D2b. Infant Menu Survey

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LOGO

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

Infant Menu Survey

Child Care Center ID

Target Week

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 20 minutes per response, per day (for five consecutive weekdays), including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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:** <u>Infant Menu Survey Instructions</u> Please read all the instructions before you begin filling it out.
- **Tab 2:** <u>Infant Daily Menu Pages</u> 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**: 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 12 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
- 1pm-4pm
- Evening, after 4pm

You will write in the foods provided during those times.

	Infant Menu	u for Before	10am		
Foday's Date:	Day of Week: Monday	☐ Tuesday	□ Wednesday	□ Thursday	□ Friday
Please use	this form to record all food served in	_	•	•	old.

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:
 - o Formula
 - O 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:

o RTF: Ready to Feed

o <u>Liquid Conc</u>.: Liquid Concentrate

0 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	Please Describe Each Food or Drink	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 Cono. Liquid Concentrate	For detailed information on what to include in this column, please refer to the Food Description Guide	Foods you Prepared*	0-3 months	4-5 months	6-7 months	8 months through 11 months		
Formula								
Similac □ RTF □ Liquid Conc. □ Powder								
Enfamil □ RTF □ Liquid Conc. □ Powder								

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 <u>combining two or more ingredients</u>, 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.

List Each Food and Drink Served During This Time	Please Describe Each Food or Drink		Food Preparation	Age Group(s) Served Select the column(s) for each age ground whom you served the food or drink			age group to	
RTF = Ready to Feed Liquid Conc. = Liquid Concentrate	For detailed information on what to include in this column please refer to the Food Description Guide	1	Foods you Prepared	,	0-3 months	4-5 months	6-7 months	8 months through 11 months

<u>DO NOT</u> 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.

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

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							
Select the column(s) for each age group to whom you served the food or drink							
0-3 months	4-5 months	6-7 months	8 months through 11 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.

Ī	List Each Food and Drink Served During This Time	Flease Describe Each Food or Drink Food Preparation Select the column(s) f				roup(s) Served n(s) for each age group rived the food or drink			
	RTF = Ready to Feed Liquid Conc. = Liquid Concentrate	For detailed information on what to include in this column, please refer to the Food Description Guide	Foods you Prepared*	0-3 months	4-5 months	6-7 months	8 months through 11 months		
	Other food and beverage items (include milk and water here)								
Γ	Water	Served in Sippy cupy				Ø	Pi		

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

Name of Food:	When Was Food Sen	
(Please use same name you used on the Infant Menu Pages)	Date(s) Se	
	☐ Before 10am	
Number of Servings Prepared:	☐ Between 10-1pm	
number of servings Prepared.	☐ Between 1-4pm	
	☐ Between 4-7pm	
Size of each serving:		
(Examples: 1/2 cup 4fl 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, $\frac{1}{2}$ 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? (List all ingredients and foods.)	How Much Did You Use? (Examples: 2 tsp, ½ cup, 1 pound, 4fl oz., etc.)	Please Describe Each Ingredient or Food. (Provide as much detail as possible. Check the Food 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
- ¾ 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
- ½ 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.

What Ingredients or Foods Did You Use? (List all ingredients and foods.)	How Much Did You Use? (Examples: 2 tsp, ½ cup, 1 pound, 4fl oz., etc.)	Please Describe Each Ingredient or Food. (Provide as much detail as possible. Check the Food Description Guide.)

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.

Pr	Preparation and Cooking Method (If Applicable):							
1.	If cooked:							
	a. What cooking method did you use? (check one)							
	☐ Bake/Roast ☐ Broil/Grill ☐ Pan Fry/Sa	uté □ StirFry	□ Deep F	ry □Boil/Parboil	Other (specify):			
	b. What fat was added during the cooking	process? (check	cone)					
	\square Vegetable Oil \square Olive Oil \square Butter	☐ Margarine	□ Othe	er (specify)	_ □ None			
2.	If you prepared meat (chicken, beef, por	k, etc.), did yo	u: (Check	all that apply)				
	a. Trim the visible fat? ☐ Yes	□ No	□N	o visible fat to trim				
	b. Drain the fat after cooking? \qed Yes	□ No	□N	o fat to drain				
3.	If you prepared fruit(s) or vegetable(s), d	id you:						
	a. Peel the fruit or vegetable?	☐ Yes	□ No	□ No peel to r	emove			
	b. Mash or blend the fruit or vegetable?	☐ Yes	□ No					
4.	Was salt added during the cooking process	? .	Yes	□ No				

