

**E2.1 EXPANDED MENU SURVEY BOOKLET: INSTRUCTIONS,
EXAMPLE FORMS, AND FORMS (GROUP 3)**

Menu Survey Screener - Expanded (Group 3)

Daily Meal Counts Form (Group 3)

Reimbursable Foods Form - Breakfast (Group 3)

Reimbursable Foods Form - Lunch (Group 3)

Recipe Form - Expanded (Group 3)

Self-Serve/Made to Order Bar Form - Expanded (Group 3)

NSLP Afterschool Snack Form - Expanded (Group 3)

CACFP Afterschool Snack and Supper Form (Group 3)

Non-Reimbursable Foods Form (Group 3)

A la Carte Food Checklist (Group 3)

Non-Reimbursable Foods Inventory (Group 3)

**Menu Survey Enhancements Administered through the Electronic
Menu Survey (EMS) - Expanded (Group 3)**

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School Nutrition and Meal Cost Study-II

Instructions for the Menu Survey (Expanded)

Sponsored by:
U.S. Department of Agriculture
Food and Nutrition Service

The Expanded Menu Survey will be administered as a booklet that contains each of the instruments listed on the appendix page. Therefore, the total burden for all instruments in the Expanded Menu Survey is included in the burden statement below.

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INTRODUCTION FOR THE MENU SURVEY

Thank you for participating in the **School Nutrition and Meal Cost Study-II**. Without your help, and the help of school nutrition professionals like you across the country, this important study could not be done.

As part of this study, you are being asked to complete a **Menu Survey**. The objective of the Menu Survey is to obtain a complete and accurate description of the foods prepared and served by your school nutrition program, including foods offered in reimbursable meals, sold a la carte, and in afterschool snacks/suppers. You will complete the survey forms during a specified time period, referred to as the “target week.” *The target week for your school is shown on the front of the Menu Survey Folder.*

The information you provide will be combined with information from many other schools across the country and will be used to examine the food and nutrient content of school meals and afterschool snacks.

This **Instruction Manual** describes the Menu Survey and provides easy-to-follow instructions for completing the survey forms. Along with the manual is a set of **sample completed forms** that may be useful when you are completing your own survey forms. Be sure to look over the sample completed forms.

Below, we describe the forms included in the Menu Survey Folder. The rest of this manual explains how to complete each form.

School Nutrition Manager Survey

We have included a survey that asks about school’s food service operations (white paper). You can complete this survey on any day you would like, and can even complete it prior to the target week.

Daily Meal Counts Form

This one-page form (blue paper) is located behind the first tab inside the Menu Survey Folder. This is a very simple form. All you have to do is write in the number of reimbursable NSLP lunches and SBP breakfasts you served each day of the target week, by reimbursement category. At the bottom of the form, you will write in your non-reimbursable food sales each day of the week or as a total across the week, by venue (if applicable). Additional instructions are provided at the top of the form.

Reimbursable Foods Forms for Lunch and Breakfast

You will fill out these forms each day of the target week. They are located in colored folders in the Menu Survey Folder labeled by day of the week (Monday forms, Tuesday forms, etc.). There are separate forms for breakfast (yellow paper) and lunch (white paper). You will use these forms to provide information about all foods and beverages offered in reimbursable meals, including portion sizes; the number of portions prepared, served in reimbursable meals, sold a la carte or to adults, left over, and wasted; and the food descriptions needed for an accurate nutrient analysis. You will also indicate whether an item was a USDA Food or prepared from a recipe.

Recipe Forms

A booklet of Recipe Forms (grey paper) is located behind the “Recipes” tab in the Menu Survey Folder. You will use the Recipe Forms to provide information on foods made from scratch or by combining two or more foods or ingredients during the target week. Alternatively, you can provide printed copies of recipes instead of completing these forms.

Self-Serve/Made-to-Order Bar Form

Behind the next tab in the Menu Survey Folder is another booklet of forms (lavender paper) for you to use to provide information about “self-serve” bars, such as salad bars and condiment bars, as well as made-to-order bars such as deli bars. If your school offers self-serve or made-to-order bars, you will use a Self-Serve/Made-to-Order Bar form to describe the foods offered on each bar.

NSLP Afterschool Snack Form

If your school provides reimbursable snacks through the NSLP to one or more afterschool programs, you will fill out the NSLP Afterschool Snack Form (green paper). You will complete one form for each day that afterschool snacks are offered. These forms are similar to but much simpler than the Reimbursable Foods Form.

CACFP Afterschool Snack and Supper Form

If your school provides reimbursable snacks or suppers through the Child and Adult Care Food Program (CACFP) to one or more afterschool programs, you will fill out the CACFP Afterschool Snack and Supper Form (green paper) to provide information about the items provided in afterschool snacks and/or suppers each day. This includes much of the same information you will be providing on the Reimbursable Foods Forms.

A La Carte Foods Checklist

The A La Carte Foods Checklist is a multiple-page form (pink paper) that you will use to identify all foods and beverages sold on an a la carte basis in your school. You only need to fill out this form for ONE DAY OF THE WEEK. The day of the week that has been randomly selected to be your “a la carte checklist day” is shown on the front cover of the form.

Non-Reimbursable Foods

If your food service department sells non-reimbursable foods—that is, foods that are sold solely on a non-reimbursable or a la carte basis and not offered as part of reimbursable meals or snacks—you will complete either the Non-Reimbursable Foods Form or the Non-Reimbursable Foods Inventory. These forms are only for non-reimbursable food items sold in venues that are operated or stocked by the food service department.

Non-Reimbursable Foods Form

You will use the Non-Reimbursable Foods Form (orange paper) to record counts of each non-reimbursable item sold—either each day or as a total for the target week. You may use your daily or weekly sales report, if available, to help you fill out this form.

Non-Reimbursable Foods Inventory

If you are not able to report daily or weekly counts of non-reimbursable items sold, you may use the Non-Reimbursable Foods Inventory (orange paper) to provide information about non-reimbursable foods. You will use this form to record, for each non-reimbursable food item, the starting inventory on Monday of the target week, any deliveries received during the week, and then the ending inventory on Friday.

The Rest of This Manual

The rest of this manual includes step-by-step instructions for completing each of the Menu Survey forms. For each form, a completed sample form is provided. Please take the time to review the instructions and all of the sample completed forms before beginning the Menu Survey.

If You Need Assistance

We will be calling you before the start of the target week and again during the target week to answer any questions you may have. If you have questions or need assistance at any other time before, during, or after the target week, feel free to call or email our technical assistants at [TA help line] or [TA email address]. **Thank you for your assistance with this important study!**

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General Guidelines for Completing the Menu Survey

Getting Started

Please read this manual carefully. **Be sure to review the sample completed forms that are provided.**

Off-Site Kitchens

If your school receives prepared meals or any components of reimbursable meals from another school, a central kitchen, or an outside vendor during the target week, we ask that you obtain food descriptions, product information, and recipes for these foods, as needed. You may wish to discuss strategies for this task with your school food authority (SFA) director.

If your schools sends prepared meals or foods (either for reimbursable meals or snacks or non-reimbursable foods), you will be asked to provide information on the foods that are sent off-site.

Filling Out Forms

- ✓ Use *pencil* on all forms.
- ✓ Write *clearly* and *legibly* (especially when recording numbers).
- ✓ Write the name of your school and the date (if applicable) at the top of each form.
- ✓ Double-check your work at the end of each day to be sure you have provided all the necessary information.

At the End of the Week

When you have completed all forms included in the Menu Survey, please double-check your work to make sure you have provided all the necessary information. Please place the completed forms in the empty plastic envelope at the back of the Menu Survey Folder. **Remember to also include your completed School Nutrition Manager Survey. Return all completed survey materials to Mathematica in the pre-addressed envelope provided.**

Instructions for Completing the Reimbursable Foods Forms

Purpose: To describe foods and beverages that are offered as part of USDA reimbursable lunches and breakfasts during the target week, and to provide information on the number of portions of each item prepared, served in reimbursable meals, sold a la carte, left over, and wasted (and sent off-site, if applicable).

Location: The Reimbursable Foods Forms are located in the five colored folders labeled Monday-Friday, in the Menu Survey Folder. **Separate forms are provided for breakfast (yellow) and lunch (white).**

Notes:

- **If your school offers reimbursable fruits and vegetables through the *Fresh Fruit and Vegetable Program* during the target week**, do **NOT** include these fruits and vegetables on the Reimbursable Foods Form unless they are offered as part of reimbursable lunches and breakfasts. If that is the case, be sure to report only the portions that were prepared and served as part of reimbursable meals.
- **If your school offers meals to pre-kindergarten students**, do **NOT** include any foods that are offered only to these students and do NOT include the meals offered to these students when reporting the number of reimbursable meals planned and served each day.
- **Be sure to look at the sample completed Reimbursable Foods Forms that are provided.** Looking at the sample forms as you read the instructions will make it easier to understand what you need to do when filling out the forms.

How to Complete the *Reimbursable Foods Form*

Reimbursable Meal Counts

On the top right-hand corner of the form, you will see the **Reimbursable Meal Counts** box. The questions in this box ask about the number of reimbursable meals (breakfast or lunch) you *planned* to serve for the day and the number of reimbursable meals that you *actually* served that day. Record the answers to both questions in the spaces provided. Your production records may include this information. If not, you may need to talk to your SFA director to obtain it.

Column A: Food Item

You will use this column to identify foods and beverages offered in reimbursable meals each day. Most foods are already listed for you. Others you will need to write in. In thinking about all the foods offered in your cafeteria each day and deciding which ones to include on this form, keep the following in mind:

DO INCLUDE:

- All foods and beverages offered in **reimbursable meals** (even if they may not count toward USDA meal pattern requirements).
- All condiments, salad dressings, optional toppings, desserts, and snack items.

DO NOT INCLUDE:

- Foods and beverages that are offered *only* a la carte or *only* to adults. (Instead, record these food and beverages on the Non-Reimbursable Foods Form or Non-Reimbursable Foods Inventory.)
- Foods and beverages that are offered and served *only* to pre-kindergarten students.
- Foods and beverages that were planned for a given day, but not actually prepared at your school because a substitution was made.

When foods are paired or offered together:

When a bread/grain, meat/meat alternate, fruit, or vegetable offering is paired with, or offered **only** with another menu item, add a note in Column A to make this clear.

Examples:

- For crackers that are offered **only** with a Chef's salad, add a note...
Crackers **w/ Chef's salad**
- For toast that is offered **only** with cereal, add a note...
Toast **w/ cereal**
- For a cheese stick that is offered **only** with a peanut butter sandwich, add a note...
Cheese stick **w/ peanut butter sandwich**
- For blueberries that are offered **only** with pancakes, add a note...
Blueberries **w/ pancakes**

When writing in foods that are not already listed on the form:

- Record foods in their appropriate food group sections whenever possible. Blank lines are provided at the end of each section for your entries. A generous amount of additional space is provided at the end of the form for recording items that do not fit in the individual food group sections (for example, not enough blank lines for additional fruits), as well as items that belong in a food group that is not listed on the form.
- Salad bars, condiment bars, and other food bars, whether self-serve or made-to-order, should be listed as single menu items. Salad bars (both side salad bars and entrée salad bars) and other common theme bars are prelisted. Use separate lines for any self-serve bars that are not prelisted.
- If your school offers bag or box meals or fully preplated meals, write each type of meal on a separate line. Complete a Recipe Form for each type of meal to identify all of the foods and beverages included in the meal.

If your school offers different foods to students in different grade groups:

- Record each food offered separately and add a note in Column A to make it clear which foods are offered to each grade group.

Example:

If your school serves students in grades 6-8 and 9-12 and different entrées are offered to each grade group, you would indicate this by listing each food separately and adding a note next to each food, as shown below.

A.
Food Item
Taco <i>for grades 6-8</i>
Burrito <i>for grades 9-12</i>

Column B: Portion Size

For each item offered in reimbursable meals, write the size of one individual serving, as offered to students.

- Include both the **amount** and the **unit of measure** (if not already printed on the form). For example:

Food Item	Amount	Unit
Broccoli	$\frac{3}{4}$	cup
Chicken patty	2.5	oz.
Tossed salad	$\frac{1}{2}$	cup

You may change the printed unit for any food if your school serves the item in a different unit of measure.

- Include the *weight* (oz.) of one portion whenever available, especially for commercially prepared foods, such as burritos, chicken or fish nuggets, pizza, doughnuts, or cookies.
- For foods that are offered self-serve, write “self-serve” as the portion size.
- If your school offers different portion sizes of the same food, for example to students in two different grade groups, you will need to list the food twice (on two separate lines) and write in the different portion sizes.

Example:

If your school serves students in grades 6-8 and 9-12 and you offer different portion sizes for canned peaches, you would indicate this by listing the food twice and adding a note about which portion size applies to which grade group, as shown below.

A.	B.
Food Item	Portion Size (Include Units)
Peaches, canned <i>for grades 6-8</i>	½ cup
Peaches, canned <i>for grades 9-12</i>	1 cup

Column C: Number of Portions

In the sub-columns under Column C, for each menu item, you will enter the total number of portions prepared, and the number of portions sent off-site (if applicable), served to students in reimbursable meals, served a la carte or to adults/others, left over and saved for later use, and wasted. Note that the number of portions entered in the last five sub-columns (Sent Off-Site, Reimbursable Served, Served a La Carte or to Adults/Others, Left Over for Later Use, and Wasted) should add up to the total number of portions prepared (Total Prepared).

Total Portions Prepared

For each menu item, enter the total number of portions prepared. Include portions that are prepared for reimbursable meals at your school as well as portions that are prepared to be sent off-site, served a la carte and to adults or others. For pre-packaged foods and beverages, the total number of portions prepared refers to the number of individual packages that are put out in the serving area. For example for cartons of juice, write the number of cartons that are placed on the serving line before and throughout the meal period.

Portions Sent Off-Site (if applicable)

If your school prepares food to be served at other schools or facilities, enter the total number of portions for each item that is sent off-site. Include portions sent off-site on the day they are sent – it doesn't matter if they will be served on the same day or another day. If your school does not prepare food to be served at other schools or facilities, you do not need to complete this column.

Reimbursable Portions Served

For each menu item, enter the number of reimbursable portions served to students at your school (excluding portions sold a la carte or to adults/others). Your production records may include this information; if not, you may need to talk to your SFA director about putting a procedure in place to record it for the target week. If a menu item is prepared and available to students but none are served in reimbursable meals, be sure to enter a zero in the Reimbursable Served column.

Portions Served A La Carte or to Adults/Others

Also for each menu item, enter the number of portions that are served a la carte, to adults, or to others who are not receiving meals through the NSLP or SBP. If no portions are served a la carte or to adults, enter zero in this column.

Portions Left Over for Later Use

At the end of each meal, enter the number of portions that were not served on this day, but were leftover and may be served on a different day. For instance, this may include cartons of milk or juice to be used on the following day. Do not include leftover portions that are thrown away. If no portions are left over and saved for later use, enter zero in this column.

Portions Wasted

Also enter the number of portions that were not served and must be thrown out because they cannot be used on a different day. For instance, this may include food prepared in a large dish, such as macaroni and cheese. If no portions are wasted, enter zero in this column.

Example:

Note that for each of the following menu items, the number of portions entered in the last five sub-columns (Sent Off-Site, Reimbursable Served, Served a La Carte or to Adults/Others, Left Over, and Wasted) add up to the total number of portions prepared (Total Prepared).

