
V-0401	Do meal production records show compliance with meal component requirements?	69
V-0402	Do meal production records contain sufficient documentation of specific food items used?	58
SV-0412	Are the quantities used completed on a daily basis before the meal service?	39
V-0403	Does the meal analysis indicate correct quantities of food are prepared for each age group?	33



Questions





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mail:

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

fax: (202) 690-7442; or email: program.intake@usda.gov.

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TEXAS DEPARTMENT OF AGRICULTURE COMMISSIONER SID MILLER