Tab 2 Infant Daily Menus

Today's Date:	<u>Infant Menu for Before 10am</u> Day of Week: ☑ Monday □ Tuesday □ V		rsday	☐ Frida	ay	
Please use	e this form to record all food served in the morning before . \Box Check this box if you did not serve any items in the n		er 1 year o	old.		
List Each Food and Drink Served During This Time	Please Describe Each Food or Drink	Food Preparation	on Select the column(s) for ea			
RTF = Ready to Feed Liquid Conc. = Liquid Concentrate	For detailed information on what to include in this column, please refer to the Food Description Guide	Foods you Prepared*	0-3 months	4-5 months	6-7 months	8 months through 11 months
Similac □ RTF □ Liquid Conc. ☑ Powder	Go & Grow 9-24months					✓
Enfamil □ RTF □ Liquid Conc. □ Powder	GO & GIOW 9-24HIOHUIS					
Gerber Good Start	Gentle – milk based w/iron - Powder			☑	<u> </u>	
derber dood Start	Gentle Hill Bused William Fowder					
Homemade Banana Oatmeal		✓		 ✓	☑	✓
Tromemade Banana Gaerrea						
Fruits, Vegetables, and Fruit/Veg						
Applesauce	Gerber – jar			☑		
Banana, strawberry, blueberry	Gerber – pouch				☑	☑
Grains & Bread						
Cheerios	General Mills					7
Meat/Meat Alternate and Mixed	Component Foods	_			<u> </u>	
04611						
Other food and beverage items (include milk and water here) Served in Sippy cups				 ✓	☑
water	Served in Sippy Cups					

T- 12- D-4-	Infant Menu for Before 10am	-	1	□ P.:1.					
Today's Date:	Day of Week: Monday Tuesday V	•	Ü	☐ Frida	y				
riease use	this form to record all food served in the morning before \square Check this box if you did not serve any items in the n		r i year c	na.					
List Each Food and Drink Served During This Time	Please Describe Each Food or Drink	Food Preparation	Select the column(s) for each age			Age Group(s) Served Select the column(s) for each age whom you served the food or			age group to
RTF = Ready to Feed Liquid Conc. = Liquid Concentrate	For detailed information on what to include in this column, please refer to the Food Description Guide	Foods you Prepared*	0-3 months	4-5 months	6-7 months	8 months through 11 months			
Formula		<u> </u>	<u></u>		_				
Similac □RTF □ Liquid Conc. □ Powder									
Enfamil □ RTF □ Liquid Conc. □ Powder									
Infant Cereal (please include wh	at it is mixed with)								
-									
D *4 X7 . 4 11 1 1 1 1 2 1 4 / X7									
Fruits, Vegetables, and Fruit/Veg	getable Juice								
Grains & Bread									
Meat/Meat Alternate and Mixed	Component Foods								
Other food and beverage items (i	include milk and water here)								
	I and the second se	1 📙		- Ш	: 🗀 :				

Infant Menu for Between 10am and 1pm

Today's Date:	ay's Date: Day of Week: ☑ Monday □ Tuesday □ Wednesday □ Thursday □ Friday						
Please u	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	een 10am and 1pm.					
List Each Food and Drink Served During This Time	Please Describe Each Food or Drink	Food Preparation Select the colum		e column(s	oup(s) Served (s) for each age group to yed the food or drink		
RTF = Ready to Feed Liquid Conc. = Liquid Concentrate	For detailed information on what to include in this column, please refer to the Food Description Guide	Foods you Prepared*	0-3 months	4-5 months	6-7 months	8 months through 11 months	
Formula		_			<u> </u>		
Similac □ RTF □ Liquid Conc. ☑ Powder Enfamil □ RTF □ Liquid Conc. □ Powder	Go & Grow 9-24months					☑	
Gerber Good Start	Gentle – milk based w/iron - Powder		☑	☑	☑		
Infant Cereal (please include wh	at it is mixed with)						
Posito Victoralia and Posit/Vic	Votable Ivine						
Fruits, Vegetables, and Fruit/Veg Carrots	Gerber - jar			 ✓	☑		
Carrots	Gerber - Jar						
Grains & Bread					·		
Puffs	Gerber Graduates, strawberry banana						
Meat/Meat Alternate and Mixed	Component Foods						
Pureed chicken	Gerber - jar						
Other food and beverage items (i					<u> </u>		
Water	Served in Sippy cups				☑	☑	
	I .	l .					

