D2b. Infant Menu Survey

# Study of Nutrition and Activity in Child Care Settings (SNACS) 

## Infant Menu Survey

|  |
| :---: |
| Child Care Center ID |
| Target Week |
|  |


#### Abstract

About the Study. The Study of Nutrition and Activity in Child Care Settings (SNACS) is intended to study nutrition and activity in child care centers, family day care homes, afterschool programs, and at-risk programs participating in the Child and Adult Care Food Program (CACFP) and some not participating in the CACFP. More than 1,500 child care providers in over 20 states were selected to be part of the study. Abt Associates is conducting this study for the USDA Food and Nutrition Service (FNS). Participation in the study by selected sponsors and child care providers who receive CACFP funds is required under Section 305 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA).


About this Survey. The purpose of the Infant Menu Survey is to collect information about all of the foods offered to infants less than 12 months in your child care facility during the assigned target week. An overview of the booklet is included on the next page.

Protecting Privacy. All information gathered from child care sponsors, child care centers, family day care homes, child care administrators and staff, and families participating in this study is for research purposes only and will be kept private to the full extent allowed by law except for general geographic location. Responses will be grouped with those of other study participants, and no individual participants, program administrators, program staff, parents, or children will be identified in any study report. Being part of the study will not affect any USDA benefits received by programs or families participating in this data collection.

Questions. If you have any questions about the study please call our toll-free study number at 1-844-808-4777 or email SNACS@abtassoc.com. We will be happy to answer your questions and to help you in any way we can.

Thank you for participating in the Study of Nutrition and Activity in Child Care Settings (SNACS)

## Infant Menu Survey Overview

This survey should be completed by the person most familiar with infant food preparation at your child care center or home. In some child care settings, there is a person who prepares the infant food, and a different person who provides care to the infants. We would like the infant food preparer to complete the form with information about what infant food is prepared, and how it is prepared.

This booklet is divided into the following sections:
Tab 1: Infant Menu Survey Instructions - Please read all the instructions before you begin filling it out.

Tab 2: Infant Daily Menu Pages - Each daily section of this booklet is marked with a colored divider page (Monday, Tuesday, Wednesday, Thursday, Friday) and for each day, includes a set of four Menu pages to allow for four separate feeding periods per day.

Tab 3: $\quad$ Food You Prepared forms - You will use these pages to tell us more about foods you prepare by combining two or more ingredients.

Included with the Infant Menu Survey is a separate booklet called the "Food Description Guide." The booklet provides guidance for what details to include about each food listed on the Infant Daily Menu Pages.

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Tab 1

## Infant Menu Survey Instructions

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## Infant Menu Survey Instructions

You will be providing information about foods and drinks provided to infants in the age groups specified during the same period noted on the front of this booklet, the "Target Week".

Please use the Infant Daily Menu pages to describe all the foods and drinks you serve to infants under $\mathbf{1 2}$ months old.

More detailed instructions for completing the survey are given below. There are also examples of completed forms facing the pages to be filled out, which can help guide you for completing the forms correctly.

Please read all of the instructions before you begin.

Printed Menu: We also ask that you provide a copy of your weekly or monthly menu that you may provide to parents if you have one for infants. Please include this printed copy with your completed Infant Menu Survey.

If you have any questions at any time please call our toll-free number at 1-844-808-4777. We will be happy to answer your questions and to help you in any way we can.

Someone from Abt Associates will be calling you soon to make sure you received the survey and to answer any questions you may have before you begin filling it out.

Thank you very much for your help with this important study.
The following pages provide instructions for each section of the booklet.

# How to fill out the Infant Daily Menu Pages 

## (Tab 2 of this booklet)

Each day, you will fill out the pages in the section of the booklet marked with the name of that day: Monday, Tuesday, Wednesday, Thursday, and Friday (colored divider page will indicate a new day).

Each daily section within the colored dividers includes four menu forms, one per time frame:

- Morning, before 10am
- 10am-1pm
- $1 \mathrm{pm}-4 \mathrm{pm}$
- Evening, after 4 pm

You will write in the foods provided during those times.


There is an option to check off a box if the meal on that page was not served that day. The example here is for food served before 10am. If you did not serve any food or drink before 10am, you would select this box and leave the rest of that form blank.

## Filling out the rest of the Infant Daily Menu Pages:

Please fill in the form to tell us all food and drink items that you provided to the infants under 12 months old in your care. This does NOT include items parents bring from home (including breast milk).

Follow the instructions at the top of each column:

## 1. List each food and drink served during the timeframe indicated at the top of the page

- List each food or drink under the food category it belongs to:

0 Formula
0 Infant Cereal (include what it is mixed with)
o Fruits, Vegetables, and Fruit/Vegetable Juice
o Meat/Meat Alternate and Mixed Component Foods
o Other food and beverage items (include milk and water here)
If you are unsure of which category a food you served belongs to, write it in the "Other" category.

In the first column, you will see pre-filled rows for two common formula brands. If you provide either Similac or Enfamil to infants in your care, please use these checkboxes. Select the checkbox which describes how the formula is prepared:

## 0 RTF: Ready to Feed

0 Liquid Conc.: Liquid Concentrate
o Powder: Powder mixed with water

NOTE: Please only list foods and beverages provided to the majority of infants in your care. If you prepare alternate meals for infants with dietary restrictions, you do not need to include these items on the Infant Daily Menu Pages.