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions					
		Total Prepared	Sent Offsite	Onsite			
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted
Orange juice	8 fl. oz.	140	0	120	10	10	0
Macaroni and cheese	1 cup	200	20	160	0	0	20

Column D: Manufacturer/Brand Name and Product Code

This column is used to provide information on the manufacturer, brand name, and product code of certain foods listed in Column A. We have shaded this column for pre-listed foods that do not require manufacturer/brand name, or a product code.

- For all other commercially prepared food products you serve, including entrees, meat/meat alternates, and most bread/grain items (including biscuits, doughnuts, breakfast pastries, and pancakes), please fill in the manufacturer/brand and product code information in Column D.

- Please do your best to record whatever manufacturer and/or brand information is available (or at least how the food is described on the package label) for all required foods. **Always** include a product code, if available. The product code is usually located on the label of the box in which commercially prepared food products are delivered. An example is shown below.



- Below are additional examples of manufacturer and brand names, and products codes, for some foods.

Food Item (Column A)	Manufacturer/Brand Name and Product Code (Column D)
Pizza, pepperoni	Schwan's/Tony's 78546
Super Donut	Super Bakery 6001
Pancake-on-a-stick	State Fair 70481

- If your school purchases commercially prepared food products, including ones that are lower in fat or sodium or include whole grains, you may wish to include package labels to tell us more about the products. This will help ensure that the nutrient analysis is accurate and reflects the types of foods used in your school meal program.
- If you decide that you would like to give us package labels, you can put them in the envelope with the completed forms at the end of the week.

Column E: Food Description

This column is used to describe foods so that an accurate nutrient analysis can be done. For most of the pre-listed items, you will need to check a box or write in a response. For example, for some foods you will be asked to check whether a food is regular, low-fat or fat-free, or if it is breaded or has icing. For some foods you will be asked to specify the type or variety of the food, such as the type of bread (100% whole wheat, rye bread, etc.), or the flavor of milk or yogurt.

It is especially important to complete this column for commercially prepared products and items that you add to the form. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ type (**100% whole wheat** bread, **rye** bread, **blueberry** muffin, **unbreaded** chicken patty, **low-sodium** green beans)
- ✓ form (**fresh**, **frozen** or **canned** vegetable or fruit)
- ✓ flavor (**Strawberry** milk, **oatmeal** cookie, **vanilla** yogurt)
- ✓ fat content (**low-fat** yogurt, **reduced-fat** sour cream, **fat-free** salad dressing)

Column F: Check Box if USDA Food

For food items in Column A that are donated USDA Foods, including processed USDA Foods, place a check mark in the box in Column F.

Column G: Check Box if Prepared from a Recipe

For foods in Column A that are prepared from a recipe—that is, foods that are made from scratch or by combining two or more foods or ingredients—place a check mark in Column G. Use these checkmarks to remind you to complete a Recipe Form or provide a printed recipe.

We have shaded this column for pre-listed foods that do not require recipes. If the column is not shaded, you may need a recipe, depending on the food. For example, for purchased pizza that is served as is, a recipe is not needed. For pizza that is prepared from scratch or is a modified version of a purchased product (for example, you added your own toppings), a recipe is needed.

Instructions for Completing the Recipe Forms

Purpose: To describe the types and amounts of ingredients used in preparing foods made from scratch or made by combining two or more foods or ingredients.

Location: A booklet of Recipe Forms (grey) is located behind the “Recipes” tab in the Menu Survey Folder. If you need more forms than are included in the booklet, make copies of the form and file the completed extra forms inside the Recipe Form booklet.

Notes:

- **You may not have to fill out the Recipe Form if a printed copy of the recipe is available.** See the special instructions later in this section (page 14).
- **A recipe is needed for every item that is prepared from scratch or prepared by combining two or more foods or ingredients.** This includes all sandwiches and foods prepared or cooked with added butter, margarine, dressings, or other condiments.
- **Some foods may need more than one Recipe Form.** For example, for a tuna salad sandwich, you will need to use two Recipe Forms—one for the tuna salad mixture and one for the assembled tuna salad sandwich. The same is true for a brownie or cake with icing. See the sample completed Recipe Forms for an example of a situation where two Recipe Forms are needed.
- **If the same recipe was prepared more than once during the target week,** you only need to fill out a Recipe Form once and be sure to check the boxes at the top of the form to indicate which days of the week the recipe was served, *unless the recipe is prepared differently on other days of the week*. If variations of a recipe are used on different days, a separate Recipe Form is needed for each variation.
- **Be sure to look at the sample completed Recipe Forms that are provided.** Looking at these forms as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the Recipe Forms

Recipe/Food Name

Write the complete name of the recipe or food on the line provided in the upper right hand corner of the form. Please be sure that the name is clear enough that we will be able to match it up with the appropriate item on the Reimbursable Foods Form.

For recipes that are used in other recipe items, mention both recipes in the name. For example, *"Tuna salad for tuna sandwich."*

Meal

Check the meal or meals in which the recipe/food item was offered.

Day

Check the day or days of the target week on which the recipe/food was offered. Check "all" if the item is offered every day.

Size of One Serving

Write the size of one individual serving, as offered to students. Include both the **amount** and **unit of measure** (*Examples: 1/4 cup, 8 fluid ounces, 1 sandwich*).

Number of Servings Prepared

Please record the **total number of individual servings prepared** (recipe yield) in the space provided. For some items, such as sandwiches, the Recipe Form describes the ingredients or components of a single serving (*Examples: 1 sandwich, 1 Chef's salad*).

Column A: Ingredient Name

List all foods and ingredients used to prepare the recipe/food. Remember to include all items used in food preparation, including seasonings and salt, as well as oils, butter, margarine, and other fats used in cooking.

Column B: Amount in Recipe

For each item listed in Column A, write the amount used in Column B. Be sure to include information on both the **amount** and the **unit of measure** (*Examples: 2 Tbsp, 6 oz, 5 cups, 7.5 gallons, 35 lbs*).

Be sure to provide amount information on the form of the ingredient *when it was measured*. For example, was pasta or rice measured cooked or uncooked? Was meat measured raw or after cooking? Was the cheese sliced, cubed, shredded, or grated?

Column C: Manufacturer/Brand Name and Product Code

If the ingredient or food listed in Column A is a commercially prepared food, list the manufacturer and/or brand name as well as the product code.

Column D: Ingredient Description

For each item listed in Column A, use this column to provide details about the food or ingredient that will allow us to do an accurate nutrient analysis. Depending on the item, this may include information on:

- ✓ type (**whole wheat** flour, **brown** rice, **ground** turkey, **low-sodium** tomato sauce)
- ✓ form (**fresh**, **frozen** or **canned** vegetables, fruits, or meats)
- ✓ cooking status (**cooked**, **uncooked**, **dry**, **raw**)
- ✓ fat content (**part-skim** cheese, **1% fat** milk, **fat-free** mayonnaise)
- ✓ whether **whole grain-rich**

See the sample completed forms for examples of ingredient descriptions.

Column E: Check Box if USDA Food

For ingredients in Column A that are donated USDA Foods, including processed USDA Foods, place a check mark in the box in Column E.

Column F: Check Box if Prepared from a Recipe

For ingredients in Column A that require a recipe, place a check mark in the appropriate box in Column F. Use these checkmarks to remind you to complete an additional Recipe Form.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

If You Can Provide a Printed Copy of the Recipe...

Be sure to:

- Staple or clip a copy of the printed recipe to a blank Recipe Form in the booklet, and indicate on the Recipe Form the meal and days the recipe was used.
- Mark the recipe, as needed, to show how the recipe was prepared in your school, and make sure the name of the recipe matches the name used on the Reimbursable Foods Form.

Make sure the recipe includes:

- Yield information: **size of one serving** and **number of servings prepared**.
- A complete description of all ingredients, including manufacturer and/or brand and product code for commercially prepared food products.
- An indication of any ingredients that are USDA Foods, for example, write “USDA” beside the ingredient name.

Instructions for Completing the Self-Serve/ Made-to-Order Bar Forms

Purpose: To describe the ingredients included on self-serve bars such as salad bars, theme bars, and condiment bars; made-to-order bars such as deli bars.

Location: A booklet of Self-Serve/Made-to-Order Bar Forms (lavender) is located behind the “Self-Serve Bars” tab in the Menu Survey Folder.

Notes:

- A separate Self-Serve/Made-to-Order Bar Forms must be completed for each type of self-serve bar or made-to-order bar offered. **If the same bar was offered more than once during the target week**, you only need to fill out one Self-Serve/Made-to-Order Bar Forms and indicate the days on which the bar was offered. **If the foods/ingredients offered on the bar differ on other days of the week**, a separate form is needed for each day they are different.
- **Be sure to look at the sample completed Self-Serve/Made-to-Order Bar Forms that are provided.** Looking at these forms as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the Self-Serve/Made-to-Order Bar Forms

Name of Bar

Write the complete name of the self-serve/made-to-order bar on the line provided in the upper right hand corner of the form. Please be sure that the name is clear enough that we will be able to match it up with the same item on the Reimbursable Foods Form.

Meal

Check the meal or meals in which the bar was offered during the target week.

Day

Check the day or days of the target week on which the bar was offered. Check “all” if the bar (with all the same ingredients) is offered every day.

Column A: Food Name

List all foods and ingredients offered on the bar. If you need additional lines, write the name of the bar and “continued” on a blank Self-Serve/Made-to-Order Bar Form and list remaining foods/ingredients.

Column B: Portion Size (if pre-portioned)

For pre-portioned items only, describe the size of one portion. This includes items such as baked potatoes, tortillas, packaged crackers, boxes of raisins, or packages of sunflower seeds. It also includes items that might be portioned out by cafeteria servers, such as pasta on a pasta bar, cold cuts on a deli bar, or meat and cheese items on a salad bar.

Be sure to include information on both the **amount** and the **unit of measure** for pre-portioned items. See the sample completed Self-Serve/Made-to-Order Bar Forms for examples.

Column C: Manufacturer/Brand Name and Product

For commercially prepared food products, please record the manufacturer and/or brand name and a product code in Column C.

Column D: Food Description

For each item listed in Column A, use this column to provide details about the food or ingredient that will allow us to do an accurate nutrient analysis. Depending on the item, this may include information on:

- ✓ type (**100% whole grain** bread, **rye** bread, **graham** cracker, **cheddar** cheese, **low-sodium** green beans, **deli** turkey)
- ✓ form (**fresh**, **frozen** or **canned** vegetables or fruit)
- ✓ cooking status (**cooked**, **uncooked**, **dry**, **raw**)
- ✓ fat content (**low-fat** yogurt, **reduced-fat** sour cream, **fat-free** salad dressing)
- ✓ whether **whole grain-rich**

See the sample completed forms for examples of ingredient descriptions.

Column E: Check Box if USDA Food

For foods in Column A that are donated USDA Foods, including processed USDA Foods, place a check mark in the box in Column E.

Column F: Check Box if Prepared from a Recipe

For foods in Column A that require a recipe, place a check mark in the appropriate box in Column F. Use these checkmarks to remind you to complete a Recipe Form.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

Instructions for Completing the NSLP Afterschool Snack Form

Purpose: To describe the foods and beverages offered in NSLP reimbursable afterschool snacks during the target week, and to provide information on the number of individual snack items prepared and served, as well as the total number of reimbursable snacks served to students.

Location: A booklet of NSLP Afterschool Snack Forms (green paper) is behind the “NSLP Afterschool Snacks” tab in the Menu Survey Folder.

Notes:

- **Only include afterschool snacks offered through the *National School Lunch Program (NSLP)*.** If your school offers snacks and/or suppers through the *Child and Adult Care Food Program (CACFP)*, you will complete the CACFP Afterschool Snack and Supper Form.
- **If your school offers reimbursable fruits and vegetables through the *Fresh Fruit and Vegetable Program* during the target week,** do **NOT** include these fruits and vegetables on the NSLP Afterschool Snack Form unless they are offered as part of reimbursable afterschool snacks. If that is the case, be sure to report only the portions that were prepared and served as part of reimbursable afterschool snacks.
- **Be sure to look at the sample completed NSLP Afterschool Snack Form that is provided.** Looking at this sample as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the NSLP Afterschool Snack Form

On the front page of this booklet answer question 1 by indicating the days during the target week that NSLP afterschool snacks were offered. **Complete one NSLP Afterschool Snack Form for each day snacks were offered.**

This form is similar to the Reimbursable Foods Form. It includes columns for the food item, portion sizes, the number of portions prepared/available and served, and the food descriptions needed for an accurate nutrient analysis. You will also check if any item was a USDA Food or prepared from a recipe. **Depending on how your afterschool program operates, you may need assistance from afterschool program staff to complete the columns for number of portions served.**

Day

Check the day of the target week for which this form is being completed.

Number of Reimbursable Snacks Served Onsite

At the top of the form, record the total number of reimbursable snacks *served* to students at your school that day.

Column A: Food Item

You will use this column to identify foods and beverages offered in reimbursable NSLP afterschool snacks each day. Some foods are already listed for you. Others you will need to write in. In thinking about all the foods offered in your NSLP afterschool snacks each day and deciding which to include on this form, keep the following in mind:

DO INCLUDE:

- All foods and beverages offered in NSLP afterschool snacks (even if they may not count toward USDA meal pattern requirements).

DO NOT INCLUDE:

- Foods and beverages that are offered only to adults.
- Foods and beverages that were planned for a given day, but not actually prepared/available that day.

When writing in foods that are not already listed on the form:

- Record foods in appropriate food group sections. Blank lines are provided at the end of each section for your entries.

Column B: Portion Size

For each item offered in NSLP afterschool snacks, write the size of one individual serving, as offered to students. If the snack item is pre-packaged, list the actual package size or weight, not “1 package.”

- Include both the *amount* and the *unit* of measure:

Food Item	Amount	Unit
Banana, fresh	1	Medium
Orange juice	6	fl. oz.
Granola bar	1.5	oz.

- If a food or beverage is offered in more than one portion size (for different grade groups), list the food or beverage on separate lines and write in the different portion sizes.

Example:

A. Food Item	B. Portion Size (Include Units)	C.		
		Number of Portions		
		Sent Off-Site	Onsite	
			Reimbursable Prepared/ Available	Reimbursable Served
Orange juice	6 fl. oz.	0	50	25
Orange juice	8 fl. oz.	0	50	50

Column C: Number of Portions**Sent Off-Site (if applicable)**

If your school prepares foods to be served in NSLP afterschool snacks at other schools or facilities, enter the number of portions of each snack item that are **sent off-site**.

Number of Reimbursable Portions Prepared/Available

For each snack item, write in the number of reimbursable portions **prepared or available** to be served *at your school*. The number of reimbursable portions prepared/available should reflect the actual number of servings available for students to select as part of a reimbursable NSLP afterschool snack.

Number of Reimbursable Portions Served

Also for each snack item, enter the number of reimbursable portions or individual items **served** to (or selected by) students as part of a reimbursable NSLP afterschool snack, excluding portions served to adults. If a menu item is prepared and available to students but no portions are served, be sure to enter a zero in this column.

You may need to ask the afterschool program staff for this information. You can also give the afterschool program staff a copy of the NSLP Afterschool Snack Form and ask them to complete this column.

Column D: Manufacturer/Brand Name and Product Code

This column is used to provide information on the manufacturer, brand name, and product code of certain foods listed in Column A. We have shaded this column for pre-listed foods that do not require manufacturer/brand name or a product code. For all other commercially prepared food products you serve, please fill in the manufacturer/brand and product code information in Column D.