	Infant Menu for Between 10am and	_						
Гоday's Date:	Day of Week: □ Monday □ Tuesday □ V	· ·	U	☐ Frida	y			
Please use this form to record all food served between 10am and 1pm to children under 1 year old.								
	\Box Check this box if you did not serve any items between	een 10am and 1pm.			() 0			
List Each Food and Drink Served During This Time	Please Describe Each Food or Drink	Food Preparation	Select the	Age Grou e column(s n you serve) for each	age group to		
RTF = Ready to Feed Liquid Conc. = Liquid Concentrate	For detailed information on what to include in this column, please refer to the Food Description Guide	Foods you Prepared*	0-3 months	4-5 months	6-7 months	8 months through 11 months		
Formula								
Similac □ RTF □ Liquid Conc. □ Powder								
Enfamil □ RTF □ Liquid Conc. □ Powder								
Infant Cereal (please include wh	at it is mixed with)							
Fruits, Vegetables, and Fruit/Veg	getable Juice							
Grains & Bread			_ :					
oranis o Breau								
Meat/Meat Alternate and Mixed	Component Foods							
041 6 - 1 11								
Other food and beverage items (i	nctude milk and water nere)							

Infant Menu for Between 1pm and 4pm

Today's Date:	Day of Week: ☑ Monday □ Tuesday □ Wednesday □ Thursday □ Friday						
Please use this form to record all food served between 1pm and 4pm to children under 1 year old.							
	\square Check this box if you did not serve any items betw	een 1pm and 4pm.					
List Each Food and Drink Served During This Time	Please Describe Each Food or Drink	Food Preparation Select the column(s) for whom you served the) for each a	age group to		
RTF = Ready to Feed Liquid Conc. = Liquid Concentrate	For detailed information on what to include in this column, please refer to the Food Description Guide	Foods you Prepared*	0-3 months	4-5 months	6-7 months	8 months through 11 months	
Formula		_					
<u>Similac</u> □ RTF □ Liquid Conc. <u>M</u> Powder Enfamil □ RTF □ Liquid Conc. □ Powder	Go & Grow 9-24months					☑	
Gerber Good Start	Gentle – milk based w/iron - Powder		<u>✓</u>	<u>✓</u>			
Infant Cereal (please include wha	et it is mixed with)				Ш		
munic cer cur (preude meruuc ma	the test states with the states of the state						
Fruits, Vegetables, and Fruit/Veg						√	
Avocado Avocado	Fresh, sliced Fresh, mashed			<u> </u>	<u>√</u>		
Grains & Bread							
Cheerios	General Mills						
Meat/Meat Alternate and Mixed	Component Foods						
Other food and beverage items (i	include milk and water here)						
Water	Served in Sippy cups				Ø	Ø	
			_	_	_	_	

Infant Menu for Between 1pm and 4pm

Today's Date:	Day of Week: 🗆 Monday 🗀 Tuesday 🗀 Wednesday 🗀 Thursday 🗀 Friday						
Please use this form to record all food served between 1pm and 4pm to children under 1 year old.							
	\square Check this box if you did not serve any items betw	een 1pm and 4pm.					
List Each Food and Drink Served During This Time	Please Describe Each Food or Drink	Food Preparation	Age Group(s) Served Select the column(s) for each age group to whom you served the food or drink			age group to	
RTF = Ready to Feed Liquid Conc. = Liquid Concentrate	For detailed information on what to include in this column, please refer to the Food Description Guide	Foods you Prepared*	0-3 months	4-5 months	6-7 months	8 months through 11 months	
Formula							
Similac □ RTF □ Liquid Conc. □ Powder							
Enfamil □ RTF □ Liquid Conc. □ Powder							
Infant Cereal (please include wh	at it is mixed with)		:				
1	, and the second						
Fruits, Vegetables, and Fruit/Veg	etable Juice						
Grains & Bread		_		_		_	
Meat/Meat Alternate and Mixed	Component Foods						
Other food and beverage items (i	include milk and water here)					Ш	
Other food and beverage items (I	include mink and water here)						
					<u>:</u>		