You can provide additional information about the formula in the next column (Please Describe Each Food or Drink...), as discussed below.

| List Each Food and Drink Served During This Time <br> RTF = Ready to Feed | Please Describe Each Food or Drink <br> For detailed information on what to include in this column, plesse refer to the Food Description Guide | Food Preparation | Age Group(s) Served Select the column(s) for each age group to whom you served the food or drink |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Foods you Prepared* | $\begin{gathered} 0-3 \\ \text { months } \end{gathered}$ | $\begin{gathered} 4.5 \\ \text { months } \end{gathered}$ | $\stackrel{6-7}{\text { months }}$ | $\begin{aligned} & 8 \text { months } \\ & \text { trough } 11 \\ & \text { months } \end{aligned}$ |
| Formula |  |  |  |  |  |  |
| Similac $\square$ RTF QLiquid Conc. $\square$ Powder |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Enfamil -RTF - - Liquid Conc. - Powder |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |

Juice: Enter information for juices served to infants under the "Fruits, Vegetables, and Fruit/Vegetable Juice" category.

Also note in the Food Description column if the juice is $100 \%$ juice, fortified, from concentrate, etc. You can find examples of how to record this information on the Example pages, as well as in the "Food Description Guide".

NOTE: Please only list foods and beverages provided to the majority of children in your care. If you prepare alternate meals for children with dietary restrictions, you do not need to include these items on the Daily Menus.

## 2. Please Describe Each Food or Drink

- Describe each food and drink in detail. Include details such as brand name or manufacturer and type or flavor variety of food.

- A separate booklet labeled "Food Description Guide" provided with this booklet lists the kinds of things we need you to write down in this column.
- If you receive foods that are prepared off-site (such as a vendor or school district), please ask your representative if they can provide the necessary details about the foods you list on the daily menu pages.


## 3. Food Preparation: Foods you Prepared

- If you prepared the food by combining two or more ingredients, check the box for each food and drink you list. The checkmark will tell us that the food was prepared by you, and that you filled out a "Foods you Prepared" form.


DO NOT use the Foods you Prepared form for food which need little or no preparation on your part, or can be eaten as is.

- Foods that only need to be heated to be served are considered "ready to eat".
- Foods that only need to be cut, sliced, poured are considered "ready to eat".

The chart blow provides examples of when to fill out a "Foods you Prepared" form and when it is not needed.

| Use the Foods you Prepared form | DO NOT Use the Foods you Prepared <br> form |
| :--- | :--- |
| Rice you cooked | Commercially prepared applesauce |
| Baby food with 2 or more ingredients <br> prepared in your child care facility | Sliced fruit |
| Leftover foods mixed with additional <br> foods | Infant formula, if prepared according to <br> package instructions |
| Hot cereal with any additions <br> (See Sample Completed Foods You <br> Prepared form) | Packaged crackers |

## Important to Note:

- You do not need to fill this out for concentrate, powdered, or packaged formula as long as you are following the package instructions to prepare the formula.
- Infant cereal - we would like to know what it is mixed with; you do not need to fill out a "food you prepared" form. Please write directly on the form if it is mixed with milk, water, etc.

Important to Note: If you are able to provide a printed copy of the recipe, and it has all of the information that we ask for on the Foods You Prepared form, you do not need to fill out the Foods You Prepared form. Instead, please attach the printed recipe to the form. If there are any revisions to the recipe, please write them on the recipe.

If you do not have a copy of the recipe, please fill out a page in the Foods You Prepared form located at the back of the booklet behind the Foods You Prepared tab. Use one Foods You Prepared form for each recipe.

## 4. Age Group(s) Served

| Age Group(s) Served <br> Select the column(s) for each age group to <br> whom you served the food or drink |  |  |  |
| :---: | :---: | :---: | :---: |
| $0-3$ <br> months | $4-5$ <br> months | $6-7$ <br> months | 8 months <br> through 11 <br> months |

- Check the boxes to tell us the ages of the infants to whom each food or drink was served. The age groupings include 0-3 months, 4-5 months, 6-7 months, and 8 months through 11 months.
- If an infant is 3 months and 2 weeks old, you would select the $0-3$ month category.
- If served to multiple age groups, select all that were served that item.
- If different types of the same food were served for different ages of infants, you should list the different type of food on a separate row, and select the age group receiving the specified food.


## Please also note the following:

Water: If water is served specifically as a beverage that goes with the meal or snack, rather than just being available in the room please include it on the form as an item that was served. Write this in under the "Other food and beverage items" category, and describe how it was provided.

| List Each Food and Drink Served During This Time | Please Describe Each Food or Drink <br> For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation | Age Group(s) Served Select the column(s) for each age group to whom you served the food or drink |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| RTF = Ready to Feed Liquid Conc. $=$ Liquid Concentrate |  | Foods you Prepared* | $\begin{gathered} 0-3 \\ \text { months } \end{gathered}$ | $\begin{gathered} 4-5 \\ \text { months } \end{gathered}$ | $\begin{gathered} \text { 6-7 } \\ \text { months } \end{gathered}$ | 8 months through 11 months |

An example of a completed Infant Daily Menu can be found on the opposing page of the infant menu for each timeframe for one day.