Column E: Food Description

This column is used to describe foods so that an accurate nutrient analysis can be done. For most of the pre-listed items, you will need to check a box or write in a response. For example, for some foods you will be asked to check whether a food is regular, low-fat or fat-free, or if it is whole grain-rich or reduced-fat. For some foods you will be asked to specify the type or variety of the food, such as the type of crackers (graham, wheat, saltines, etc.), or the flavor of milk or yogurt.

It is especially important to complete this column for commercially prepared products and items that you add to the form. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ type (**1%** milk; **100% whole wheat** bread; **blueberry** muffin)
- ✓ form (**fresh, frozen** or **canned** vegetable or fruit)
- ✓ flavor (**chocolate** milk, **strawberry** yogurt)
- ✓ fat content (**low-fat** yogurt, or **fat-free** salad dressing)

Column F: Check Box if USDA Food

For food items in Column A that are donated USDA Foods, including processed USDA Foods, place a check mark in the box in Column F.

Column G: Check Box if Prepared from a Recipe

For foods in Column A that require a recipe, place a check mark in the appropriate box in Column G. Use these checkmarks to remind you to complete a Recipe Form or provide a printed recipe.

We have shaded this column for pre-listed foods that do not require recipes. If the column is not shaded, you may need a recipe, depending on the food. For example, for purchased pizza that is served as is, a recipe is not needed. For pizza that is prepared from scratch or is a modified version of a purchased product (for example, you added your own toppings), a recipe is needed.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

Instructions for Completing the CACFP Afterschool Snack and Supper Form

Purpose: To describe the foods and beverages offered in CACFP reimbursable afterschool snacks and suppers during the target week, and to provide information on the number of individual snack/supper items prepared and served, as well as the total number of reimbursable snacks/suppers served to students.

Location: A booklet of CACFP Afterschool Snack and Supper Forms (green paper) is behind the “CACFP Afterschool Snacks/Suppers” tab in the Menu Survey Folder.

Notes:

- **Only include afterschool snacks and suppers offered through the *Child and Adult Care Food Program (CACFP)*.** If your school offers afterschool snacks through the *National School Lunch Program (NSLP)*, you will complete the NSLP Afterschool Snack Form.
- **If your school offers reimbursable fruits and vegetables through the *Fresh Fruit and Vegetable Program* during the target week, do NOT include these fruits and vegetables on the CACFP Afterschool Snack and Supper Form unless they are offered as part of reimbursable afterschool snacks or suppers.** If that is the case, be sure to report only the portions that were prepared and served as part of reimbursable afterschool snacks or suppers.
- **Be sure to look at the sample completed CACFP Afterschool Snack and Supper Form that is provided.** Looking at this sample as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the CACFP Afterschool Snack and Supper Form

On the front page of this booklet answer question 1 by indicating the days during the target week that CACFP afterschool snacks and/or suppers were offered. **Complete one CACFP Afterschool Snack and Supper Form for each day afterschool snacks and/or suppers were offered.**

This form is similar to the Reimbursable Foods Form. It includes columns for the food item, portion sizes, the number of portions prepared/available and served, and the food descriptions needed for an accurate nutrient analysis. You will also check if any item was a USDA Food or prepared from a recipe. **Depending on how your afterschool program operates, you may need assistance from afterschool program staff to complete the columns for number of portions served.**

Day

Check the day of the target week for which this form is being completed.

Number of Reimbursable Snacks and/or Suppers Served Onsite

At the top of the form record the total number of CACFP reimbursable snacks and/or suppers *served* to students at your school that day.

Column A: Food Item

You will use this column to identify foods and beverages offered in CACFP afterschool snacks and/or suppers each day. Some foods are already listed for you. Others you will need to write in. In thinking about all the foods offered in your snacks each day and deciding which to include on this form, keep the following in mind:

DO INCLUDE:

- All foods and beverages offered in CACFP reimbursable afterschool snacks and/or suppers (even if they may not count toward USDA meal pattern requirements).

DO NOT INCLUDE:

- Foods and beverages that are offered only to adults.
- Foods and beverages that were planned for a given day, but not actually prepared/available that day.

When writing in foods that are not already listed on the form:

- Record foods in their appropriate food group sections whenever possible. Blank lines are provided at the end of each section for your entries. A generous amount of additional space is provided at the end of the form for recording items that do not fit in the individual food group sections (for example, not enough blank lines for additional fruits), as well as items that belong in a food group that is not listed on the form.

Column B: Portion Size

For each item offered in CACFP afterschool snacks or suppers, write the size of one individual serving, as offered to students. If the snack/supper item is pre-packaged, list the actual package size or weight, not “1 package.”

- Include both the **amount** and the **unit** of measure:

Food Item	Amount	Unit
Banana, fresh	1	medium
Orange juice	6	fl. oz.
Granola bar	1.5	oz.

- If a food or beverage is offered in more than one portion size (for different grade groups), list the food or beverage on separate lines and write in the different portion sizes.

Example:

A. Food Item	B. Portion Size (Include Units)	C.		
		Number of Portions		
		Sent Off-Site	Onsite	
			Reimbursable Prepared/ Available	Reimbursable Served
Orange juice	6 fl. oz.	0	50	25
Orange juice	8 fl. oz.	0	50	50

Column C: Number of Portions**Sent Off-Site (if applicable)**

If your school prepares foods to be served in CACFP snacks/suppers at other schools or facilities, enter the number of portions of each item that are **sent off-site**.

Number of Reimbursable Portions Prepared/Available

For each snack/supper item offered, write in the number of reimbursable portions **prepared or available**. The number of reimbursable portions prepared should reflect the actual number of servings available for students *at your school* to select as part of a CACFP snack or supper. If an item is prepared/available for both a snack and supper, write the combined total.

Number of Reimbursable Portions Served

Also for each snack item, enter the number of reimbursable portions or individual items **served** to (or selected by) students as part of a CACFP snack or supper, excluding portions served to adults. If a menu item is prepared and available to students but no portions are served, be sure to enter a zero in this column. If an item is served during both a snack and supper, write the combined total.

You may need to ask the afterschool program staff for this information. You can also give the afterschool program staff a copy of the CACFP Afterschool Snack and Supper Form and ask them to complete this column.

Column D: Manufacturer/Brand Name and Product Code

This column is used to provide information on the manufacturer, brand name, and product code of certain foods listed in Column A. We have shaded this column for pre-listed foods that do not require manufacturer/brand name, or a product code. For all other commercially prepared food products you serve, please fill in the manufacturer/brand and product code information in Column D.

Column E: Food Description

This column is used to describe foods so that an accurate nutrient analysis can be done. For most of the pre-listed items, you will need to check a box or write in a response. For example, for some foods you will be asked to check whether a food is regular, low-fat or fat-free, or if it is whole grain-rich or reduced-fat. For some foods you will be asked to specify the type or variety of the food, such as the type of crackers (graham, wheat, saltines, etc.), or the flavor of milk or yogurt.

It is especially important to complete this column for commercially prepared products and items that you add to the form. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ type (**1%** milk; **100% whole wheat** bread; **blueberry** muffin)
- ✓ form (**fresh, frozen** or **canned** vegetable or fruit)
- ✓ flavor (**chocolate** milk, **strawberry** yogurt)
- ✓ fat content (**low-fat** yogurt, or **fat-free** salad dressing)

Column F: Check Box if USDA Food

For food items in Column A that are donated USDA Foods, including processed USDA Foods, place a check mark in the box in Column F.

Column G: Check Box if Prepared from a Recipe

For foods in Column A that require a recipe, place a check mark in the appropriate box in Column G. Use these checkmarks to remind you to complete a Recipe Form or provide a printed recipe.

We have shaded this column for pre-listed foods that do not require recipes. If the column is not shaded, you may need a recipe, depending on the food. For example, for purchased pizza that is served as is, a recipe is not needed. For pizza that is prepared from scratch or is a modified version of a purchased product (for example, you added your own toppings), a recipe is needed.

Note: Recipes are needed for all items that are made by combining two or more foods or ingredients.

Instructions for Completing the A La Carte Foods Checklist

Purpose: To identify foods and beverages your school offers on an a la carte basis at lunch and breakfast.

Location: The A La Carte Foods Checklist (pink paper) is located behind the “A La Carte” tab in the Menu Survey Folder.

Notes:

- **Complete the A La Carte Foods Checklist on the one day of the target week specified on the front of the Menu Survey Folder.** Be sure to complete the checklist even if your school sells only milk on an a la carte basis.
- **Be sure to look at the sample completed A La Carte Foods Checklist that is provided.** Looking at this sample as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the A La Carte Foods Checklist

1. Write the name of your school and the date on the first page of the form.
2. Place a check mark in the box next to each food and beverage that was available for a la carte purchase on the specified day. This includes items that are sold only a la carte as well as components of a reimbursable meal that may be purchased a la carte. There are separate check boxes for lunch and breakfast.
3. If a food or beverage is usually or sometimes available a la carte, but was not available on the specified day, *do not* check the box.
4. If your school had a la carte foods or beverages available on your specified day that are not included in the checklist, please write in the names of these foods and beverages under the appropriate category. Extra lines are also available on the last page of the checklist, if necessary. Be sure to indicate whether each food or beverage was offered at breakfast and/or lunch.

Instructions for Completing the Non-Reimbursable Foods Form

Purpose: To describe foods that are sold only on a non-reimbursable or a la carte basis and to provide information on the number of portions of each item sold—either each day of the target week or as a total across the week.

Notes:

- Non-reimbursable foods are not offered as part of reimbursable meals or snacks.
- **Include only non-reimbursable foods from venues that are operated or stocked by the food service department**, including foods sold on an a la carte-only basis in cafeteria serving lines, in vending machines, snack bars, school stores, and food carts.
- You will use one Non-Reimbursable Foods Form for the whole week.
- You may use your daily or weekly sales report, if available, to help you fill out this form.
- **Be sure to look at the sample completed Non-Reimbursable Foods Form that is provided.** Looking at this sample as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the Non-Reimbursable Foods Form

Meal

At the top of the form, check the appropriate box or boxes to indicate when any non-reimbursable foods are offered: during breakfast, lunch, and/or outside of meal periods. Foods may be offered outside of meal periods, just one time, or throughout the day.

Where Offered

Non-reimbursable foods may be sold on cafeteria serving lines or in other venues, such as vending machines, snack bars, school stores, or food carts or at another school or facility off-site. Indicate the venues where the non-reimbursable food items listed on this form are offered, checking all boxes that apply. If the food service department sells non-reimbursable foods in a venue that is not listed, check “Other,” and write in the name of the venue.

Column A: Food Name

At the start of the target week, use this column to list all non-reimbursable items that are sold across all venues. Creating a list of items at the start of the week will make the form easier to fill out.

If a food item is available in different flavors but the brand and package sizes are the same, (for example, different flavors of 12 fl oz Gatorade®), you can list the items once.

Column B: Portion Size

For each non-reimbursable item, write the size of one individual serving, as offered. Include both the **amount** and the **unit** of measure.

- If any items that are pre-packaged, record the actual package size, weight, or volume (2.5 oz or 12 fl oz), not “1 package.”
- For items prepared from recipes, write the size of one individual serving (“1/2 cup” vanilla pudding) or simply the number of items offered (“1 sandwich,” “2 pieces,” or “1 each”).
- If a food or beverage item is offered in more than one portion size, you will need to list the item more than once, on separate lines for each portion size.

A.	B.
Food Name	Portion Size (Include Units)
Pizza, pepperoni	5.0 oz
Pizza, pepperoni	3.5 oz

Column C: Check Box if Prepared from a Recipe

If an item was prepared from a recipe, check the box in Column C. Use these checkmarks to remind you to complete a Recipe Form or provide a printed recipe. Remember that recipes are needed for all items that are made by combining two or more foods or ingredients.

Column D: Manufacturer/Brand Name and Product Code

For commercially prepared foods that are not prepared from a recipe, please record the manufacturer/brand name and a product code (if available) in Column D. Below are examples of manufacturer/brand names and products codes for some foods.

A.	D.
Food Name	Manufacturer/Brand Name and Product Code
Pizza, pepperoni	Schwan's/Tony's 78546
Super Donut	Super Bakery 6001
Pancake-on-a-stick	State Fair 70481

Column E: Food Description

For each item listed in Column A, use this column to provide details about the type or variety of the food. Please provide as complete a description of the item as possible. Depending on the item, this may include information on:

- ✓ type: such as **100% whole wheat** bread, **rye** bread, **blueberry** muffin, **un-breaded** chicken patty, **low-sodium** green beans
- ✓ form: such as **fresh**, **frozen** or **canned** vegetable or fruit
- ✓ flavor: for example **strawberry** milk, **oatmeal** cookie, **vanilla** yogurt; and
- ✓ fat content: such as **low-fat** yogurt, **reduced-fat** sour cream, **fat-free** salad dressing

If a food item is available in different flavors and the brand and package sizes are the same, group the items and list them only once with the food description “assorted flavors or types.” An example of this is Gatorade®, which comes in many flavors. You would record this by listing the name and portion size of the item, Gatorade®, 12 oz, and “Assorted flavors” in Column E, for the Food Description.

Column F: Daily Number of Portions

You will use the sub-columns under Column F if you can report the number of portions of each item sold each day of the target week. Be sure to include counts from all venues operated or stocked by the food service department.

Sent Off-Site (if applicable)

If your school sends any non-reimbursable foods to other schools or facilities, enter the number of portions of each item that are **sent off-site**. Include portions sent off-site on the day they are sent—it doesn’t matter if they will be sold on the same day or another day.

Sold Onsite

For all non-reimbursable items, enter the total number of portions **sold onsite** that day. If an item is offered but not sold, be sure to enter zero.

Left Over for Later Use

For any non-reimbursable items that require some preparation (for example, heating) or are prepared from a recipe, enter the number of portions that were not sold and instead, were leftover and saved for later use. For example, this may include cookies prepared from a recipe that are wrapped in plastic wrap and may be offered the following day. For foods sold in their original packaging, enter a zero in this column.

Wasted

For any non-reimbursable items that require some preparation (for example, heating) or are prepared from a recipe, enter the number of portions that were not sold and must be thrown out because they cannot be served on a different day. For instance, this may include frozen pizza that has already been removed from its package and heated. For foods sold in their original packaging, enter a zero in this column.

And remember, if there are no portions to enter in a column, enter zero.

Column G: Weekly Total Number of Portions

If you prefer to record counts of the number of portions sold across the entire week, you will record those weekly counts in Column G. Be sure to include counts from all venues operated or stocked by food service.

Sent Off-Site (if applicable)

If your schools sends any non-reimbursable foods to other schools or facilities, enter the number of portions of each item that are **sent off-site**.

Sold Onsite

For all non-reimbursable items, enter the total number of portions **sold onsite** that day. If an item is offered but not sold, be sure to enter zero.

Left Over for Later Use

For any non-reimbursable items that require some preparation (for example, heating) or are prepared from a recipe, enter the number of portions that were not sold and instead, were leftover and saved for later use. For example, this may include cookies prepared from a recipe that are wrapped in plastic wrap and may be offered the following day. For foods sold in their original packaging, enter a zero in this column.

Wasted

For any non-reimbursable items that require some preparation (for example, heating) or are prepared from a recipe, enter the number of portions that were not sold and must be thrown out because they cannot be served on a different day. For instance, this may include frozen pizza that has already been removed from its package and heated. For foods sold in their original packaging, enter a zero in this column.

And remember, if there are no portions to enter in a column, enter zero.

