**D.2c Food Description Guide**

**OMB Control No:** 0584-XXXX

**OMB Approval Expiration Date:** XX/XX/XXXX

Study Logo

**Food Description
Guide**

![C:\Users\WommackT\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\5MCV8NL8\large-Dinner-Plate-with-Spoon-and-Fork-0-5832[1].gif]()

To be used with the **Menu Survey** and the **Infant Menu Survey**

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| 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 10 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.  |

This pamphet tells you the information to include when you are asked to describe food item on the Daily Menu pages and the “**Foods You Prepared**” pages in the **Menu Survey** booklet.

Please refer to the **Table of Contents** on the following pages to help you find the foods you serve.

For providers filling out the **Infant Menu Survey**, you will find a section labeled “**Infant Specific Foods”** which provides examples of commonly served infant foods. Please refer to this section for any infant-specific foods. You can also refer to any of the other foods listed in this guide for foods listed on the Infant Menu Survey.

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# **Milk**

Please provide the following information when describing the milk served:

* Fat content
	+ Skim / nonfat / fat-free
	+ 1%
	+ 2%
	+ Whole
* If it is flavored milk such as chocolate or strawberry
* If you offer lactose-free milk

# **Fruits and Vegetables**

Please provide all of the following information when describing fruits and vegetables served:

Fruit or Vegetable Juice

* Flavor
* Brand name
* Form (canned, frozen, fresh)
* Sweetened/unsweetened
* Vitamin C added
* Calcium added
* 100% juice or juice drink
* Regular or Low Calorie
* Served with ice

Fresh

* Kind(s) of fruit or vegetable
* Served with or without skin
* Chopped, sliced, blended, etc.
* Was anything added to the fruit or vegetable when served?

Frozen

* Kind(s) of fruit or vegetable
* Served with or without skin
* Chopped, sliced, blended, etc.
* Was anything added to the fruit or vegetable after opening?

Canned

* Kind(s) of fruit or vegetable
* Chopped, sliced, blended, etc.
* Was anything added to the fruit or vegetable after opening?
* Fruit packed in water, juice, light, heavy syrup, etc.
* Water, juice, syrup drained from can/package
* Fruit or vegetable was rinsed
* Vegetables packed with salt, oil, other spices, etc.

# **Grain/Bread**

Please provide all of the following information when describing grains and breads served.

Bagels

* Type (white, 100% whole wheat, raisin, blueberry, etc.)
* Brand or manufacturer
* Served with spread (butter, jelly, cream cheese, etc.)

Bread

* Type (white, 100% whole wheat, cornbread, etc.)
* Brand or manufacturer
* Served with spread (butter, jelly, honey, etc.)
* Served on a sandwich

Cereal

* Hot or cold
* Type of cereal
* Brand or manufacturer

Crackers

* Type (saltine, oyster, cheese, etc.)
* Low-sodium, low fat
* Brand (Keebler, Nabisco, Pepperidge Farms, etc.)

Bun/Roll

* Type (white, 100% whole wheat, etc.)
* Hot dog bun, hamburger, etc.
* Brand
* Served with spread (butter, jelly, honey, etc.)

Muffins

* Type (blueberry, corn, raisin bran, banana, etc.)
* Brand
* Served with spread (butter, jelly, honey, etc.)

# **Grain/Bread continued…**

Noodles/Pasta

* Form (macaroni, spaghetti, rotini, etc.)
* Type (regular, whole wheat, fortified, etc.)
* Brand name
* If served with sauce, please provide recipe or brand/manufacturer of sauce

Rice

* Type (long grain, white, brown, etc.)
* Preparation method (fried, boiled, steamed, etc.)
* Brand name

Pancakes

* Type (regular, whole grain, oat bran, etc.)
* Frozen, commercial, mix, or from scratch
* Brand name
* Served with spread: butter, syrup, etc.

Tortillas

* Type (flour, wheat, corn, etc.)
* Brand name
* Plain or fried

Waffles

* Type (regular, whole grain, oat bran, etc.)
* Frozen, commercial, mix, or from scratch?
* Brand name
* Served with spread (butter, syrup, etc.)

# **Meat/Meat Alternate**

Please provide all of the following information when describing meat and meat alternates served.

Beans

* Kind (kidney, black, red, lentils, etc.)
* Form (fresh, frozen, canned)
* Anything added to beans (salt, oil)

Beef

* Type (steak, roast, ground, etc.)
* Fat content (regular, lean, etc.)
* Preparation method (grilled, broiled, pan-seared, etc.)
* Was fat trimmed?
* Was it a pre-prepared food:
* If so, what was the brand name?