Infant Menu for Between 4pm and 7pm

Today's Date:	Day of Week: ☑ Monday □ Tuesday □ Wednesday □ Thursday □ Friday						
Please use this form to record all food served between 4pm and 7pm to children under 1 year old. □ Check this box if you did not serve any items between 4pm and 7pm .							
List Fook Food and Brief Comed	Check this box if you did not serve any items betw	еен 4рт ана 7 рт.		Age Grou	ın(s) San	hav	
List Each Food and Drink Served During This Time	Please Describe Each Food or Drink	Food Preparation	Select th	e column(s	oup(s) Served u(s) for each age group to rved the food or drink		
RTF = Ready to Feed Liquid Conc. = Liquid Concentrate	For detailed information on what to include in this column, please refer to the Food Description Guide	Foods you Prepared*	0-3 months	4-5 months	6-7 months	8 months through 11 months	
Formula							
<u>Similac</u> □ RTF □ Liquid Conc. ☑ Powder	Go & Grow 9-24months						
Enfamil □ RTF □ Liquid Conc. □ Powder							
Gerber Good Start	Gentle - milk based w/iron - Powder		☑	☑	☑		
Infant Cereal (please include wh	at it is mixed with)		:				
Oatmeal Cereal	Gerber, Single Grain, added water			☑	V	Ø	
Fruits, Vegetables, and Fruit/Veg							
Garden Vegetable	Gerber - pouch			☑	☑		
Grains & Bread		Ц	Ш				
Puffs	Gerber Graduates - Sweet Potato				☑	 ✓	
Tuits	GCIBEI GIAGUATES SWEET I MALO						
Meat/Meat Alternate and Mixed	Component Foods		:				
Chicken and gravy	Gerber - pouch				✓	☑	
	N Y /						
Other food and beverage items (F-7		
Water	Served in Sippy cups				☑	<u> </u>	

$\underline{Infant\ Menu\ for\ Between\ 4pm\ and\ 7pm}$

F oday's Date: Day of Week: □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday						
Please use this form to record all food served between 4pm and 7pm 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 Please Describe Each Food or Drink Food Preparation Age Group(s) Served Select the column(s) for each age group t whom you served the food or drink						
RTF = Ready to Feed Liquid Conc. = Liquid Concentrate	For detailed information on what to include in this column, please refer to the Food Description Guide	Foods you Prepared*	0-3 months	4-5 months	6-7 months	8 months through 11 months
Formula						
Similac □ RTF □ Liquid Conc. □ Powder						
Enfamil □ RTF □ Liquid Conc. □ Powder						
Infant Cereal (please include wha	at it is mixed with)	Ш			Ш	
imant cerear (please include who	at it is mixed with)					
Fruits, Vegetables, and Fruit/Veg	getable Juice					
Grains & Bread			_ :			
01 umo 0 21 cua						
Meat/Meat Alternate and Mixed	Component Foods					
Other food and beverage items (i	include milk and water here)					
				Ш	Ц	Ш

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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.

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 Banan		When Was Food Served? Check all that apply and indicate date(s) served:
(Please use same name y	ou usea on the illian	nt Menu Pages) Date(s) Served: ☑ Before 10am2/8/16 ☐ Between 10-1pm
Number of Servings Prepared: 6		
		☐ Between 4-7pm
Size of each serving: 1/2 Cup		
(Examples: ½ cup, 4fl	. oz., 1 cup, 3 TBSP))
	How Much Did	
What Ingredients or Foods Did You	You Use?	Diocea Describe Each Ingredient or Food
Use?	(Examples: 2 tsp, ½ cup, 1 pound,	Please Describe Each Ingredient or Food. (Provide as much detail as possible. Check the Food
(List all ingredients and foods.)	4fl oz., etc.)	Description Guide.)
Ground oats	3 cups	Quaker Oats; old fashioned
Brown sugar	2 Tbsp	
Cinnamon	³⁄4 tsp	
Water	3 cups	
banana	1 whole	
		· ·
Preparation and/or Cooking Method (I	f Applicable):	
1. If cooked:	(abaak ana)	
a. What cooking method did you use?	•	□ Doop Eng ☑Poil/Dorhoil □ Other (openity)
b. What fat was added during the cooki		☐ Deep Fry ☑Boil/Parboil ☐ Other (specify):
□ Vegetable Oil □ Olive Oil □ Bu	• • •	☐ Other (specify) ☑ ☑ None
If you prepared meat (chicken, beef,		· · · · · · · · · · · · · · · · · · ·
a. Trim the visible fat?	. , , ,	☐ No visible fat to trim
b. Drain the fat after cooking?		☐ No fat to drain
If you prepared fruit(s) or vegetable(s)		
a. Peel the fruit or vegetable?	•	☐ No ☐ No peel to remove
b. Mash or blend the fruit or vegetable?		∃ No