Instructions for Completing the Non-Reimbursable Foods Inventory

Purpose: To describe and record inventory information for non-reimbursable foods for which you **do not** have the daily or weekly count of units sold for each food item. You will use this form to take an inventory of the foods at the start of the week, record the quantity of foods received during the week, and then the inventory left at the end of the week.

Notes:

- Non-reimbursable foods are not offered as part of reimbursable meals or snacks.
- **Include only non-reimbursable foods from venues that are operated or stocked by the food service department**, including foods sold on an a la carte-only basis in cafeteria serving lines, in vending machines, snack bars, school stores, and food carts.
- The goal of this form is to provide information about the weekly **INVENTORY** and should only be used if you do not have daily or weekly counts of the number of portions sold. If you have daily or weekly counts, complete the Non-Reimbursable Foods Form instead.
- You will use one Non-Reimbursable Foods Inventory for the whole week.
- Be sure to inventory foods and beverages that are non-perishable, refrigerated, and frozen. **Take into account all items in storage areas that are accessed during the week, plus items that are already out for sale. You do not need to count items in storage areas that are not accessed during the target week.**
- **Be sure to look at the sample completed Non-Reimbursable Foods Inventory that is provided.** Looking at this sample as you read the instructions will make it easier to understand what you need to do when filling out the form.

How to Complete the Non-Reimbursable Foods Inventory

Meal

At the top of the form, check the appropriate box or boxes to indicate when any non-reimbursable foods are offered: during breakfast, lunch, and/or outside of meal periods. Foods may be offered outside of meal periods, just one time, or throughout the day.

Where Offered

Non-reimbursable foods may be sold on cafeteria serving lines or in other venues, such as vending machines, snack bars, school stores, or food carts or at another school or facility off-site. Indicate the venues where the non-reimbursable food items listed on this form are offered, checking all boxes that apply. If the food service department sells non-reimbursable foods in a venue that is not listed, check "Other," and write in the name of the venue.

Column A: Food Name

At the start of the week, use this column to list all non-reimbursable items that are sold across all venues. Creating a list of items at the start of the week will make the form easier to fill out.

If food items are purchased in a variety pack (for example, different flavors of Gatorade), you can list the items once.

Column B: Individual Package Size

For each food items listed in Column A, record the size of the package, which represents one individual serving. The individual package size should include both the *amount* and the *unit* of measure (such as 12 fl. oz. for a drink). If a food item is available in more than one size, you will need to list the food twice (on separate lines) and record in both package sizes for that item.

Column C: # Individual Packages in Bulk Case

Also for each food item, record the number of individual packages that exist in a single bulk case.

Column D: Manufacturer/Brand Name and Product Code

Use this column to record the manufacturer or brand name and a product code (if available) in Column D.

Column E: Starting Onsite Inventory

For each food item, provide the starting inventory at your school. Include the counts of items in the stock room, refrigerator, freezer, and other storage areas, *plus* the number of items already put out for sale. You will record any deliveries received on Monday in Column F. You do not need to count items in areas that are not accessed during the target week.

Full Bulk Cases

Record the number of full bulk cases that are in the inventory of the venues selling non-reimbursable foods at the beginning of the day on Monday, before any of the food service venues have opened.

Additional Individual Packages

Record the number of additional individual packages on hand that do not make up a full bulk case. For example, there may be eight 48-carton bulk packages of orange juice, and 10 additional cartons left over from a bulk package that had already been opened.

Column F: Deliveries

For each food item, record the number of full bulk cases and/or fractions of full cases (for example, 1/2 or 2 1/2 cases) that are received each day (Monday through Friday) of the target week and added to the amounts on hand that you recorded in Column E. If your school sends non-reimbursable items to other schools or facilities during the week, enter the number of bulk containers sent off-site in the columns provided.

Enter zeros on days when there are no deliveries, or no bulk containers sent off-site.

Column G: Ending Onsite Inventory

For each food item, provide the ending inventory at your school, after all of the food service venues have closed and after any deliveries on Friday. Include the number of items in the stock room, refrigerator, freezer, and other storage areas, *plus* the number of items already put out for sale.

Full Bulk Cases

Record the number of full bulk cases that remain in the food service inventory at the end of the week, after all deliveries and sales. Be sure to count all of the storage areas that were included in the count at the start of the week.

Additional Individual Packages

Similarly, record the number of additional individual packages on hand at the end of the week.

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SAMPLE

Daily Meal Counts Form (Expanded)

School Name: John Smith Middle Date: 1/6/20



Instructions:

- In the boxes for the **Number of Reimbursable NSLP Lunches Served** and **Number of Reimbursable SBP Breakfasts Served**, please record the **number of free, reduced-price, and full-price reimbursable meals served** in your school each day of the target week. Do **not** include meals for which you do not claim reimbursement, for example, second lunches sold to students on an a la carte basis. If your school provides free meals to all students, record the number of meals served in the "free" column.
- Check the box if the number of reimbursable meals served on a day was much higher or lower than usual, and describe the reason for this difference in the space provided.

Number of Reimbursable NSLP Lunches Served					
	Free	Reduced-Price	Full-Price	FOR OFFICE USE ONLY	Please check if the number of reimbursable lunches served this day was much higher or lower than usual.
Monday	72	23	30		<input type="checkbox"/> → Reason: _____
Tuesday	85	26	15		<input type="checkbox"/> → Reason: _____
Wednesday	60	12	8		<input checked="" type="checkbox"/> → Reason: <u>early dismissal</u>
Thursday	82	23	22		<input type="checkbox"/> → Reason: _____
Friday	78	22	25		<input type="checkbox"/> → Reason: _____

Number of Reimbursable SBP Breakfasts Served					
	Free	Reduced-Price	Full-Price	FOR OFFICE USE ONLY	Please check if the number of reimbursable breakfasts served this day was much higher or lower than usual.
Monday	30	33	12		<input type="checkbox"/> → Reason: _____
Tuesday	28	30	12		<input type="checkbox"/> → Reason: _____
Wednesday	30	32	10		<input type="checkbox"/> → Reason: _____
Thursday	29	32	15		<input type="checkbox"/> → Reason: _____
Friday	38	31	10		<input type="checkbox"/> → Reason: _____

Instructions:

- Please record the total value of your non-reimbursable food sales by venue, including all student, adult, and other sales in venues operated or stocked by the food service department. If you do not keep venue-specific records, you may simply enter the total sales across all venues into the last column (named "Total Across All Venues"). You can either record the sales each day of the target week or enter it as a total across the week in the last row (named "Weekly Total").

Total Non-Reimbursable Food Sales in Venues Operated or Stocked by the Food Service Department							
	Serving Line (A la Carte)	Snack Bar	Vending Machine	Food Cart	School Store	Other: _____	Total Across All Venues
Monday	\$ <u>248.50</u>	\$ _____	\$ <u>110.00</u>	\$ _____	\$ _____	\$ _____	\$ _____
Tuesday	\$ <u>253.75</u>	\$ _____	\$ <u>95.80</u>	\$ _____	\$ _____	\$ _____	\$ _____
Wednesday	\$ <u>229.42</u>	\$ _____	\$ <u>90.25</u>	\$ _____	\$ _____	\$ _____	\$ _____
Thursday	\$ <u>249.25</u>	\$ _____	\$ <u>101.50</u>	\$ _____	\$ _____	\$ _____	\$ _____
Friday	\$ <u>261.40</u>	\$ _____	\$ <u>97.60</u>	\$ _____	\$ _____	\$ _____	\$ _____
Weekly Total	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Reimbursable Meal Counts	
How many reimbursable breakfasts did you <i>plan to serve</i> at your school this day?	80
How many reimbursable breakfasts <i>did you serve</i> at your school this day?	75

SAMPLE

OMB Clearance Number: 0584-XXXX
Expiration Date: XXX/XXX/XXXX

**SCHOOL NUTRITION AND MEAL COST STUDY-II
REIMBURSABLE FOODS FORM: BREAKFAST (EXPANDED)**



NOTE: For instructions on completing this form, please refer to Instructions for the Menu Survey.

School Name: John Smith Middle Date: 1/6/20 Day: Mon Tue Wed Thu Fri

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
MILK											
White, fat-free/skim	8 fl oz.	30		19	1	10	0				
White, 1%	8 fl oz.	30		26	2	2	0				
White, 2%	fl oz.										
White, whole	fl oz.										
Chocolate, fat-free/skim	8 fl oz.	20		20	0	0	0				
Chocolate, 1%	fl oz.										
Chocolate, 2%	fl oz.										
Other flavor Specify: <u>Strawberry</u>	8 fl oz.	20		10	0	10	0		<input checked="" type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
Other flavor Specify: _____	fl oz.								<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
Other flavor Specify: _____	fl oz.								<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
	fl oz.									<input type="checkbox"/> <input type="checkbox"/>	
	fl oz.									<input type="checkbox"/> <input type="checkbox"/>	
	fl oz.									<input type="checkbox"/> <input type="checkbox"/>	

REIMBURSABLE FOODS FORM: BREAKFAST (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
FRUIT (Note: Prelisted entries should be used only for fruit that is served as purchased. If anything is added before serving, complete a RECIPE FORM.)											
Apple, fresh										<input type="checkbox"/>	
Applesauce, canned	cup								<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>	
Apricots, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Banana, fresh	1 medium	50		48	0	2	0			<input type="checkbox"/>	
Blueberries, frozen	cup								<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>	
Fruit cocktail, canned	1/2 cup	35		32	2	1	0		<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input checked="" type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input checked="" type="checkbox"/>	
Grapes, fresh	1/2 cup	60		58	2	0	0			<input type="checkbox"/>	
Kiwi, raw										<input type="checkbox"/>	
Mandarin oranges, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Orange, fresh										<input type="checkbox"/>	
Peaches, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Pears, fresh										<input type="checkbox"/>	
Pears, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Pineapple, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Raisins	oz.									<input type="checkbox"/>	
Cantaloupe	1 wedge	25		15	5	0	5	fresh		<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: BREAKFAST (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
JUICES (Note: Priced entries should be used only for full-strength (100%) fruit and/or vegetable juice. List fruit drinks (not 100% juice) in the "Other Menu Items" section.)											
Apple juice	4 fl oz.	40		28	2	10	0		<input checked="" type="checkbox"/> Calcium added	<input type="checkbox"/>	
Grape juice	fl oz.								<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Orange juice	fl oz.								<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Fruit juice blend	fl oz.								<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
										<input type="checkbox"/>	<input type="checkbox"/>
BREADS AND GRAINS (Note: In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, toast w/ cereal).											
Apple Jacks	oz.									<input type="checkbox"/>	
Cheerios, plain	1 oz.	20		11	0	9	0			<input type="checkbox"/>	
Cheerios, Apple Cinnamon	oz.									<input type="checkbox"/>	
Cheerios, Fruity	oz.									<input type="checkbox"/>	
Cheerios, Honey Nut	1 oz.	20		13	0	7	0			<input type="checkbox"/>	
Cinnamon Toast Crunch	oz.									<input type="checkbox"/>	
Cocoa Krispies	oz.									<input type="checkbox"/>	
Cocoa Puffs	oz.									<input type="checkbox"/>	
Froot Loops	oz.									<input type="checkbox"/>	
Frosted Flakes	oz.									<input type="checkbox"/>	
Frosted Mini Wheats	oz.									<input type="checkbox"/>	
Golden Grahams	oz.									<input type="checkbox"/>	
Granola	oz.								<input type="checkbox"/> Reg <input type="checkbox"/> Low-fat	<input type="checkbox"/>	
Kix	oz.									<input type="checkbox"/>	
Lucky Charms	oz.									<input type="checkbox"/>	
Marshmallow Mateys	oz.									<input type="checkbox"/>	
Raisin Bran	1 oz.	10		8	2	0	0			<input type="checkbox"/>	
Rice Chex	oz.									<input type="checkbox"/>	
Rice Krispies	oz.									<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: BREAKFAST (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
Trix	oz.								<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
HOT CEREALS (Note: If prepared with fat and/or milk, complete a RECIPE FORM)											
Cream of Wheat	cup							<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg	<input type="checkbox"/>	<input type="checkbox"/>	
Grits	cup							<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg	<input type="checkbox"/>	<input type="checkbox"/>	
Oatmeal	1 cup	5		4	0	0	1	<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input checked="" type="checkbox"/> Reg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
OTHER BREADS AND GRAINS OFFERED SEPARATELY (Note: In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, toast w/ cereal, or biscuit w/ sausage).											
Bagel w/peanut butter	3 oz.	6		6	0	0	0	Specify type: 100% whole wheat	<input type="checkbox"/>	<input type="checkbox"/>	
Biscuit	oz.								<input type="checkbox"/>	<input type="checkbox"/>	
Danish or turnover	oz.							<input type="checkbox"/> Fruit <input type="checkbox"/> Cheese	<input type="checkbox"/>	<input type="checkbox"/>	
Doughnut w/cereal	2.2 oz.	15		13	2	0	0	Super Bakery #6001 <input checked="" type="checkbox"/> Icing/glaze <input type="checkbox"/> No Icing/glaze	<input type="checkbox"/>	<input type="checkbox"/>	
English muffin, plain	oz.								<input type="checkbox"/>	<input type="checkbox"/>	
English muffin, buttered	oz.							<input type="checkbox"/> Margarine <input type="checkbox"/> Butter	<input type="checkbox"/>	<input type="checkbox"/>	
Granola/cereal bar	oz.							Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Muffin w/cereal	2 oz.	20		19	0	1	0	Sara Lee #4911 Specify type: lowfat blue berry	<input type="checkbox"/>	<input type="checkbox"/>	
Pancake	oz.								<input type="checkbox"/>	<input type="checkbox"/>	
Roll, cinnamon	oz.							<input type="checkbox"/> Icing <input type="checkbox"/> No Icing	<input type="checkbox"/>	<input type="checkbox"/>	
Toast, plain	oz.							Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Toast, buttered	oz.							Specify type: _____ <input type="checkbox"/> Margarine <input type="checkbox"/> Butter	<input type="checkbox"/>	<input type="checkbox"/>	
Toaster pastry	oz.							<input type="checkbox"/> Low-fat	<input type="checkbox"/>	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: BREAKFAST (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
Waffles	oz.							<input type="checkbox"/> Plain <input type="checkbox"/> Fruit <input type="checkbox"/> Chocolate chip <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Waffle sticks	ea.							<input type="checkbox"/> Plain <input type="checkbox"/> Fruit <input type="checkbox"/> Chocolate chip <input type="checkbox"/> Other: _____ Weight of each stick: _____ oz.	<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
MEATS AND MEAT ALTERNATES OFFERED SEPARATELY (Note: In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, sausage with biscuit, or yogurt with cereal).											
Bacon	sl							<input type="checkbox"/> Pork <input type="checkbox"/> Turkey	<input type="checkbox"/>		
Eggs	cup							<input type="checkbox"/> Scrambled <input type="checkbox"/> Hard boiled <input type="checkbox"/> Fried	<input type="checkbox"/>	<input type="checkbox"/>	
Ham	oz.							<input type="checkbox"/> Pork <input type="checkbox"/> Turkey	<input type="checkbox"/>		
Peanut butter w/bagel	1 oz.	6		6	0	0	0	<input checked="" type="checkbox"/> Reduced-fat	<input checked="" type="checkbox"/>		
Sausage	oz.							<input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>		
Yogurt	oz.							<input type="checkbox"/> Reg <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavors: _____	<input type="checkbox"/>		
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
COMBINATION ITEMS											
Breakfast burrito	oz.							<input type="checkbox"/> Eggs <input type="checkbox"/> Cheese <input type="checkbox"/> Beans <input type="checkbox"/> Potato <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Egg sandwich	3.5 oz 1 sandwich	20		20	0	0	0	sysco #4629 <input checked="" type="checkbox"/> Cheese <input checked="" type="checkbox"/> Sausage <input type="checkbox"/> Ham <input type="checkbox"/> Bacon <input type="checkbox"/> Other: _____ Specify bread type: <u>wheat english muffin</u>	<input type="checkbox"/>	<input type="checkbox"/>	
Egg sandwich	1 sandwich							<input type="checkbox"/> Cheese <input type="checkbox"/> Sausage <input type="checkbox"/> Ham <input type="checkbox"/> Bacon <input type="checkbox"/> Other: _____ Specify bread type: _____	<input type="checkbox"/>	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: BREAKFAST (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
French toast									<input type="checkbox"/>	<input type="checkbox"/>	
French toast sticks	ea.							Weight of each stick: _____ oz.	<input type="checkbox"/>		
Grilled cheese	¹ sandwich							<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	<input type="checkbox"/>	
Pancake on a stick	2.5 oz.	10		9	1	0	0	State fair #70601 <input checked="" type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>		
Pizza	oz.							<input type="checkbox"/> Reduced-fat Specify toppings: _____	<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
CONDIMENTS											
Self-serve condiments or fixins' bar	¹ serving							Please list all ingredients on a SELF-SERVE/ MADE-TO-ORDER BAR FORM			
Butter									<input type="checkbox"/>		
Cream cheese								<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Light <input type="checkbox"/> Fat-free	<input type="checkbox"/>		
Gravy								<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
Honey									<input type="checkbox"/>		
Jelly	1 oz	10		5	0	5	0	<input type="checkbox"/> Sugar-free	<input type="checkbox"/>		
Ketchup									<input type="checkbox"/>		
Margarine									<input type="checkbox"/>		
Salsa								<input type="checkbox"/> Low sodium	<input type="checkbox"/>	<input type="checkbox"/>	
Syrup w/ pancake	2 oz	10		9	1	0	0	<input checked="" type="checkbox"/> Sugar-free	<input type="checkbox"/>		
									<input type="checkbox"/>	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: BREAKFAST (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
Grab-n-Go breakfast	1 box	4		4	0	0	0			<input type="checkbox"/>	<input checked="" type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
OTHER MENU ITEMS										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>