# Filling out the Foods You Prepared Form (Tab 3 of this booklet) 

Please fill out one of these forms for any food you checked off as Foods You Prepared on the Daily Infant Menu forms, unless you can provide a printed recipe. This should include any food you made from scratch or prepared by combining two or more foods or ingredients. A sample, completed Foods You Prepared Form is shown behind Tab 3 (Foods You Prepared Forms).

If you receive foods that are prepared off-site (such as a vendor or school district), please ask your representative if they can provide a recipe for foods that they prepare from scratch or by combining two or more ingredients. Attach the recipe to the form in this booklet and indicate the details described in 1-4 below on the form.

## How to Fill in the Foods You Prepared Form

| Foods You Prepared |  |
| :---: | :---: |
| Fill out one page for each food you made from scratch or made by combining two or more foods or ingredients (examples: sandwiches, chili, tuna salad, mashed potatoes, pancakes, etc.). |  |
| Name of Food: $\qquad$ <br> (Please use same name you used on the Infant Menu Pages) |  |
| Number of Servings Prepared: | - Before 10 am <br> $\square$ Between $10-1 \mathrm{pm}$ <br> - Between 1-4pm |
| Size of each serving: $\qquad$ (Examples: $1 / 2$ cup, 4 fl. oz., 1 cup, 3 TBSP) |  |

1. Name of the Food: Write the name of the food in the space provided at the top of the page. Please use the same name you used on the Menu page in Tab 2.
2. Number of Servings Prepared: Write down the number of servings you made.
3. Size of each Serving: Write down the size of each serving (for example, $1 / 2$ cup, 4 oz. 1 sandwich, etc.)
4. When was Food Served?: Check the box beside the timeframe when the food was served. Write in the dates the food was served during the target week.

## 5. Fill in the chart using the instructions at the top of each column:

| What Ingredients or Foods Did You |  |  |
| :---: | :---: | :---: |
| Use? <br> (List all ingredients and foods.) | How Much Did <br> You Use? <br> (Examples: 2 tsp, <br> $1 / 2$ cup, 1 pound, <br> 4 fl oz., etc.) | Please Describe Each Ingredient or Food. <br> (Provide as much detail as possible. Check the Food <br> Description Guide.) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## What Ingredients or Foods Did You Use?

- List each ingredient and food by name on separate line. Include everything you used including salt, added fats like butter, margarine, mayonnaise, and oil, pan drippings, water and stock.


## How Much Did You Use?

- Show the amount of each ingredient or food you used. Be sure to write both the number and the type of measurement:


## Examples:

- 2 Tbsp. mayonnaise
- 2 tsp. salt
- 4 oz. shredded cheese
- 2 pounds (lb.) ground beef
- 3/4 cup cooked rice
- 1 quart (qt.) milk
- If you use an ingredient that is not measured, write down how much or many you used. If possible, write whether the item was small, regular (medium), or large.

Examples:

- 1 large carrot
- $1 / 2$ large green pepper
- 15 crackers (saltine size)
- 3 small bananas
- 2 regular slices bread
- 8 squares graham crackers


## 6. Please Describe Each Ingredient or Food

- Use this column to describe each ingredient or food in detail. Look for the ingredient or food in the Food Description Guide to see the kinds of information to write for each ingredient or food (brand, type, flavor, etc.)
- Be sure to write whether it was raw or cooked, shredded, chopped, sliced, ground, grated, crushed or whole.
$\left.\begin{array}{|c|c|c|}\hline \text { What Ingredients or Foods Did You } \\ \begin{array}{c}\text { Use? }\end{array} & \begin{array}{c}\text { How Much Did } \\ \text { You Use? } \\ \text { (List all ingredients and foods.) }\end{array} & \begin{array}{c}\text { (Examples: 2 tsp, } \\ \text { 1/2 cup, 1 pound, } \\ \text { 4fl oz., etc.) }\end{array}\end{array} \begin{array}{c}\text { Please Describe Each Ingredient or Food. } \\ \text { (Provide as much detail as possible. Check the Food } \\ \text { Description Guide.) }\end{array}\right]$


## 7. Preparation and Cooking Method (if Applicable)

- Answer questions 1, 2 and 3 if they apply to the food you prepared.
- Question 4 asks about salt added during the cooking process, such as salt added to cooking water, rather than an ingredient in the recipe.

Preparation and Cooking Method (If Applicable):

1. If cooked:
a. What cooking method did you use? (check one)
$\square$ Bake/Roast $\square$ Broil/Grill $\square$ Pan Fry/SautéDeep Fry $\square$ Boil/Parboil $\square$ Other (specify): $\qquad$
b. What fat was added during the cooking process? (check one)
$\square$ Vegetable Oil $\square$ Olive Oil $\square$ Butter $\square$ Margarine $\square$ Other (specify) $\quad \square$ None
2. If you prepared meat (chicken, beef, pork, etc.), did you: (Check all that apply)
a. Trim the visible fat?
$\square$ YesNo visible fat to trim
b. Drain the fat after cooking? $\square$ Yes $\square$ No $\square$ No fat to drain
3. If you prepared fruit(s) or vegetable(s), did you:
a. Peel the fruit or vegetable?
$\square$ Yes
$\square$ No
$\square$ No peel to remove
b. Mash or blend the fruit or vegetable? $\square$ Yes
4. Was salt added during the cooking process? $\square$ Yes No