Cheese

* Type (American, cheddar, Swiss, cottage cheese, ricotta, etc.)
* Fat content (whole, part-skim, non-fat)
* Form (cubed, sliced, shredded)
* Hard or soft?

Chicken

* What part/piece (breast, thigh, drumstick, wing)
* Fresh, frozen, canned?
* Cooked with skin or without
* Cooking method (grilled, fried, etc.)
* Was it a pre-prepared food?
* If so, what was the brand name?

Eggs

* Size egg (small, medium, large, extra large)
* Parts of egg used (whole egg, white only, yolk only)
* How prepared (fried, boiled, scrambled)
* Fat and/or salt used in preparation
* Egg substitute: Brand

# **Meat/Meat Alternate continued…**

Fish

* Type (haddock, sole, catfish, scallops, etc.)
* How it was prepared (grilled, broiled, pan-seared, etc.)
* Anything added for cooking (sauce, oil, etc.)
* Fresh, frozen, or canned
* If canned or frozen, brand name
* If canned, packed in water or oil
* Was the fish drained and/or rinsed before using

Nuts

* Kind (almonds, walnuts, peanuts, etc.)
* Whole, chopped, sliced, etc.
* Type (dry roasted, honey roasted, sugar, salted, no salt, etc.)
* If peanut butter: smooth, chunky, reduced-fat, regular

Pork

* Type (steak, roast, ground, etc.)
* Fat content (regular, lean, etc.)
* How was it prepared (grilled, broiled, pan-seared, etc.)
* Was fat trimmed?
* Was it a pre-prepared food?
* If so, what was the brand name?

Yogurt

* Brand
* Type (regular, low-fat, non-fat)
* Flavor (vanilla, peach, plain, strawberry, etc.)
* Additions (fruit, nuts, granola, sprinkles)

# **Mixed Component Food Items**

Please provide all of the following information when describing mixed component foods served. Reminder: if the food was made with two or more ingredients by you or another food preparer in your child care facility, please provide a “Food You Prepared” form, or a printed recipe.

Burrito/Enchilada/Taco

* Made from scratch or brand name
* Type (bean, beef, chicken, pork, cheese, or combination)
* Type of tortilla (flour, corn, wheat, etc.)
* Filling (cheese, rice, salsa, guacamole, beans, etc.)
* Toppings (cheese, sauce, sour cream, lettuce, tomato, salsa)

Spaghetti

* Type of sauce (tomato sauce, tomato and meat sauce)
* With meat (beef, pork, turkey meatballs, grilled chicken, etc.)
* Toppings added (vegetables, parmesan cheese, etc.)

Pizza

* Type of crust (thin or thick, white or whole wheat, etc.)
* Toppings (pepperoni, cheese, sausage, mushroom, etc.)
* Made from scratch, brand name, or restaurant pizza
* Fresh or from frozen

Macaroni and Cheese

* Prepared from a mix, from scratch, or frozen
* Brand name
* Type of cheese (if from scratch)
* If milk added, type of milk (whole, 2%, 1%, skim, etc.)
* Anything added during cooking (salt, butter, margarine, hot dog slices, vegetables, etc.)

Soups

* Type of soup
* Canned, frozen, dry mix, from scratch
* Brand name
* Low sodium
* Anything added during cooking (salt, butter, etc.)

**Other**

Please provide all of the following information when describing other items, such as condiments, toppings, and dressings served.

**Condiments and Toppings**

* Kind:
	+ Ketchup, mustard, mayonnaise, BBQ sauce, etc.
	+ Jelly, jam, honey, syrup, etc.
	+ Butter, margarine, cream cheese, sour cream, etc.
	+ Gravy, cheese sauce, etc.
* Brand name
* Type: low-fat, fat-free, reduced calorie, low salt, low sugar

**Dressings and Dips**

* Brand name or from scratch
* Type (low-fat, non-fat, reduced calorie)

# **Infant-Specific Foods**

Please provide all of the following information when describing foods specifically served to infants.

**Infant Formula**

* Brand name
* Fortified with iron, other vitamins or minerals
* Milk-based, soy-based, etc.
* Type of formula (powder, liquid concentrate, ready to feed (RTF))

**Infant Cereal**

* Brand name
* Type of cereal (hot, cold, “puffs”)
* Type of grain (rice, wheat, etc.)
* List any foods or liquids the cereal was mixed with

**Baby Food Jars or Pouches**

* Brand name
* Flavor of jar or pouch

**Homemade Infant Food**

* Type (fruit, vegetable, bean, meat, etc.)
* Include all ingredients
* How prepared (smashed, diced, blended, etc.)
* Cooking method, if cooked