SAMPLE

OMB Control Number: 0584-XXXX
Expiration Date: XX/XX/XXXX

**SCHOOL NUTRITION AND MEAL COST STUDY-II
REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)**



**School Nutrition &
Meal Cost Study - II**

Reimbursable Meal Counts	
How many reimbursable lunches did you <i>plan to serve</i> at your school this day?	150
How many reimbursable lunches <i>did you serve</i> at your school this day?	125

NOTE: For instructions on completing this form, please refer to Instructions for the Menu Survey.

School Name: John Smith Middle

Date: 1/6/20

Day: Mon Tue Wed Thu Fri

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
MILK											
White, fat-free/skim	8 fl oz.	50		20	5	25	0				
White, 1%	8 fl oz.	50		22	2	20	0				
White, 2%	fl oz.										
White, whole	fl oz.										
Chocolate, fat-free/skim	8 fl oz.	75		43	7	25	0				
Chocolate, 1%	fl oz.										
Chocolate, 2%	fl oz.										
Other flavor Specify: <u>strawberry</u>	8 fl oz.	75		40	8	27	0		<input checked="" type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
Other flavor Specify: _____	fl oz.								<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
Other flavor Specify: _____	fl oz.								<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
	fl oz.								<input type="checkbox"/>	<input type="checkbox"/>	
	fl oz.								<input type="checkbox"/>	<input type="checkbox"/>	
	fl oz.								<input type="checkbox"/>	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
FRUIT (Note: Priced entries should be used only for fruit that is served as purchased. If anything is added before serving, complete a RECIPE FORM.)											
Apple, fresh	1 med.	50		50	0	0	0			<input type="checkbox"/>	
Applesauce, canned	1/2 cup	50		37	7	4	2		<input type="checkbox"/> Sweetened <input checked="" type="checkbox"/> Unsweetened	<input checked="" type="checkbox"/>	
Apricots, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Banana, fresh										<input type="checkbox"/>	
Blueberries, frozen	cup								<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>	
Fruit cocktail, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Grapes, fresh	1/2 cup	50		50	0	0	0			<input type="checkbox"/>	
Kiwi, raw										<input type="checkbox"/>	
Mandarin oranges, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Orange, fresh										<input type="checkbox"/>	
Peaches, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Pears, fresh										<input type="checkbox"/>	
Pears, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Pineapple, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Raisins	1/4 cup	50		41	4	5	0			<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
JUICES (Note: Priced entries should be used only for full-strength (100%) fruit and/or vegetable juice. Fruit drinks that are not 100% juice should be entered in the "Desserts, Drinks, and Snacks" section.)											
Apple juice	fl oz.								<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Grape juice	fl oz.								<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Orange juice	fl oz.								<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Fruit juice blend	fl oz.								<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Frozen juice cup/bar	fl oz.								Specify flavor: _____	<input type="checkbox"/>	
	fl oz.									<input type="checkbox"/>	<input type="checkbox"/>
VEGETABLES (Note: If beans or peas are being counted as a meat alternate and not a vegetable choice, enter them in the "Other Entrees and Meat/Meat Alternates" section.)											
Baked beans	cup								<input type="checkbox"/> Vegetarian <input type="checkbox"/> With pork	<input type="checkbox"/>	<input type="checkbox"/>
Beans, green	cup								<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	
Broccoli, cooked	1/2 cup	30		30	0	0	0		<input type="checkbox"/> Fresh <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	
Broccoli, raw	cup								If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>
Carrots, cooked	cup								<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	
Carrots, raw	cup								If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>
Cauliflower, raw	cup								If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>
Celery, raw	cup								If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>
Corn, kernels	cup								<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	
Cucumber, raw	cup								If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
French fries	cup							<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>		
Lettuce and tomato	cup								<input type="checkbox"/>		
Mixed vegetables	1/2 cup	30		10	2	0	18	<input type="checkbox"/> Fresh <input checked="" type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: <u>margarine</u>	<input type="checkbox"/>	<input type="checkbox"/>	
Peas, green	cup							<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type:	<input type="checkbox"/>		
Potatoes, whipped or mashed	cup							<input type="checkbox"/> From fresh	<input type="checkbox"/>	<input type="checkbox"/>	
Refried beans	1/4 cup	30		19	7	0	4	<input type="checkbox"/> From dry <input checked="" type="checkbox"/> Canned <input checked="" type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type:	<input type="checkbox"/>	<input type="checkbox"/>	
Red peppers, raw	cup							If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>	
Green peppers, raw	cup							If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>	
Sweet potatoes	cup							<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type:	<input type="checkbox"/>	<input type="checkbox"/>	
Sweet potato fries or tots	cup							<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>		
Side salad bar (non-entrée or small portion)	1 serving	150		110	35	0	5	Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
Salad, tossed	cup							List dressing and any bread/grain items offered with the tossed salad as separate item(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tater tots or shapes	cup							<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>		
Tomato, raw	cup							If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
SANDWICHES (Note: In Column A, indicate whether any items in this section were offered only with another particular food item. For example, a peanut butter sandwich with a cheese stick, or a grilled cheese sandwich with a yogurt.)											
Cheeseburger	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
Chicken filet or breast (not breaded)	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
Chicken patty (breaded)	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
Fish sandwich	1 sandwich								<input type="checkbox"/> Breaded	<input type="checkbox"/>	<input type="checkbox"/>
Grilled cheese	1 sandwich	18		8	3	7	0			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ham and cheese	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
Hamburger	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
Hot dog	1 sandwich								<input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>	<input type="checkbox"/>
Italian sub	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
Peanut butter & jelly w/ yogurt	4.802 sandwich	5		5	0	0	0	Uncrustable 515000655		<input type="checkbox"/>	<input type="checkbox"/>
Rib, barbeque	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
Sloppy joe	1 sandwich								<input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>	<input type="checkbox"/>
Turkey	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
Tuna salad	1 sandwich	5		0	0	0	5			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Veggie burger	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>	
	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>	
ENTRÉE SALADS (Note: List dressing and any bread/grain items offered with an entrée salad as separate item(s). Also, add a note in Column A if a particular bread/grain item is offered only with a particular entrée salad.)											
Chef's salad	1 salad								<input type="checkbox"/>	<input type="checkbox"/>	
Chicken Caesar salad	1 salad								<input type="checkbox"/>	<input type="checkbox"/>	
Taco salad	1 salad								<input type="checkbox"/>	<input type="checkbox"/>	
Greek salad w/ chicken	1 salad	6		2	3	1	0		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	1 salad								<input type="checkbox"/>	<input type="checkbox"/>	
	1 salad								<input type="checkbox"/>	<input type="checkbox"/>	
	1 salad								<input type="checkbox"/>	<input type="checkbox"/>	
	1 salad								<input type="checkbox"/>	<input type="checkbox"/>	
	1 salad								<input type="checkbox"/>	<input type="checkbox"/>	
SELF-SERVE/MADE-TO-ORDER ENTRÉE BARS											
Entrée salad bar	1 serving								Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM		
Potato bar	1 serving								Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM		
Nacho/taco bar	1 serving								Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM		
Sandwich/deli bar	1 serving	38		25	5	0	8		Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM		
Pasta/Italian bar	1 serving								Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM		
	1 serving								Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM		
	1 serving								Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM		
	1 serving								Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM		
	1 serving								Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM		

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
OTHER ENTREES AND MEAT/MEAT ALTERNATES (Note: In Column A, indicate whether any items in this section were offered only with another particular food item. For example, a cheese stick with a peanut butter sandwich, a yogurt with a grilled cheese sandwich, or chicken nuggets with a roll).											
Beans or peas (Specify type) _____	cup								<input type="checkbox"/> From dry <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Burrito	3.9 oz.	28		20	0	8	0	Fernandos 90122	<input checked="" type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input checked="" type="checkbox"/> Cheese	<input type="checkbox"/>	<input type="checkbox"/>
Cheese (string cheese or cubes)	oz.								<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	
Cheese breadstick or pizza stick	oz.								<input type="checkbox"/> Reduced-fat Specify fillings: _____	<input type="checkbox"/>	
Chicken nuggets (breaded)	ea.								<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried Weight of each nugget: _____ oz.	<input type="checkbox"/>	
Chicken strips (not breaded)	oz.									<input type="checkbox"/>	
Chicken patty (not sandwich)	oz.								<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	
Chicken piece(s) (Specify part) _____									<input type="checkbox"/> Breaded <input type="checkbox"/> With skin <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	<input type="checkbox"/>
Corndog	oz.								<input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>	
Egg rolls	ea.								<input type="checkbox"/> Meatless <input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey Weight of each egg roll: _____ oz.	<input type="checkbox"/>	<input type="checkbox"/>
Fish sticks or nuggets	ea.								<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried <input type="checkbox"/> Breaded Weight of each nugget/stick: _____ oz.	<input type="checkbox"/>	
Macaroni and cheese	cup									<input type="checkbox"/>	<input type="checkbox"/>
Nachos	oz.									<input type="checkbox"/>	<input type="checkbox"/>
Peanut butter	oz.								<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	
Pizza, cheese	5.5 oz.	30		30	0	0	0	Tony's 72671	<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Thick crust (deep-dish, bagel, French bread)	<input type="checkbox"/>	<input type="checkbox"/>
Pizza, pepperoni	4.98 oz.	25		21	4	0	0	Tony's 78369	<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Thick crust (deep-dish, bagel, French bread)	<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
Pizza, sausage	oz.								<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Thick crust (deep-dish, bagel, French bread)	<input type="checkbox"/>	<input type="checkbox"/>
Pizza, vegetarian	oz.								<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Thick crust (deep-dish, bagel, French bread) Specify toppings: _____	<input type="checkbox"/>	<input type="checkbox"/>
Pizza pocket	oz.								<input type="checkbox"/> Reduced-fat Specify filling: _____	<input type="checkbox"/>	<input type="checkbox"/>
Stir fry with rice or noodles	cup									<input type="checkbox"/>	<input type="checkbox"/>
Spaghetti with sauce w/roll	1 cup	15		14	0	0	1		<input checked="" type="checkbox"/> Meat sauce <input type="checkbox"/> Marinara sauce	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Taco									<input type="checkbox"/> Hard shell <input type="checkbox"/> Soft tortilla <input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Cheese	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt w/ peanut butter sandwich	oz.	5		5	0	0	0		Specify type: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Greek (high protein) Specify fat: <input type="checkbox"/> Whole <input checked="" type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavors: <u>vanilla</u>	<input type="checkbox"/>	
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
BREADS AND GRAINS OFFERED SEPARATELY (Note: In Column A, indicate whether any items in this section were offered only with a particular entrée or meat/meat alternate. For example, crackers with Chef's salad or a roll with chicken nuggets.)											
Biscuit	oz.								<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	<input type="checkbox"/>
Bread, plain	oz.								Specify type: _____	<input type="checkbox"/>	
Bread, buttered	oz.								Specify type: _____ <input type="checkbox"/> Margarine <input type="checkbox"/> Butter	<input type="checkbox"/>	<input type="checkbox"/>
Breadstick	oz.								Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Cornbread	oz.									<input type="checkbox"/>	<input type="checkbox"/>
Corn/tortilla chips	oz.									<input type="checkbox"/>	
Crackers w/ greek salad	4 ea.	6		2	3	1	0		Specify type: <u>whole wheat</u>	<input type="checkbox"/>	
Croutons	oz.									<input type="checkbox"/>	
Rice	cup								<input type="checkbox"/> White <input type="checkbox"/> Brown <input type="checkbox"/> Wild	<input type="checkbox"/>	<input type="checkbox"/>
Roll w/ spaghetti	1 oz.	15		14	0	1	0		Specify type: <u>whole</u>	<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
Pasta	cup								<input type="checkbox"/>		
Pretzels	oz.							<input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted	<input type="checkbox"/>		
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
DESSERTS, DRINKS, AND SNACKS OFFERED AS PART OF A REIMBURSABLE MEAL											
Brownie									<input type="checkbox"/> Icing	<input type="checkbox"/>	<input type="checkbox"/>
Cake									Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Cookie	oz.								Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Fruit crisp or cobbler									Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Fruit drink (not 100% juice)	fl oz.								Specify type: _____	<input type="checkbox"/>	
Fruit turnover	oz.								Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Gelatin	cup								<input type="checkbox"/> With fruit <input type="checkbox"/> With whipped topping	<input type="checkbox"/>	<input type="checkbox"/>
Potato chips	oz.								<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Baked	<input type="checkbox"/>	
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>
SALAD DRESSINGS											
Caesar dressing									<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
French dressing									<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Honey mustard dressing									<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Italian dressing									<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Ranch dressing									<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
Greek dressing	2Tbs	6		2	3	1	0		<input checked="" type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
									<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
CONDIMENTS											
Self-serve condiments or fixins' bar	1 serving	169		125	15	29	0	Please list all ingredients on a SELF-SERVE/ MADE-TO-ORDER BAR FORM			
Barbeque sauce										<input type="checkbox"/>	
Butter										<input type="checkbox"/>	
Cream cheese									<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Gravy									<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Honey										<input type="checkbox"/>	
Hot sauce										<input type="checkbox"/>	
Jalapeno peppers										<input type="checkbox"/>	
Jelly									<input type="checkbox"/> Sugar-free	<input type="checkbox"/>	
Ketchup										<input type="checkbox"/>	
Margarine										<input type="checkbox"/>	
Mayonnaise									<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Mustard										<input type="checkbox"/>	
Pickles, slices										<input type="checkbox"/>	
Ranch dip									<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Relish										<input type="checkbox"/>	
Salsa									<input type="checkbox"/> Low sodium	<input type="checkbox"/>	<input type="checkbox"/>
Sour cream									<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Syrup									<input type="checkbox"/> Sugar-free	<input type="checkbox"/>	
Tartar sauce									<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
OTHER MENU ITEMS											
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
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									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	

Recipe Form (Expanded) SAMPLE

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.