Tab 2

## Infant Daily Menus

Infant Menu for Before 10am

| Today's Date: | Day of Week: $\square$ Monday Tuesday | nesday | day | Fri |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Please u | this form to record all food served in the morning before Check this box if you did not serve any items in the | Oam to children und orning before 10am. | 1 year | d. |  |  |
| List Each Food and Drink Served During This Time | Please Describe Each Food or Drink | Food Preparation | Select wh | ge Gro column(s) you serv | (s) Ser for each the foo | ge group to or drink |
| $\begin{gathered} \text { RTF }=\text { Ready to Feed } \\ \text { Liquid Conc. }=\text { Liquid Concentrate } \end{gathered}$ | For detailed information on what to include in this column, please refer to the Food Description Guide | Foods you Prepared* | $\begin{gathered} 0-3 \\ \text { months } \end{gathered}$ | $\begin{gathered} 4-5 \\ \text { months } \end{gathered}$ | $\begin{gathered} \text { 6-7 } \\ \text { months } \end{gathered}$ | 8 months through 11 months |
|  |  |  |  |  |  |  |
| Similac $\square$ RTF $\square$ Liquid Conc. $\boxtimes$ Powder | Go \& Grow 9-24months | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Enfamil $\square$ RTF $\square$ Liquid Conc. $\square$ Powder |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Gerber Good Start | Gentle - milk based w/iron - Powder | $\square$ | ■ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  |  |  |  |  |  |
| Homemade Banana Oatmeal |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Fruits, Vegetables, and Fruit/Ve | etable Juice |  |  |  |  |  |
| Applesauce | Gerber - jar | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Banana, strawberry, blueberry | Gerber - pouch | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Grains \& Bread |  |  |  |  |  |  |
| Cheerios | General Mills | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  | General Mils | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Meat/Meat Alternate and Mixed | Component Foods |  |  |  |  |  |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Other food and beverage items | nclude milk and water here) |  |  |  |  |  |
| Water | Served in Sippy cups | $\square$ | $\square$ | $\square$ | $\square$ | V |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |TuesdayWednesdayThursdayFriday Please use this form to record all food served in the morning before 10am to children under 1 year old.

$\square$ Check this box if you did not serve any items in the morning before 10am.

| List Each Food and Drink Served During This Time | Please Describe Each Food or Drink <br> For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation | Age Group(s) Served Select the column(s) for each age group to whom you served the food or drink |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{aligned} & \text { RTF }=\text { Ready to Feed } \\ & \text { Liquid Conc. }=\text { Liquid Concentrate } \end{aligned}$ |  | Foods you Prepared* | $\begin{gathered} \text { 0-3 } \\ \text { months } \end{gathered}$ | $\begin{gathered} \text { 4-5 } \\ \text { months } \end{gathered}$ | $\begin{gathered} \text { 6-7 } \\ \text { months } \end{gathered}$ | 8 months through 11 months |
| Formula |  |  |  |  |  |  |
| Similac $\square$ RTF $\square$ Liquid Conc. $\square$ Powder |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Enfamil $\square$ RTF $\square$ Liquid Conc. $\square$ Powder |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Infant Cereal (please include what it is mixed with) |  |  |  |  |  |  |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Fruits, Vegetables, and Fruit/Vegetable Juice |  |  |  |  |  |  |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Grains \& Bread |  |  |  |  |  |  |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Meat/Meat Alternate and Mixed Component Foods |  |  |  |  |  |  |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Other food and beverage items (include milk and water here) |  |  |  |  |  |  |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |

[^0] infant cereals do not require a separate form if package directions are followed.)

Infant Menu for Between 10am and 1pm
Today's Date: $\qquad$ Day of Week: $\square$ Monday $\square$ Tuesday $\square$ WednesdayThursdayFriday
Please use this form to record all food served between 10am and $\mathbf{1 p m}$ to children under 1 year old.
$\square$ Check this box if you did not serve any items between 10am and 1 pm .

| List Each Food and Drink Served During This Time | Please Describe Each Food or Drink <br> For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation | Age Group(s) Served Select the column(s) for each age group to whom you served the food or drink |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{gathered} \text { RTF }=\text { Ready to Feed } \\ \text { Liquid Conc. }=\text { Liquid Concentrate } \end{gathered}$ |  | Foods you Prepared* | $\begin{gathered} 0-3 \\ \text { months } \end{gathered}$ | $\begin{gathered} \text { 4-5 } \\ \text { months } \end{gathered}$ | $\begin{gathered} 6-7 \\ \text { months } \end{gathered}$ | 8 months through 11 months |
| Formula |  |  |  |  |  |  |
| Similac - RTF - Liquid Conc. 区 Powder | Go \& Grow 9-24months | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Enfamil $\square$ RTF $\square$ Liquid Conc. $\square$ Powder |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Gerber Good Start | Gentle - milk based w/iron - Powder | $\square$ | V | $\square$ | V | $\square$ |
|  | Oun | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Infant Cereal (please include what it is mixed with) |  |  |  |  |  |  |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Fruits, Vegetables, and Fruit/Vegetable Juice |  |  |  |  |  |  |
| Carrots | Gerber - jar | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Grains \& Bread |  |  |  |  |  |  |
| Puffs | Gerber Graduates, strawberry banana | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Meat/Meat Alternate and Mixed Component Foods |  |  |  |  |  |  |
| Pureed chicken | Gerber - jar | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Other food and beverage items (include milk and water here) |  |  |  |  |  |  |
| Water | Served in Sippy cups | $\square$ | $\square$ | $\square$ | V | V |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |

For foods or beverages selected as "Foods you Prepared ", please complete a "Foods You Prepared" form, found at the end of this Infant Menu Survey. (Formulas and infant cereals do not require a separate form if package directions are followed.)