☐ Yes

✓ No

4. Was salt added during the cooking process?

Name of Food:			When Was Food Served? Check all that apply and indicate date(s) served:
(Please use same name	you used on the In	fant Menu Pages)	Date(s) Served:
			☐ Before 10am ☐ Between 10-1pm
Number of Servings Prepared:			☐ Between 1-4pm
			☐ Between 4-7pm
Size of each serving:	4fl. oz., 1 cup, 3 TB	CD)	
(Examples: 72 cup,	411. UZ., 1 Cup, 3 TD.	3F)	
	How Much Did		
What Ingredients or Foods Did You	You Use?	Dioseo Docori	ho Each Ingradient or Food
Use?	(Examples: 2 tsp, ½ cup, 1 pound,		be Each Ingredient or Food. detail as possible. Check the Food
(List all ingredients and foods.)	4fl oz., etc.)		escription Guide.)
Preparation and Cooking Method (If A. 1. If cooked:	Applicable):		
a. What cooking method did you use?	(abaak ana)		
a. What cooking method did you use? □ Bake/Roast □ Broil/Grill □ Pan F	•	□ Doon En/ □Poil/E	Parhail D Other (specify):
b. What fat was added during the cool	•	• •	arbon — Other (specify).
□ Vegetable Oil □ Olive Oil □ B	• • • •	☐ Other (specify)_	□ None
2. If you prepared meat (chicken, beef			
, , , , , , , , , , , , , , , , , , , ,	Yes □ No	□ No visible fat	
	Yes □ No	☐ No fat to drain	
3. If you prepared fruit(s) or vegetable			
a. Peel the fruit or vegetable?	□ Yes	□ No □ No p	peel to remove
b. Mash or blend the fruit or vegetable	? □ Yes	□ No	
4. Was salt added during the cooking prod	ess? 🗆 Y	es 🗆 No	

Name of Food:			When Was Food Served? Check all that apply and indicate date(s) served:
(Please use same name y	ou used on the Infa	nt Menu Pages)	Date(s) Served:
			☐ Before 10am☐ Between 10-1pm
Number of Servings Prepared:			☐ Between 1-4pm
Size of each coming			☐ Between 4-7pm
Size of each serving:(Examples: ½ cup, 4f	L oz., 1 cup. 3 TBSI	<u></u> ⊃)	
(_/(=/(=/(=/(=/(=/(=/(=/(=/(=/(=/(=/(=/(=/	, <u> </u>	,	
	How Much Did You Use?		
What Ingredients or Foods Did You	(Examples: 2 tsp,	Please Desci	ribe Each Ingredient or Food.
Use?	½ cup, 1 pound,	(Provide as mucl	n detail as possible. Check the Food
(List all ingredients and foods.)	4fl oz., etc.)		Description Guide.)
Preparation and Cooking Method (If A 1. If cooked:	Applicable):		
a. What cooking method did you use?	(check one)		
☐ Bake/Roast ☐ Broil/Grill ☐ Pan Fi	•	□ Deen Fry □Boil	/Parboil □ Other (specify):
b. What fat was added during the cook	•		arbeir = Striet (speelily).
☐ Vegetable Oil ☐ Olive Oil ☐ Bu		☐ Other (specify)	□ None
2. If you prepared meat (chicken, beef,			
	Yes □ No	☐ No visible fa	
b. Drain the fat after cooking? \Box	Yes □ No	☐ No fat to dra	uin
3. If you prepared fruit(s) or vegetable(s), did you:		
a. Peel the fruit or vegetable?	☐ Yes	□ No □ No	peel to remove
b. Mash or blend the fruit or vegetable	? □ Yes	□ No	
4. Was salt added during the cooking proc	ess?	es 🗆 No	