School Name: John Smith Middle Recipe/Food Name: Oatmeal

Meal: 1 Breakfast 2 Lunch 3 Outside of Meal Periods

Day: 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri

6 All

Size of One Serving (include units): 1 cup

Number of Servings Prepared: 40

A.	B.	C.	D.	E.	F.
Ingredient Name	Amount in Recipe (Include Units)	Manufacturer/ Brand Name and Product Code (If Applicable)	Ingredient Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
rolled oats	20 cups		dry	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1/2 milk	2.5 gallon			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Recipe Form (Expanded)

SAMPLE



School Nutrition & Meal Cost Study - II

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle Recipe/Food Name: Grab-n-Go breakfast

Meal: 1 Breakfast 2 Lunch 3 Outside of Meal Periods

Day: 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri 6 All

Size of One Serving (include units): 1 box

Number of Servings Prepared: 1

A.	B.	C.	D.	E.	F.
Ingredient Name	Amount in Recipe (Include Units)	Manufacturer/ Brand Name and Product Code (If Applicable)	Ingredient Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
milk	8 oz		white, 1%	<input type="checkbox"/>	<input type="checkbox"/>
orange juice	4 oz			<input type="checkbox"/>	<input type="checkbox"/>
apple	1 med.		fresh	<input type="checkbox"/>	<input type="checkbox"/>
cheerios	2 oz		plain	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Recipe Form (Expanded) *SAMPLE*



NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle Recipe/Food Name: Grilled Cheese Sandwich
 Meal: 1 Breakfast 2 Lunch 3 Outside of Meal Periods
 Day: 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri 6 All
 Size of One Serving (include units): 1 sandwich
 Number of Servings Prepared: 1

A.	B.	C.	D.	E.	F.
Ingredient Name	Amount in Recipe (Include Units)	Manufacturer/ Brand Name and Product Code (If Applicable)	Ingredient Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
bread	2 slices		100% whole wheat	<input type="checkbox"/>	<input type="checkbox"/>
cheese	2 oz		cheddar	<input type="checkbox"/>	<input type="checkbox"/>
margarine	1 tsp			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Recipe Form (Expanded)

SAMPLE



School Nutrition & Meal Cost Study - II

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle Recipe/Food Name: tuna salad sandwich
Meal: 1 Breakfast 2 Lunch 3 Outside of Meal Periods
Day: 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri 6 All
Size of One Serving (include units): 1 sandwich
Number of Servings Prepared: 1

A. Ingredient Name	B. Amount in Recipe (Include Units)	C. Manufacturer/ Brand Name and Product Code (If Applicable)	D. Ingredient Description	E. Check Box if USDA Food	F. Check Box if Prepared from a Recipe
tuna salad	1 #12 5 scoop			<input type="checkbox"/>	<input checked="" type="checkbox"/>
bread	2 slices		100% whole wheat	<input type="checkbox"/>	<input type="checkbox"/>
lettuce	2 small leaves		iceberg	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Recipe Form (Expanded) SAMPLE



NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle Recipe/Food Name: tuna salad
 Meal: 1 Breakfast 2 Lunch 3 Outside of Meal Periods (for sandwich + deli bar)
 Day: 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri Size of One Serving (include units): #12 Scoop
 6 All Number of Servings Prepared: 24

A. Ingredient Name	B. Amount in Recipe (Include Units)	C. Manufacturer/ Brand Name and Product Code (If Applicable)	D. Ingredient Description	E. Check Box if USDA Food	F. Check Box if Prepared from a Recipe
tuna	1 can 14.5 oz		chunk light in water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Celery	4 cups		fresh, diced	<input type="checkbox"/>	<input type="checkbox"/>
pickle relish	1 cup		Sweet	<input type="checkbox"/>	<input type="checkbox"/>
mayonnaise	3 cups		regular	<input type="checkbox"/>	<input type="checkbox"/>
salt	2 Tb			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Recipe Form (Expanded) *SAMPLE*

NOTE: For instructions on completing this form, please refer to the instructions for the Menu Survey.



School Name: John Smith Middle Recipe/Food Name: Greek Salad w/ chicken
 Meal: 1 Breakfast 2 Lunch 3 Outside of Meal Periods
 Day: 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri 6 All
 Size of One Serving (include units): 1 salad
 Number of Servings Prepared: 1

A. Ingredient Name	B. Amount in Recipe (Include Units)	C. Manufacturer/ Brand Name and Product Code (If Applicable)	D. Ingredient Description	E. Check Box if USDA Food	F. Check Box if Prepared from a Recipe
spinach	1 cup		fresh, baby	<input type="checkbox"/>	<input type="checkbox"/>
bell pepper	3 slices		green, sliced	<input type="checkbox"/>	<input type="checkbox"/>
cucumber	3 slices		Sliced, w/ peel	<input type="checkbox"/>	<input type="checkbox"/>
onion	2 slices		white, sliced	<input type="checkbox"/>	<input type="checkbox"/>
olives	1 Tbs		black, canned	<input type="checkbox"/>	<input type="checkbox"/>
cheese	1 Tbs		feta	<input type="checkbox"/>	<input type="checkbox"/>
chicken	2oz		baked, breast, no skin	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>



Recipe Form (Expanded) SAMPLE

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle Recipe/Food Name: spaghetti w/ meat sauce
 Meal: 1 Breakfast 2 Lunch 3 Outside of Meal Periods
 Day: 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri 6 All
 Size of One Serving (include units): 1 cup
 Number of Servings Prepared: _____

A. Ingredient Name	B. Amount in Recipe (Include Units)	C. Manufacturer/ Brand Name and Product Code (If Applicable)	D. Ingredient Description	E. Check Box if USDA Food	F. Check Box if Prepared from a Recipe
			<u>Recipe attached</u>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>



United States Department of Agriculture
What's Cooking? USDA Mixing Bowl

USDA is an equal opportunity provider, employer, and lender.

Spaghetti and Meat Sauce - USDA Recipe for Schools

Makes: 50 or 100 Servings

Spaghetti and Meat Sauce – Lean ground beef, tomato puree, carrots, whole wheat spaghetti.



Ingredients	50 Servings		100 Servings	
	Weight	Measure	Weight	Measure
Raw ground beef (no more than 15% fat)	8 lb 8 oz	1 gal	17 lb	2 gal
*Fresh onions, chopped	5 oz	1 cup	10 oz	2 cups
*Fresh green bell peppers, diced	5 oz	1 cup	10 oz	2 cups
Garlic powder		1 Tbsp 1 1/2 tsp		3 Tbsp
Ground black pepper		1 1/2 tsp		1 Tbsp
Canned no-salt-added tomato puree	5 lb	3 qt (about 1 No. 10 can)	10 lb	1 gal 2 qt (about 2 No. 10 cans)
Salt		1 Tbsp 1 tsp		2 Tbsp 2 tsp
Canned low-sodium beef broth		1 qt		2 qt
Water		2 qt		1 gal
Dried parsley		1/4 cup		1/2 cup
Dried basil		2 Tbsp		1/4 cup
Dried oregano		2 Tbsp		1/4 cup
Dried marjoram		1 Tbsp		2 Tbsp
Dried thyme		1 1/2 tsp		1 Tbsp
*Fresh carrots, shredded	1 lb 4 oz	1 qt 2 cups	2 lb 8 oz	3 qt
Water		6 gal		12 gal
Whole-wheat spaghetti noodles, dry, broken into thirds	3 lb 2 oz	2 qt 2 cups	6 lb 4 oz	1 gal 1 qt



Recipe Form (Expanded)

SAMPLE

NOTE: For instructions on completing this form, please refer to the instructions for the Menu Survey.

School Name: John Smith Middle Recipe/Food Name: fruit + yogurt parfait
 Meal: 1 Breakfast 2 Lunch 3 Outside of Meal Periods
 Day: 1 Mon 2 Tue 3 Wed 4 Thu 5 Fri 6 All
 Size of One Serving (include units): 8 oz
 Number of Servings Prepared: 1

A.	B.	C.	D.	E.	F.
Ingredient Name	Amount in Recipe (Include Units)	Manufacturer/ Brand Name and Product Code (if Applicable)	Ingredient Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
blueberries	1/8 cup		frozen	<input type="checkbox"/>	<input type="checkbox"/>
strawberries	1/8 cup		frozen, sliced	<input checked="" type="checkbox"/>	<input type="checkbox"/>
banana	1/4 cup		fresh, sliced	<input type="checkbox"/>	<input type="checkbox"/>
yogurt	1/2 cup		lowfat vanilla	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

SAMPLE

Self-Serve/Made-to-Order Bar Form (Expanded)



School Nutrition & Meal Cost Study - II

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle Name of Bar: side salad bar
 Meal: 1 Breakfast 2 Lunch Day: All 2 Mon 3 Tue 4 Wed 5 Thu 6 Fri

A.	B.	C.	D.	E.	F.
Food Name	Portion Size, If Pre-portioned (Include units)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
lettuce			romaine	<input type="checkbox"/>	<input type="checkbox"/>
spinach			baby	<input type="checkbox"/>	<input type="checkbox"/>
broccoli			chopped	<input type="checkbox"/>	<input type="checkbox"/>
cucumber			sliced	<input type="checkbox"/>	<input type="checkbox"/>
tomato			wedges	<input type="checkbox"/>	<input type="checkbox"/>
carrot			baby	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
ranch dressing			low-fat	<input type="checkbox"/>	<input type="checkbox"/>
french dressing			regular	<input type="checkbox"/>	<input type="checkbox"/>
Italian dressing			fat-free	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

SAMPLE

Self-Serve/Made-to-Order Bar Form (Expanded)

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.



School Nutrition & Meal Cost Study - II

School Name: John Smith middle Name of Bar: deli bar

Meal: 1 Breakfast 2 Lunch Day: 1 All 2 Mon 3 Tue 4 Wed 5 Thu 6 Fri

A.	B.	C.	D.	E.	F.
Food Name	Portion Size, If Pre-portioned (Include units)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
bread	2 slices		white	<input type="checkbox"/>	<input type="checkbox"/>
bread	2 slices		100% whole wheat	<input type="checkbox"/>	<input type="checkbox"/>
Italian roll	3 oz		white	<input type="checkbox"/>	<input type="checkbox"/>
Mozzarella cheese	1 oz		part skim, sliced	<input type="checkbox"/>	<input type="checkbox"/>
American cheese	1 oz		reduced-fat, sliced	<input type="checkbox"/>	<input type="checkbox"/>
turkey	2 oz		oven-baked	<input type="checkbox"/>	<input type="checkbox"/>
ham	2 oz		reduced fat	<input type="checkbox"/>	<input type="checkbox"/>
tuna salad	#12 scoop			<input type="checkbox"/>	<input checked="" type="checkbox"/>
chicken strips	2 oz	Tyson 70351-928	white meat, low sodium	<input type="checkbox"/>	<input type="checkbox"/>
tomato			fresh, sliced	<input type="checkbox"/>	<input type="checkbox"/>
lettuce			iceberg	<input type="checkbox"/>	<input type="checkbox"/>
mayonnaise	1 Tbs		regular	<input type="checkbox"/>	<input type="checkbox"/>
mustard	1 Tbs			<input type="checkbox"/>	<input type="checkbox"/>
peanut butter	2 Tbs		smooth, regular	<input type="checkbox"/>	<input type="checkbox"/>
jelly	2 Tbs		grape	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

SAMPLE

Self-Serve/Made-to-Order Bar Form (Expanded)



School Nutrition &
Meal Cost Study - II

NOTE: For instructions on completing this form, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle Name of Bar: Condiment Bar

Meal: 1 Breakfast 2 Lunch Day: 1 All 2 Mon 3 Tue 4 Wed 5 Thu 6 Fri

A.	B.	C.	D.	E.	F.
Food Name	Portion Size, If Pre-portioned (Include units)	Manufacturer/ Brand Name and Product Code (if applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
Ketchup				<input type="checkbox"/>	<input type="checkbox"/>
ranch dip			reduced fat	<input type="checkbox"/>	<input type="checkbox"/>
mayonnaise			regular	<input type="checkbox"/>	<input type="checkbox"/>
mustard	9 gm packet			<input type="checkbox"/>	<input type="checkbox"/>
Sour Cream				<input type="checkbox"/>	<input type="checkbox"/>
Hot Sauce				<input type="checkbox"/>	<input type="checkbox"/>
salsa			low sodium	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>



SAMPLE

SCHOOL NUTRITION AND MEAL COST STUDY-II

NSLP Afterschool Snack Form (Expanded)

For instructions on completing this booklet of forms, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle

1. Please indicate the days that NSLP afterschool snacks were prepared or served during the target week:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

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NSLP Afterschool Snack Form (Expanded)

Day: <input checked="" type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri			Number of Reimbursable Snacks Served Onsite: <u>48</u>					
A.	B.	C.			D.	E.	F.	G.
Food Item	Portion Size (Incl. Units)	Number of Portions			Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available	Reimbursable Served				
Milk								
White	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>	
Chocolate	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>	
Other flavor, Specify: _____	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>	
Other flavor, Specify: _____	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>
Fruit								
Apple, fresh							<input type="checkbox"/>	
Applesauce, canned	cup					<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>	
Banana, fresh							<input type="checkbox"/>	
Fruit cocktail, canned	cup					<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Orange, fresh							<input type="checkbox"/>	
Raisins	oz.						<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Juices								
Apple juice	fl oz.					<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Orange juice	6 fl oz.		50	48		<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Grape juice	fl oz.					<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions			D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. USDA Food?	G. Recipe?
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available	Reimbursable Served				
Vegetables (if offered with a dip, list the dip as a separate item in the condiments section)								
Carrots, raw	cup						<input type="checkbox"/>	
Celery, raw	cup						<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Combination Items and Entrées								
Peanut butter & jelly sandwich	1 sandwich					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
Pizza	oz.					<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Reduced-fat Specify toppings: _____	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich	1 sandwich					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Meat and Meat Alternates								
Cheese	oz.					<input type="checkbox"/> Reduced-fat Specify type: _____	<input type="checkbox"/>	
Trail mix	oz.					Specify ingredients: _____	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt	oz.					<input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavor(s): _____	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions			D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. USDA Food?	G. Recipe?
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available	Reimbursable Served				
Breads and Grains								
Bagel	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Cereal	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Cookie	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Corn/tortilla chips	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Crackers	20z ea.		50	48		<input type="checkbox"/> Whole grain-rich Specify type: <u>Animal Crackers</u>	<input type="checkbox"/>	
Granola bar	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Pretzels	oz.					<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted	<input type="checkbox"/>	
						<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
Desserts and Other Items								
Fruit snacks/fruit leather							<input type="checkbox"/>	
Fruit drink (less than 100% juice)	fl oz.						<input type="checkbox"/>	
Pudding						Specify flavor(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Condiments								
Ranch dip						<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Cream cheese						<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Ketchup							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

NSLP Afterschool Snack Form (Expanded)