## Infant Menu for Between 10am and 1pm

ThursdayFriday Please use this form to record all food served between 10am and 1pm to children under 1 year old.$\square$ Check this box if you did not serve any items between 10 am and 1 pm .


For foods or beverages selected as "Foods you Prepared ", please complete a "Foods You Prepared" form, found at the end of this Infant Menu Survey. (Formulas and infant cereals do not require a separate form if package directions are followed.)

## Infant Menu for Between 1 pm and 4 pm

Today's Date: $\qquad$ Day of Week: $\square$ Monday $\square$ Tuesday $\square$ WednesdayThursdayFriday
Please use this form to record all food served between 1pm and $4 \mathbf{p m}$ to children under 1 year old.
$\square$ Check this box if you did not serve any items between 1pm and 4pm.

| List Each Food and Drink Served During This Time | Please Describe Each Food or Drink <br> For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation | Age Group(s) Served Select the column(s) for each age group to whom you served the food or drink |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{gathered} \text { RTF }=\text { Ready to Feed } \\ \text { Liquid Conc. }=\text { Liquid Concentrate } \end{gathered}$ |  | Foods you Prepared* | $\begin{gathered} \text { 0-3 } \\ \text { months } \end{gathered}$ | $\begin{gathered} 4-5 \\ \text { months } \end{gathered}$ | $\begin{gathered} \text { 6-7 } \\ \text { months } \end{gathered}$ | 8 months through 11 months |
| Formula |  |  |  |  |  |  |
| Similac $\square$ RTF $\square$ Liquid Conc. $\mathbb{V}$ Powder | Go \& Grow 9-24months | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Enfamil $\square$ RTF - Liquid Conc. $\square$ Powder |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Gerber Good Start | Gentle - milk based w/iron - Powder | $\square$ | V | ■ | V | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Infant Cereal (please include what it is mixed with) |  |  |  |  |  |  |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Fruits, Vegetables, and Fruit/Vegetable Juice |  |  |  |  |  |  |
| Avocado | Fresh, sliced | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Avocado | Fresh, mashed | $\square$ | $\square$ | V | 『 | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Grains \& Bread |  |  |  |  |  |  |
| Cheerios | General Mills | $\square$ | $\square$ | $\square$ | $\square$ | V |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Meat/Meat Alternate and Mixed Component Foods |  |  |  |  |  |  |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Other food and beverage items (include milk and water here) |  |  |  |  |  |  |
| Water | Served in Sippy cups | $\square$ | $\square$ | $\square$ | $\square$ | V |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |

[^1]
## Infant Menu for Between 1pm and 4 pm

Friday Please use this form to record all food served between 1pm and $4 \mathbf{p m}$ to children under 1 year old.Check this box if you did not serve any items between 1pm and 4pm| List Each Food and Drink Served During This Time <br> RTF = Ready to Feed Liquid Conc. $=$ Liquid Concentrate | Please Describe Each Food or Drink <br> For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation | Age Group(s) Served Select the column(s) for each age group to whom you served the food or drink |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Foods you Prepared* | $\begin{gathered} 0-3 \\ \text { months } \end{gathered}$ | $\begin{gathered} 4-5 \\ \text { months } \end{gathered}$ | $\begin{gathered} \begin{array}{c} 6-7 \\ \text { months } \end{array} \end{gathered}$ | 8 months through 11 months |
| Formula |  |  |  |  |  |  |
| Similac $\square$ RTF $\square$ Liquid Conc. $\square$ Powder |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Enfamil $\square$ RTF $\square$ Liquid Conc. $\square$ Powder |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Infant Cereal (please include what it is mixed with) |  |  |  |  |  |  |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Fruits, Vegetables, and Fruit/Vegetable Juice |  |  |  |  |  |  |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Grains \& Bread |  |  |  |  |  |  |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Meat/Meat Alternate and Mixed Component Foods |  |  |  |  |  |  |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Other food and beverage items (include milk and water here) |  |  |  |  |  |  |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |

[^2]
## Infant Menu for Between 4 pm and 7 pm



Day of Week: $\square$ Monday $\quad \square$ Tuesday $\square$ WednesdayThursdayFriday
Please use this form to record all food served between $4 \mathbf{p m}$ and $7 \boldsymbol{p m}$ to children under 1 year old.
$\square$ Check this box if you did not serve any items between 4pm and 7pm.