Name of Food:			wnen was rood Served:
(Please use same name	vou used on the In	fant Menu Pages)	heck all that apply and indicate date(s) served: Date(s) Served:
(* 100000 0000 000000	,	• ,	☐ Before 10am
Noveles at Coming Day and		ı	☐ Between 10-1pm
Number of Servings Prepared:			☐ Between 1-4pm
			 □ Between 4-7pm
Size of each serving:_			
(Examples: ½ cup, 4	4fl. oz., 1 cup, 3 TBS	SP)	
, , ,	•	•	
	How Much Did		
	You Use?		
What Ingredients or Foods Did You	(Examples: 2 tsp,		Each Ingredient or Food.
Use?	½ cup, 1 pound,		tail as possible. Check the Food
(List all ingredients and foods.)	4fl oz., etc.)	Des	cription Guide.)
Preparation and Cooking Method (If A	Applicable):		
1. If cooked:			
a. What cooking method did you use?	(check one)		
☐ Bake/Roast ☐ Broil/Grill ☐ Pan Fi	`	□ Deen Fry □Boil/Par	hoil □ Other (specify):
b. What fat was added during the cook	•		
_	• .	•	□ None
☐ Vegetable Oil ☐ Olive Oil ☐ Bu		☐ Other (specify)	□ None
2. If you prepared meat (chicken, beef,			
a. Trim the visible fat? \Box	Yes □ No	\square No visible fat to	trim
b. Drain the fat after cooking? \Box	Yes □ No	\square No fat to drain	
3. If you prepared fruit(s) or vegetable(s), did vou:		
a. Peel the fruit or vegetable?	,.	□ No □ No pee	el to remove
			, to remove
		□ No	
4. Was salt added during the cooking proc	ess? □ Y	es 🗆 No	

Naı	me of Food:			When Was Food Served? Check all that apply and indicate date(s) served:
	(Please use same name	you used on the Infa	ant Menu Pages)	Date(s) Served:
				☐ Before 10am
Nu	mber of Servings Prepared:			☐ Between 10-1pm
	• • •			☐ Between 1-4pm ☐ Between 4-7pm
Siz	e of each serving:_			□ Between 4-/pm
-	(Examples: ½ cup, 4	fl. oz., 1 cup, 3 TBS	P)	
			•	
		How Much Did		
۱۸/	hat Ingredients or Foods Did You	You Use?	Diago Doco	riba Each Ingradient or Food
VV	Use?	(Examples: 2 tsp, ½ cup, 1 pound,		ribe Each Ingredient or Food. n detail as possible. Check the Food
	(List all ingredients and foods.)	4fl oz., etc.)		Description Guide.)
	()	, , , , , ,		, , , , , , , , , , , , , , , , , , , ,
L_				
Pr	eparation and Cooking Method (If A	Applicable):		
	If cooked:			
	a. What cooking method did you use?	(check one)		
	☐ Bake/Roast ☐ Broil/Grill ☐ Pan F	` ′	□ Deep Frv □Boil	/Parboil □ Other (specify):
	b. What fat was added during the coo			
	_	utter \square Margarine	☐ Other (specify)	□ None
2	If you prepared meat (chicken, beef			
2.			•	
		Yes □ No	☐ No visible fa	
		Yes □ No	☐ No fat to dra	un
3.	If you prepared fruit(s) or vegetable	• •		
	a. Peel the fruit or vegetable?	☐ Yes	□ No □ No	peel to remove
	b. Mash or blend the fruit or vegetable	e? □ Yes	□ No	
4.	Was salt added during the cooking prod	cess?	res □ No	

Name of Food:			When Was Food Served? Check all that apply and indicate date(s) served:
(Please use same name	you used on the In	fant Menu Pages)	Date(s) Served:
			☐ Before 10am ☐ Between 10-1pm
Number of Servings Prepared:			☐ Between 1-4pm
			☐ Between 4-7pm
Size of each serving:			
(Examples: ½ cup,	4fl. oz., 1 cup, 3 TBS	SP)	
	How Much Did		
	You Use?		
What Ingredients or Foods Did You	(Examples: 2 tsp,		be Each Ingredient or Food.
Use? (List all ingredients and foods.)	½ cup, 1 pound, 4fl oz., etc.)		detail as possible. Check the Food escription Guide.)
(List all ingredients and loods.)	411 02., etc.)		escription Guide.)
Preparation and Cooking Method (If	Applicable):		
1. If cooked:			
a. What cooking method did you use?	` '		
☐ Bake/Roast ☐ Broil/Grill ☐ Pan F	•		'arboil Other (specify):
b. What fat was added during the cool	• .	•	
□ Vegetable Oil □ Olive Oil □ Bi		☐ Other (specify)_	□ None
2. If you prepared meat (chicken, beef		`	
	Yes □ No	☐ No visible fat	
<u> </u>	Yes □ No	☐ No fat to drain	1
3. If you prepared fruit(s) or vegetable	• •		
a. Peel the fruit or vegetable?			peel to remove
b. Mash or blend the fruit or vegetable	? 🗆 Yes	□ No	
4. Was salt added during the cooking prod	cess?	es □ No	