Day: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri			Number of Reimbursable Snacks Served Onsite: <u>40</u>					
A.	B.	C.			D.	E.	F.	G.
Food Item	Portion Size (Incl. Units)	Number of Portions			Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available	Reimbursable Served				
Milk								
White	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>	
Chocolate	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>	
Other flavor, Specify: _____	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>	
Other flavor, Specify: _____	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>	<input type="checkbox"/>
Fruit								
Apple, fresh							<input type="checkbox"/>	
Applesauce, canned	cup					<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>	
Banana, fresh							<input type="checkbox"/>	
Fruit cocktail, canned	cup					<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Orange, fresh							<input type="checkbox"/>	
Raisins	oz.						<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Juices								
Apple juice	<u>6</u> fl oz.		<u>50</u>	<u>40</u>		<input checked="" type="checkbox"/> Calcium added	<input type="checkbox"/>	
Orange juice	fl oz.					<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Grape juice	fl oz.					<input type="checkbox"/> Calcium added	<input type="checkbox"/>	<input type="checkbox"/>

NSLP AFTERSCHOOL SNACK FORM (EXPANDED)

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions			D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. USDA Food?	G. Recipe?
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available	Reimbursable Served				
Vegetables (if offered with a dip, list the dip as a separate item in the condiments section)								
Carrots, raw w/ ranch dip	1/2 cup		50	40			<input type="checkbox"/>	
Celery, raw	cup						<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Combination Items and Entrées								
Peanut butter & jelly sandwich	1 sandwich					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
Pizza	oz.					<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Reduced-fat Specify toppings: _____	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich	1 sandwich					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Meat and Meat Alternates								
Cheese	oz.					<input type="checkbox"/> Reduced-fat Specify type: _____	<input type="checkbox"/>	
Trail mix	oz.					Specify ingredients: _____	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt	oz.					<input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavor(s): _____	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

NSLP AFTERSCHOOL SNACK FORM (EXPANDED)

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions			D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. USDA Food?	G. Recipe?
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available	Reimbursable Served				
Breads and Grains								
Bagel	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Cereal	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Cookie	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Corn/tortilla chips	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Crackers	ea.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Granola bar	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Pretzels	oz.					<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted	<input type="checkbox"/>	
						<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
Desserts and Other Items								
Fruit snacks/fruit leather							<input type="checkbox"/>	
Fruit drink (less than 100% juice)	fl oz.						<input type="checkbox"/>	
Pudding						Specify flavor(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Condiments								
Ranch dip w/ carrots	2Tbs		50	40		<input type="checkbox"/> Reg <input checked="" type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Cream cheese						<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Ketchup							<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>

NSLP Afterschool Snack Form (Expanded)

Day: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input checked="" type="checkbox"/> Thu <input type="checkbox"/> Fri			Number of Reimbursable Snacks Served Onsite: <u>50</u>					
A.	B.	C.		D.	E.	F.	G.	
Food Item	Portion Size (Incl. Units)	Number of Portions		Manufacturer/Brand Name and Product Code (if Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe	
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available					Reimbursable Served
Milk								
White	fl oz.				<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>		
Chocolate	8 fl oz.		50	50	<input checked="" type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>		
Other flavor, Specify: _____	fl oz.				<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>		
Other flavor, Specify: _____	fl oz.				<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>	<input type="checkbox"/>	
Fruit								
Apple, fresh						<input type="checkbox"/>		
Applesauce, canned	cup				<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>		
Banana, fresh						<input type="checkbox"/>		
Fruit cocktail, canned	cup				<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Orange, fresh	1/2 cup		25	25	wedges	<input type="checkbox"/>		
Raisins	oz.					<input type="checkbox"/>		
grapes	1/2 cup		25	25	fresh	<input type="checkbox"/>	<input type="checkbox"/>	
Juices								
Apple juice	fl oz.				<input type="checkbox"/> Calcium added	<input type="checkbox"/>		
Orange juice	fl oz.				<input type="checkbox"/> Calcium added	<input type="checkbox"/>		
Grape juice	fl oz.				<input type="checkbox"/> Calcium added	<input type="checkbox"/>	<input type="checkbox"/>	

NSLP AFTERSCHOOL SNACK FORM (EXPANDED)

A. Food Item	B. Portion Size (Incl. Units)	C.			D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. USDA Food?	G. Recipe?
		Number of Portions						
		Sent Off-Site	Onsite					
Reimbursable Prepared/Available	Reimbursable Served							
Vegetables (if offered with a dip, list the dip as a separate item in the condiments section)								
Carrots, raw	cup						<input type="checkbox"/>	
Celery, raw	cup						<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Combination Items and Entrées								
Peanut butter & jelly sandwich	1 sandwich					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
Pizza	oz.					<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Reduced-fat Specify toppings: _____	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich	1 sandwich					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Meat and Meat Alternates								
Cheese	oz.					<input type="checkbox"/> Reduced-fat Specify type: _____	<input type="checkbox"/>	
Trail mix	oz.					Specify ingredients: _____	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt	oz.					<input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavor(s): _____	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

NSLP AFTERSCHOOL SNACK FORM (EXPANDED)

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions			D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. USDA Food?	G. Recipe?
		Sent Off-Site	Onsite					
			Reimbursable Prepared/Available	Reimbursable Served				
Breads and Grains								
Bagel	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Cereal	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Cookie	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Corn/tortilla chips	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Crackers	ea.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Granola bar	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Pretzels	oz.					<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted	<input type="checkbox"/>	
						<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
Desserts and Other Items								
Fruit snacks/fruit leather							<input type="checkbox"/>	
Fruit drink (less than 100% juice)	fl oz.						<input type="checkbox"/>	
Pudding						Specify flavor(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Condiments								
Ranch dip						<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Cream cheese						<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Ketchup							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

SAMPLE

OMB Control Number: 0584-XXXX
Expiration Date: XX/XX/XXXX



School Nutrition &
Meal Cost Study - II

SCHOOL NUTRITION AND MEAL COST STUDY-II

CACFP Afterschool Snack and Supper Form (Expanded)

For instructions on completing this booklet of forms, please refer to the Instructions for the Menu Survey.

School Name: John Smith Middle

1. Please indicate the days that CACFP afterschool snacks and/or suppers were prepared or served during the target week:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

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CACFP Afterschool Snack and Supper Form (Expanded)

Day: <input checked="" type="checkbox"/> Mon		<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	Number of Reimbursable Snacks and/or Suppers Served Onsite: <u>30</u>			
A.	B.	C.			D.	E.	F.	G.	
Food Item	Portion Size (Incl. Units)	Number of Portions			Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe	
		Sent Off-Site	Onsite						
			Reimbursable Prepared/ Available	Reimbursable Served					
Milk									
White	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>		
Chocolate	8 fl oz.		35	30		<input checked="" type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>		
Other flavor, Specify: _____	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>		
Other flavor, Specify: _____	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	
Fruit									
Apple, fresh							<input type="checkbox"/>		
Applesauce, canned	1/2 cup		35	30		<input type="checkbox"/> Sweetened <input checked="" type="checkbox"/> Unsweetened	<input checked="" type="checkbox"/>		
Banana, fresh							<input type="checkbox"/>		
Fruit cocktail, canned	cup					<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Orange, fresh							<input type="checkbox"/>		
Raisins	oz.						<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	
Juices									
Apple juice	fl oz.					<input type="checkbox"/> Calcium added	<input type="checkbox"/>		
Orange juice	fl oz.					<input type="checkbox"/> Calcium added	<input type="checkbox"/>		
Grape juice	fl oz.					<input type="checkbox"/> Calcium added	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions		D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. USDA Food?	G. Recipe?	
		Sent Off-Site	Onsite					
			Reimbursable Prepared/Available					Reimbursable Served
Vegetables (if offered with a dip or salad dressing, list as a separate item in the condiments section)								
Carrots, raw	cup					<input type="checkbox"/>		
Celery, raw	cup					<input type="checkbox"/>		
Salad, tossed	cup					<input type="checkbox"/>	<input type="checkbox"/>	
French fries	cup				<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>		
Refried beans	1/2 cup		35	30	Canned, low sodium	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
Combination Items and Entrées								
Burrito	3.9 oz.		35	30	fernandas 90122 <input checked="" type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input checked="" type="checkbox"/> Cheese	<input type="checkbox"/>	<input type="checkbox"/>	
Cheeseburger	1 sandwich					<input type="checkbox"/>	<input type="checkbox"/>	
Entrée salad	1 salad				List dressing as a separate item in the condiments section	<input type="checkbox"/>	<input type="checkbox"/>	
Grilled cheese sandwich	1 sandwich					<input type="checkbox"/>	<input type="checkbox"/>	
Hamburger	1 sandwich					<input type="checkbox"/>	<input type="checkbox"/>	
Macaroni and cheese	cup					<input type="checkbox"/>	<input type="checkbox"/>	
Peanut butter & jelly sandwich	1 sandwich				<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	
Pizza	oz.				<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Reduced-fat Specify toppings: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Sandwich	1 sandwich				<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	
Spaghetti with sauce	cup				<input type="checkbox"/> Meat sauce <input type="checkbox"/> Marinara sauce	<input type="checkbox"/>	<input type="checkbox"/>	
Taco					<input type="checkbox"/> Hard shell <input type="checkbox"/> Soft tortilla <input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Cheese	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	

CACFP AFTERSCHOOL SNACK AND SUPPER FORM (EXPANDED)

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions		D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. USDA Food?	G. Recipe?	
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available					Reimbursable Served
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
Meat/Meat Alternates								
Cheese	oz.				<input type="checkbox"/> Reduced-fat Specify type: _____	<input type="checkbox"/>		
Chicken nuggets (breaded)	ea.				<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried Weight of each nugget: _____ oz	<input type="checkbox"/>		
Chicken strips (not breaded)	oz.					<input type="checkbox"/>		
Peanut butter	oz.				<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>		
Trail mix	oz.				Specify ingredients: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Yogurt	oz.				<input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavor(s): _____	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
Breads and Grains								
Bagel	oz.				<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>		
Cereal	oz.				<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>		
Cookie	oz.				<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Corn/tortilla chips	oz.				<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>		
Crackers	ea.				<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>		
Granola bar	oz.				<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>		

CACFP AFTERSCHOOL SNACK AND SUPPER FORM (EXPANDED)

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions		D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. USDA Food?	G. Recipe?	
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available					Reimbursable Served
Pretzels	oz.				<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted	<input type="checkbox"/>		
					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	
Desserts								
Fruit snacks/fruit leather						<input type="checkbox"/>		
Fruit drink (not 100% juice)	fl oz.					<input type="checkbox"/>		
Pudding					Specify flavor(s): _____	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
Condiments								
Ranch dip					<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
Cream cheese					<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>		
Ketchup						<input type="checkbox"/>		
Mayonnaise						<input type="checkbox"/>		
Mustard					<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>		
Italian dressing					<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
Ranch dressing					<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
Salsa	2 Tb	35	30		low sodium, canned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	

CACFP AFTERSCHOOL SNACK AND SUPPER FORM (EXPANDED)

A.	B.	C.			D.	E.	F.	G.
Food Item	Portion Size (Incl. Units)	Number of Portions			Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	USDA Food?	Recipe?
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available	Reimbursable Served				
Other Menu Items								
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

CACFP Afterschool Snack and Supper Form (Expanded)

Day: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri		Number of Reimbursable Snacks and/or Suppers Served Onsite: <u>29</u>						
A.	B.	C.		D.	E.	F.	G.	
Food Item	Portion Size (Incl. Units)	Number of Portions		Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe	
		Sent Off-Site	Onsite					
			Reimbursable Prepared/Available					Reimbursable Served
Milk								
White	8 fl oz.		35	29		<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>	
Chocolate	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>	
Other flavor, Specify: _____	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>	
Other flavor, Specify: _____	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>
Fruit								
Apple, fresh	1 med.		35	29		<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>	
Applesauce, canned	cup						<input type="checkbox"/>	
Banana, fresh							<input type="checkbox"/>	
Fruit cocktail, canned	cup					<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Orange, fresh							<input type="checkbox"/>	
Raisins	oz.						<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Juices								
Apple juice	fl oz.					<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Orange juice	fl oz.					<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Grape juice	fl oz.					<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions			D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. USDA Food?	G. Recipe?
		Sent Off-Site	Onsite					
			Reimbursable Prepared/Available	Reimbursable Served				
Vegetables (if offered with a dip or salad dressing, list as a separate item in the condiments section)								
Carrots, raw	cup					<input type="checkbox"/>		
Celery, raw	cup					<input type="checkbox"/>		
Salad, tossed	cup					<input type="checkbox"/>	<input type="checkbox"/>	
French fries	1/2 cup		35	29		<input checked="" type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
Combination Items and Entrées								
Burrito	oz.					<input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Cheese	<input type="checkbox"/>	<input type="checkbox"/>
Cheeseburger	1 sandwich						<input type="checkbox"/>	<input type="checkbox"/>
Entrée salad	1 salad					List dressing as a separate item in the condiments section	<input type="checkbox"/>	<input type="checkbox"/>
Grilled cheese sandwich	1 sandwich		35	29			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hamburger	1 sandwich						<input type="checkbox"/>	<input type="checkbox"/>
Macaroni and cheese	cup						<input type="checkbox"/>	<input type="checkbox"/>
Peanut butter & jelly sandwich	1 sandwich					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
Pizza	oz.					<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Reduced-fat Specify toppings: _____	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich	1 sandwich					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
Spaghetti with sauce	cup					<input type="checkbox"/> Meat sauce <input type="checkbox"/> Marinara sauce	<input type="checkbox"/>	<input type="checkbox"/>
Taco						<input type="checkbox"/> Hard shell <input type="checkbox"/> Soft tortilla <input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Cheese	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

CACFP AFTERSCHOOL SNACK AND SUPPER FORM (EXPANDED)

A.	B.	C.			D.	E.	F.	G.
Food Item	Portion Size (Incl. Units)	Number of Portions			Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	USDA Food?	Recipe?
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available	Reimbursable Served				
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
Meat/Meat Alternates								
Cheese	oz.					<input type="checkbox"/> Reduced-fat Specify type: _____	<input type="checkbox"/>	
Chicken nuggets (breaded)	ea.					<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried Weight of each nugget: _____ oz	<input type="checkbox"/>	
Chicken strips (not breaded)	oz.						<input type="checkbox"/>	
Peanut butter	oz.					<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	
Trail mix	oz.					Specify ingredients: _____	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt	oz.					<input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavor(s): _____	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Breads and Grains								
Bagel	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Cereal	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Cookie	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Corn/tortilla chips	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Crackers	ea.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Granola bar	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	

CACFP AFTERSCHOOL SNACK AND SUPPER FORM (EXPANDED)

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions		D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. USDA Food?	G. Recipe?	
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available					Reimbursable Served
Pretzels	oz.				<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted	<input type="checkbox"/>		
					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	
Desserts								
Fruit snacks/fruit leather						<input type="checkbox"/>		
Fruit drink (not 100% juice)	fl oz.					<input type="checkbox"/>		
Pudding					Specify flavor(s): _____	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
Condiments								
Ranch dip					<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
Cream cheese					<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>		
Ketchup	1oz packet		35	29		<input type="checkbox"/>		
Mayonnaise						<input type="checkbox"/>		
Mustard					<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>		
Italian dressing					<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
Ranch dressing					<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	

CACFP AFTERSCHOOL SNACK AND SUPPER FORM (EXPANDED)