| List Each Food and Drink Served During This Time | Please Describe Each Food or Drink <br> For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation | Age Group(s) Served <br> Select the column(s) for each age group to whom you served the food or drink |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{gathered} \text { RTF }=\text { Ready to Feed } \\ \text { Liquid Conc. }=\text { Liquid Concentrate } \end{gathered}$ |  | Foods you Prepared* | $\begin{gathered} \text { 0-3 } \\ \text { months } \end{gathered}$ | $\begin{gathered} 4-5 \\ \text { months } \end{gathered}$ | $\begin{gathered} \text { 6-7 } \\ \text { months } \end{gathered}$ | 8 months through 11 months |
| Formula |  |  |  |  |  |  |
| Similac $\square$ RTF - Liquid Conc. 『 Powder | Go \& Grow 9-24months | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Enfamil $\square$ RTF - Liquid Conc. $\square$ Powder |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Gerber Good Start | Gentle - milk based w/iron - Powder | $\square$ | $\square$ | $\square$ | V | $\square$ |
|  | - | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Infant Cereal (please include what it is mixed with) |  |  |  |  |  |  |
| Oatmeal Cereal | Gerber, Single Grain, added water | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Fruits, Vegetables, and Fruit/Vegetable Juice |  |  |  |  |  |  |
| Garden Vegetable | Gerber - pouch | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Grains \& Bread |  |  |  |  |  |  |
| Puffs | Gerber Graduates - Sweet Potato | $\square$ | $\square$ | $\square$ | V | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Meat/Meat Alternate and Mixed Component Foods |  |  |  |  |  |  |
| Chicken and gravy | Gerber - pouch | $\square$ | $\square$ | $\square$ | $\square$ | V |
|  |  | $\square$ |  |  |  |  |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Other food and beverage items (include milk and water here) |  |  |  |  |  |  |
| Water | Served in Sippy cups | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |

[^3]
## Infant Menu for Between 4pm and 7pm

FridayPlease use this form to record all food served between $4 \mathbf{p m}$ and $7 \mathbf{p m}$ to children under 1 year old.Check this box if you did not serve any items between 4pm and 7pm.

| List Each Food and Drink Served During This Time <br> RTF = Ready to Feed Liquid Conc. $=$ Liquid Concentrate | Please Describe Each Food or Drink <br> For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation | Age Group(s) Served Select the column(s) for each age group to whom you served the food or drink |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Foods you Prepared* | $\begin{gathered} 0-3 \\ \text { months } \end{gathered}$ | $\begin{gathered} 4-5 \\ \text { months } \end{gathered}$ | $\begin{gathered} \begin{array}{c} 6-7 \\ \text { months } \end{array} \end{gathered}$ | 8 months through 11 months |
| Formula |  |  |  |  |  |  |
| Similac $\square$ RTF $\square$ Liquid Conc. $\square$ Powder |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Enfamil $\square$ RTF $\square$ Liquid Conc. $\square$ Powder |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Infant Cereal (please include what it is mixed with) |  |  |  |  |  |  |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Fruits, Vegetables, and Fruit/Vegetable Juice |  |  |  |  |  |  |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Grains \& Bread |  |  |  |  |  |  |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Meat/Meat Alternate and Mixed Component Foods |  |  |  |  |  |  |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
| Other food and beverage items (include milk and water here) |  |  |  |  |  |  |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |
|  |  | $\square$ | $\square$ | $\square$ | $\square$ | $\square$ |

[^4]This page left blank for double-sided printing

## Tab 3

## Foods You Prepared Form

Please fill out a Foods You Prepared Form for any food items with a checkbox in the "Food Preparation" column.

These are items made from two or more ingredients, made at the child care facility, listed on your Infant Daily Menu pages.

> Note: If you are able to provide a printed copy of the recipe, and it has all of the information that we ask for on the "Foods You Prepared" form, you do not need to fill out the "Foods You Prepared" form. Instead, please attach the printed recipe to the form. If there are any revisions to the recipe, please write them on the recipe.

## Foods You Prepared

Fill out one page for each food you made from scratch or made by combining two or more foods or ingredients (examples: macaroni and cheese, mashed potatoes, pancakes, etc.).

Name of Food: ___Homemade Banana Oatmeal $\qquad$ (Please use same name you used on the Infant Menu Pages)

Number of Servings Prepared: $\qquad$ 6 $\qquad$
(Examples: $1 ⁄ 2$ cup, 4 fl . oz., 1 cup, 3 TBSP)

## Size of each serving: $1 / 2$ Cup

When Was Food Served?
Check all that apply and indicate date(s) served:

| What Ingredients or Foods Did You <br> Use? <br> (List all ingredients and foods.) | How Much Did <br> You Use? <br> (xamples: 2 tsp, <br> $1 / 2$ cup, 1 pound, <br> 4fl oz., etc.) | Please Describe Each Ingredient or Food. <br> (Provide as much detail as possible. Check the Food <br> Description Guide.) |
| :--- | :--- | :--- |
| Ground oats | 3 cups | Quaker Oats; old fashioned |
| Brown sugar | 2 Tbsp |  |
| Cinnamon | $3 / 4$ tsp |  |
| Water | 3 cups |  |
| banana | 1 whole |  |
|  |  |  |
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## Preparation and/or Cooking Method (If Applicable):

1. If cooked:
a. What cooking method did you use? (check one)

b. What fat was added during the cooking process? (check one)
$\square$ Vegetable Oil
$\square$ Olive Oil

- Butter
$\square$ Margarine
$\square$ Other (specify)
$\square$ None

2. If you prepared meat (chicken, beef, pork, etc.), did you: (Check all that apply)
a. Trim the visible fat?
$\square$ Yes
$\square$ No
$\square$ No visible fat to trim
b. Drain the fat after cooking?
$\square$ Yes
$\square$ No
$\square$ No fat to drain
3. If you prepared fruit(s) or vegetable(s), did you:
a. Peel the fruit or vegetable?
■ Yes
$\square$ No
4. Was salt added during the cooking process? $\square$ Yes $\square$ No

## Foods You Prepared

Fill out one page for each food you made from scratch or made by combining two or more foods or ingredients (examples: sandwiches, chili, tuna salad, mashed potatoes, pancakes, etc.).

Name of Food:
When Was Food Served?
Check all that apply and indicate date(s) served:
Date(s) Served:
$\square$ Before 10am
Number of Servings Prepared: $\qquad$

## Size of each serving:

(Examples: $1 / 2$ cup, 4 fl . oz., 1 cup, 3 TBSP)

| What Ingredients or Foods Did You <br> Use? <br> (List all ingredients and foods.) | How Much Did <br> You Use? <br> (xamples: 2 tsp, <br> $1 / 2$ cup, 1 pound, <br> 4fl oz., etc.) | Please Describe Each Ingredient or Food. <br> (Provide as much detail as possible. Check the Food <br> Description Guide.) |
| :---: | :---: | :---: |
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## Preparation and Cooking Method (If Applicable):

1. If cooked:
a. What cooking method did you use? (check one)
$\square$ Bake/Roast $\square$ Broil/Grill $\square$ Pan Fry/Sauté $\square$ Stir Fry $\square$ Deep Fry $\square$ Boil/Parboil $\square$ Other (specify): $\qquad$
b. What fat was added during the cooking process? (check one)
$\square$ Vegetable OilOlive OilButte
$\square$ Margarine
$\square$ Other (specify) $\qquad$ $\square$ None
2. If you prepared meat (chicken, beef, pork, etc.), did you: (Check all that apply)
a. Trim the visible fat?
$\square$ Yes
$\square$ No
$\square$ No visible fat to trim
b. Drain the fat after cooking?
$\square$ YesNo fat to drain
3. If you prepared fruit(s) or vegetable(s), did you:
a. Peel the fruit or vegetable?
$\square$ Yes
NoNo peel to remove
b. Mash or blend the fruit or vegetable?
$\square$ Yes
4. Was salt added during the cooking process?

## Foods You Prepared

Fill out one page for each food you made from scratch or made by combining two or more foods or ingredients (examples: sandwiches, chili, tuna salad, mashed potatoes, pancakes, etc.).

Name of Food:
(Please use same name you used on the Infant Menu Pages)

## Number of Servings Prepared:

$\qquad$

## Size of each serving:

(Examples: $1 / 2$ cup, 4 fl . oz., 1 cup, 3 TBSP)

When Was Food Served?
Check all that apply and indicate date(s) served:
Date(s) Served:
$\square$ Before 10am
$\square$ Between 10-1pm
$\square$ Between 1-4pm
$\square$ Between 4-7pm $\qquad$
$\left.\begin{array}{|c|c|c|}\hline \text { What Ingredients or Foods Did You } \\ \text { Use? } \\ \text { (List all ingredients and foods.) }\end{array} \quad \begin{array}{c}\text { How Much Did } \\ \text { You Use? } \\ \text { (Examples: 2 tsp, } \\ 1 / 2 \text { cup, 1 pound, } \\ \text { 4fl oz., etc.) }\end{array} \quad \begin{array}{c}\text { Please Describe Each Ingredient or Food. } \\ \text { (Provide as much detail as possible. Check the Food } \\ \text { Description Guide.) }\end{array}\right]$

## Preparation and Cooking Method (If Applicable):

1. If cooked:
a. What cooking method did you use? (check one)
$\square$ Bake/Roast $\square$ Broil/Grill $\square$ Pan Fry/Sauté $\square$ Stir Fry $\square$ Deep Fry $\square$ Boil/Parboil $\square$ Other (specify):
b. What fat was added during the cooking process? (check one)
$\square$ Vegetable OilOlive Oil
$\square$ ButterMargarine
$\square$ Other (specify) $\qquad$None
2. If you prepared meat (chicken, beef, pork, etc.), did you: (Check all that apply)
a. Trim the visible fat?
$\square$ Yes
No
$\square$ No visible fat to trim
b. Drain the fat after cooking?
$\square$ Yes
$\square$ No
$\square$ No fat to drain
3. If you prepared fruit(s) or vegetable(s), did you:
a. Peel the fruit or vegetable?
$\square$ Yes
$\square$ Yes
$\square$ No $\square$ No
4. Was salt added during the cooking process? $\square$ Yes $\square$ No

## Foods You Prepared

Fill out one page for each food you made from scratch or made by combining two or more foods or ingredients (examples: sandwiches, chili, tuna salad, mashed potatoes, pancakes, etc.).

Name of Food:
(Please use same name you used on the Infant Menu Pages)
Number of Servings Prepared: $\qquad$

## Size of each serving:

(Examples: $1 / 2$ cup, 4 fl . oz., 1 cup, 3 TBSP)
(Examples: 1 ² 2 cup, 4fl. oz., 1 cup, 3 TBSP)

When Was Food Served?
Check all that apply and indicate date(s) served:
Date(s) Served:
$\square$ Before 10am
$\square$ Between 10-1pm
$\square$ Between 1-4pm
$\square$ Between 4-7pm

$\qquad$
$\qquad$

| What Ingredients or Foods Did You <br> Use? <br> (List all ingredients and foods.) | How Much Did <br> You Use? <br> (Examples: 2 tsp, <br> $1 / 2$ cup, 1 pound, <br> 4fl oz., etc.) | Please Describe Each Ingredient or Food. <br> (Provide as much detail as possible. Check the Food <br> Description Guide.) |
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## Preparation and Cooking Method (If Applicable):

1. If cooked:
a. What cooking method did you use? (check one)
$\square$ Bake/Roast $\square$ Broil/Grill $\square$ Pan Fry/Sauté $\square$ Stir Fry $\square$ Deep Fry $\square$ Boil/Parboil $\square$ Other (specify): $\qquad$
b. What fat was added during the cooking process? (check one)
$\square$ Vegetable OilOlive OilButterMargarine $\square$ Other (specify) $\qquad$ $\square$ None
2. If you prepared meat (chicken, beef, pork, etc.), did you: (Check all that apply)
a. Trim the visible fat?
$\square$ Yes
$\square$ No
$\square$ No visible fat to trim
b. Drain the fat after cooking?
$\square$ Yes$\square$ No fat to drain
3. If you prepared fruit(s) or vegetable(s), did you:
a. Peel the fruit or vegetable?
$\square$ YesNo peel to remove
b. Mash or blend the fruit or vegetable?
$\square$ Yes
4. Was salt added during the cooking process?

## Foods You Prepared

Fill out one page for each food you made from scratch or made by combining two or more foods or ingredients (examples: sandwiches, chili, tuna salad, mashed potatoes, pancakes, etc.).

Name of Food:
(Please use same name you used on the Infant Menu Pages)
Number of Servings Prepared:

## Size of each serving:

(Examples: $1 / 2$ cup, 4 fl . oz., 1 cup, 3 TBSP)

| What Ingredients or Foods Did You <br> Use? <br> (List all ingredients and foods.) | How Much Did <br> You Use? <br> (Examples: 2 tsp, <br> $1 / 2$ cup, 1 pound, <br> $4 f \mathrm{f}$ oz., etc.) | Please Describe Each Ingredient or Food. <br> (Provide as much detail as possible. Check the Food <br> Description Guide.) |
| :---: | :---: | :---: |
|  |  |  |
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|  |  |  |

## Preparation and Cooking Method (If Applicable):

1. If cooked:
a. What cooking method did you use? (check one)
$\square$ Bake/RoastBroil/Grill
$\square$ Pan Fry/SautéStir FryDeep Fry $\square$ Boil/Parboil $\square$ Other (specify): $\qquad$
b. What fat was added during the cooking process? (check one)
$\qquad$ $\square$ Vegetable Oil
$\square$ Olive Oil $\qquad$ $\square$ Butter
$\square$ Margarine $\square$ Other (specify) $\qquad$ $\square$ None
2. If you prepared meat (chicken, beef, pork, etc.), did you: (Check all that apply)
a. Trim the visible fat?
$\square$ Yes
No
$\square$ No visible fat to trim
b. Drain the fat after cooking?
$\square$ Yes$\square$ No fat to drain
3. If you prepared fruit(s) or vegetable(s), did you:
a. Peel the fruit or vegetable?
$\square$ Yes
No
$\square$ No peel to remove
b. Mash or blend the fruit or vegetable?
4. Was salt added during the cooking process?

## Foods You Prepared

Fill out one page for each food you made from scratch or made by combining two or more foods or ingredients (examples: sandwiches, chili, tuna salad, mashed potatoes, pancakes, etc.).

Name of Food:
(Please use same name you used on the Infant Menu Pages)

When Was Food Served?
Check all that apply and indicate date(s) served: Date(s) Served:
$\square$ Before 10am
$\square$ Between 10-1pm
$\square$ Between 1-4pm
$\square$ Between 4-7pm $\qquad$

Size of each serving:
(Examples: $1 ⁄ 2$ cup, 4 fl . oz., 1 cup, 3 TBSP)

| What Ingredients or Foods Did You <br> Use? <br> (List all ingredients and foods.) | How Much Did <br> You Use? <br> Examples: 2 tsp, <br> $1 / 2$ cup, 1 pound, <br> 4fl oz., etc.) | Please Describe Each Ingredient or Food. <br> (Provide as much detail as possible. Check the Food <br> Description Guide.) |
| :---: | :---: | :---: |
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## Preparation and Cooking Method (If Applicable):

1. If cooked:
a. What cooking method did you use? (check one)
$\square$ Bake/RoastBroil/GrillPan Fry/Sauté Stir FryDeep Fry $\square$ Boil/ParboilOther (specify): $\qquad$
b. What fat was added during the cooking process? (check one)
$\square$ Vegetable Oil $\square$ Olive OilButter $\square$ Margarine $\square$ Other (specify) $\qquad$None
2. If you prepared meat (chicken, beef, pork, etc.), did you: (Check all that apply)
a. Trim the visible fat?Yes
$\square$ No
$\square$ No visible fat to trim
b. Drain the fat after cooking?$\square$ NoNo fat to drain
3. If you prepared fruit(s) or vegetable(s), did you:
a. Peel the fruit or vegetable?No peel to remove
b. Mash or blend the fruit or vegetable?
No
4. Was salt added during the cooking process?

[^0]:    For foods or beverages selected as "Foods you Prepared", please complete a "Foods You Prepared" form, found at the end of this Infant Menu Survey. (Formulas and

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[^3]:    *For foods or beverages selected as "Foods you Prepared", please complete a "Foods You Prepared" form, found at the end of this Infant Menu Survey. (Formulas and infant cereals do not require a separate form if package directions are followed.)

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