A.	B.	C. Number of Portions			D.	E.	F.	G.
Food Item	Portion Size (Incl. Units)	Sent Off-Site	Reimbursable Prepared/ Available	Onsite Reimbursable Served	Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	US A Fo ?	Recipe?
<u>Other Menu Items</u>							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

CACFP Afterschool Snack and Supper Form (Expanded)

Day: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input checked="" type="checkbox"/> Fri		Number of Reimbursable Snacks and/or Suppers Served Onsite: <u>33</u>						
A.	B.	C.		D.	E.	F.	G.	
Food Item	Portion Size (Incl. Units)	Number of Portions		Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe	
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available					Reimbursable Served
Milk								
White	fl oz.				<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>		
Chocolate	fl oz.				<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>		
Other flavor, Specify: <u>strawberry</u>	<u>8</u> fl oz.	<u>35</u>	<u>33</u>		<input checked="" type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>		
Other flavor, Specify: _____	fl oz.				<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>		
Fruit								
Apple, fresh						<input type="checkbox"/>		
Applesauce, canned	cup				<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>		
Banana, fresh						<input type="checkbox"/>		
Fruit cocktail, canned	cup				<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Orange, fresh						<input type="checkbox"/>		
Raisins	oz.					<input type="checkbox"/>		
<u>Kiwi</u>	<u>1/2 cup</u>	<u>35</u>	<u>33</u>		<u>fresh, sliced</u>	<input type="checkbox"/>	<input type="checkbox"/>	
Juices								
Apple juice	fl oz.				<input type="checkbox"/> Calcium added	<input type="checkbox"/>		
Orange juice	fl oz.				<input type="checkbox"/> Calcium added	<input type="checkbox"/>		
Grape juice	fl oz.				<input type="checkbox"/> Calcium added	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions		D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. USDA Food?	G. Recipe?	
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available					Reimbursable Served
Vegetables (if offered with a dip or salad dressing, list as a separate item in the condiments section)								
Carrots, raw	cup					<input type="checkbox"/>		
Celery, raw	1/2 cup		35	33		<input type="checkbox"/>		
Salad, tossed	cup					<input type="checkbox"/>	<input type="checkbox"/>	
French fries	cup				<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
Combination Items and Entrées								
Burrito	oz.				<input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Cheese	<input type="checkbox"/>	<input type="checkbox"/>	
Cheeseburger	1 sandwich					<input type="checkbox"/>	<input type="checkbox"/>	
Entrée salad	1 salad				List dressing as a separate item in the condiments section	<input type="checkbox"/>	<input type="checkbox"/>	
Grilled cheese sandwich	1 sandwich					<input type="checkbox"/>	<input type="checkbox"/>	
Hamburger	1 sandwich					<input type="checkbox"/>	<input type="checkbox"/>	
Macaroni and cheese	cup					<input type="checkbox"/>	<input type="checkbox"/>	
Peanut butter & jelly sandwich	1 sandwich				<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	
Pizza	oz.				<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Reduced-fat Specify toppings: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Sandwich, tuna salad	1 sandwich		35	33	<input checked="" type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Spaghetti with sauce	cup				<input type="checkbox"/> Meat sauce <input type="checkbox"/> Marinara sauce	<input type="checkbox"/>	<input type="checkbox"/>	
Taco					<input type="checkbox"/> Hard shell <input type="checkbox"/> Soft tortilla <input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Cheese	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	

CACFP AFTERSCHOOL SNACK AND SUPPER FORM (EXPANDED)

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions			D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. USDA Food?	G. Recipe?
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available	Reimbursable Served				
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
Meat/Meat Alternates								
Cheese	oz.					<input type="checkbox"/> Reduced-fat Specify type: _____	<input type="checkbox"/>	
Chicken nuggets (breaded)	ea.					<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried Weight of each nugget: _____ oz	<input type="checkbox"/>	
Chicken strips (not breaded)	oz.						<input type="checkbox"/>	
Peanut butter	oz.					<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	
Trail mix	oz.					Specify ingredients: _____	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt	oz.					<input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavor(s): _____	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Breads and Grains								
Bagel	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Cereal	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Cookie	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Corn/tortilla chips	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Crackers	ea.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Granola bar	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	

CACFP AFTERSCHOOL SNACK AND SUPPER FORM (EXPANDED)

A. Food Item	B. Portion Size (Incl. Units)	C. Number of Portions			D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. USDA Food?	G. Recipe?
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available	Reimbursable Served				
Pretzels	oz.				<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted	<input type="checkbox"/>		
					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	
Desserts								
Fruit snacks/fruit leather							<input type="checkbox"/>	
Fruit drink (not 100% juice)	fl oz.						<input type="checkbox"/>	
Pudding					Specify flavor(s): _____		<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Condiments								
Ranch dip						<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Cream cheese						<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Ketchup							<input type="checkbox"/>	
Mayonnaise							<input type="checkbox"/>	
Mustard						<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Italian dressing						<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Ranch dressing						<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

CACFP AFTERSCHOOL SNACK AND SUPPER FORM (EXPANDED)

A.	B.	C.			D.	E.	F.	G.
Food Item	Portion Size (Incl. Units)	Number of Portions			Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	USDA Food?	Recipe?
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available	Reimbursable Served				
Other Menu Items								
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

OMB Control Number: 0584-XXXX
Expiration Date: XX/XX/XXXX



**School Nutrition &
Meal Cost Study - II**

SAMPLE

A La Carte Foods Checklist (Expanded)

SCHOOL NAME: John Smith Middle

COMPLETE ON: *[insert sticker with day of week]*

DATE COMPLETED: 01 | 11 | 06 | 12 | 02 | 01
Month Day Year

Note: Please refer to the *Instructions for the Menu Survey* for instructions on completing this form.

SCHOOL NUTRITION AND MEAL COST STUDY-II

A La Carte Foods Checklist (Expanded)

Food Item	Breakfast	Lunch
A. Milk		
1. Whole white milk	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Reduced fat (2%) white milk	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Low-fat (1% or 0.5%) white milk	3 <input checked="" type="checkbox"/>	3 <input checked="" type="checkbox"/>
4. Fat-free/skim white milk	4 <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/>
5. Reduced fat (2%) flavored milk	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Low-fat (1% or 0.5%) flavored milk	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Fat-free/skim flavored milk	7 <input checked="" type="checkbox"/>	7 <input checked="" type="checkbox"/>
8. Other milk beverages, including non-dairy milks (<i>Specify</i>)		
a. _____	8.1 <input type="checkbox"/>	8.1 <input type="checkbox"/>
b. _____	8.2 <input type="checkbox"/>	8.2 <input type="checkbox"/>
c. _____	8.3 <input type="checkbox"/>	8.3 <input type="checkbox"/>
d. _____	8.4 <input type="checkbox"/>	8.4 <input type="checkbox"/>
e. _____	8.5 <input type="checkbox"/>	8.5 <input type="checkbox"/>
B. 100% Juice and Water		
1. Juice (100% fruit or vegetable juice)	1 <input checked="" type="checkbox"/>	1 <input checked="" type="checkbox"/>
2. Bottled water (plain, flavored, or sparkling)	2 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>
C. Beverages Other than Milk, 100% Juice, or Water		
1. Diet carbonated soft drink (diet soda/pop)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Regular carbonated soft drink (regular soda/pop)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Juice drinks and other sweetened drinks (such as cranberry drink, Hi-C, lemonade, fruit punch, iced tea)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Sports drinks (such as Gatorade or PowerAde)	4 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>
5. Energy drinks (such as Red Bull or Monster Energy)	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Hot or cold chocolate drinks (such as Yoo-hoo; NOT chocolate milk)	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Hot or cold coffee or tea	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Other beverages (<i>Specify</i>)		
a. _____	8.1 <input type="checkbox"/>	8.1 <input type="checkbox"/>
b. _____	8.2 <input type="checkbox"/>	8.2 <input type="checkbox"/>
c. _____	8.3 <input type="checkbox"/>	8.3 <input type="checkbox"/>
d. _____	8.4 <input type="checkbox"/>	8.4 <input type="checkbox"/>
e. _____	8.5 <input type="checkbox"/>	8.5 <input type="checkbox"/>

A LA CARTE FOODS CHECKLIST (EXPANDED)

Food Item	Breakfast	Lunch
D. Fruit		
1. Dried fruit (such as raisins or apricots)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Canned or frozen fruit	2 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>
3. Fresh fruit	3 <input checked="" type="checkbox"/>	3 <input checked="" type="checkbox"/>
E. Vegetables		
COOKED		
1. Baked French fries (including tater tots and sweet potato fries)	1 <input type="checkbox"/>	1 <input checked="" type="checkbox"/>
2. Deep-fried French fries (including tater tots)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Potatoes or sweet potatoes (other than French fries/tater tots/sweet potato fries)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Corn	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Carrots	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Broccoli	6 <input type="checkbox"/>	6 <input checked="" type="checkbox"/>
7. Peas	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Green beans	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Mixed vegetables	9 <input type="checkbox"/>	9 <input checked="" type="checkbox"/>
10. Vegetable soup	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. Beans/legumes (such as baked beans, black beans, or pinto beans)	11 <input type="checkbox"/>	11 <input checked="" type="checkbox"/>
12. Other cooked vegetables (<i>Specify</i>)		
a. _____	12.1 <input type="checkbox"/>	12.1 <input type="checkbox"/>
b. _____	12.2 <input type="checkbox"/>	12.2 <input type="checkbox"/>
c. _____	12.3 <input type="checkbox"/>	12.3 <input type="checkbox"/>
d. _____	12.4 <input type="checkbox"/>	12.4 <input type="checkbox"/>
e. _____	12.5 <input type="checkbox"/>	12.5 <input type="checkbox"/>
RAW (NOT COOKED)		
13. Carrot sticks	13 <input type="checkbox"/>	13 <input checked="" type="checkbox"/>
14. Celery	14 <input type="checkbox"/>	14 <input type="checkbox"/>
15. Cucumbers	15 <input type="checkbox"/>	15 <input type="checkbox"/>
16. Salad bars	16 <input type="checkbox"/>	16 <input type="checkbox"/>
17. Tossed salads (side)	17 <input type="checkbox"/>	17 <input checked="" type="checkbox"/>
18. Prepared vegetable salads (such as potato salad, coleslaw, or three bean salad)	18 <input type="checkbox"/>	18 <input type="checkbox"/>
19. Other raw vegetables (<i>Specify</i>)		
a. _____	19.1 <input type="checkbox"/>	19.1 <input type="checkbox"/>
b. _____	20.2 <input type="checkbox"/>	20.2 <input type="checkbox"/>
c. _____	21.3 <input type="checkbox"/>	21.3 <input type="checkbox"/>

A LA CARTE FOODS CHECKLIST (EXPANDED)

Food Item	Breakfast	Lunch
d. _____	22.4 <input type="checkbox"/>	22.4 <input type="checkbox"/>
e. _____	23.5 <input type="checkbox"/>	23.5 <input type="checkbox"/>
F. Breads and Grains		
1. Whole grain-rich breads, rolls, bagels, or tortillas	1 <input checked="" type="checkbox"/>	1 <input type="checkbox"/>
2. Regular (not whole grain-rich) bread, rolls, bagels, or tortillas	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Other bread items (such as breadsticks, biscuits, croissants, or hot pretzels)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Low-fat muffins	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Regular muffins (not lower in fat)	5 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>
6. Ready-to-eat breakfast cereal	6 <input checked="" type="checkbox"/>	6 <input type="checkbox"/>
7. Pancakes, waffles, or French toast	7 <input checked="" type="checkbox"/>	7 <input type="checkbox"/>
8. Rice, pasta, or cooked cereal	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Other bread/grains (<i>Specify</i>)		
a. _____	9.1 <input type="checkbox"/>	9.1 <input type="checkbox"/>
b. _____	9.2 <input type="checkbox"/>	9.2 <input type="checkbox"/>
c. _____	9.3 <input type="checkbox"/>	9.3 <input type="checkbox"/>
d. _____	9.4 <input type="checkbox"/>	9.4 <input type="checkbox"/>
e. _____	9.5 <input type="checkbox"/>	9.5 <input type="checkbox"/>
G. Meats or Meat Alternates		
1. Breaded chicken/turkey (nuggets, patties, strips, parts)	1 <input type="checkbox"/>	1 <input checked="" type="checkbox"/>
2. Not breaded chicken/turkey (nuggets, patties, strips, parts)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Breaded beef/pork (nuggets, patties, strips)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Not breaded beef/pork (nuggets, patties, strips)	4 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>
5. Sausage or bacon	5 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>
6. Breaded fish (nuggets, patties, strips/sticks)	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Not breaded fish (nuggets, patties, strips/sticks, fillets)	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Eggs	8 <input checked="" type="checkbox"/>	8 <input type="checkbox"/>
9. Cheese (including string cheese)	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. Fried or baked cheese or pizza sticks (for example, Bosco sticks)	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. Chili	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. Yogurt	12 <input type="checkbox"/>	12 <input type="checkbox"/>
13. Peanut butter or other nut or seed butter	13 <input type="checkbox"/>	13 <input type="checkbox"/>
14. Nuts and/or seeds (such as almonds, peanuts, sunflower seeds, or trail mix)	14 <input type="checkbox"/>	14 <input type="checkbox"/>

A LA CARTE FOODS CHECKLIST (EXPANDED)

Food Item	Breakfast	Lunch
15. Other meats/meat alternates (<i>Specify</i>)		
a. _____	15.1 <input type="checkbox"/>	15.1 <input type="checkbox"/>
b. _____	15.2 <input type="checkbox"/>	15.2 <input type="checkbox"/>
c. _____	15.3 <input type="checkbox"/>	15.3 <input type="checkbox"/>
d. _____	15.4 <input type="checkbox"/>	15.4 <input type="checkbox"/>
e. _____	15.5 <input type="checkbox"/>	15.5 <input type="checkbox"/>
H. Entrees		
SANDWICHES		
1. Cheeseburger or hamburger	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Hot dog or corn dog	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Barbecue sandwich (including sloppy joes)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Peanut butter or other nut or seed butter sandwich (including with jelly)	4 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>
5. Cheese sandwich	5 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
6. Veggie burger	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Chicken, egg, or tuna salad sandwich	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Sandwich with breaded meat, poultry or fish	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Sandwich with cold cuts (salami, bologna, or pepperoni)	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. Sandwich with plain (not breaded) meat, poultry or fish	10 <input type="checkbox"/>	10 <input checked="" type="checkbox"/>
11. Breakfast sandwich or breakfast burrito	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. Other sandwiches (<i>Specify</i>)		
a. <u>Sloppy joe</u>	12.1 <input type="checkbox"/>	12.1 <input checked="" type="checkbox"/>
b. _____	12.2 <input type="checkbox"/>	12.2 <input type="checkbox"/>
c. _____	12.3 <input type="checkbox"/>	12.3 <input type="checkbox"/>
d. _____	12.4 <input type="checkbox"/>	12.4 <input type="checkbox"/>
e. _____	12.5 <input type="checkbox"/>	12.5 <input type="checkbox"/>
OTHER ENTREES		
13. Pizza without meat	13 <input type="checkbox"/>	13 <input checked="" type="checkbox"/>
14. Pizza with meat	14 <input type="checkbox"/>	14 <input checked="" type="checkbox"/>
15. Calzone or Hot Pocket	15 <input type="checkbox"/>	15 <input type="checkbox"/>
16. Burritos	16 <input type="checkbox"/>	16 <input checked="" type="checkbox"/>
17. Other Mexican foods (such as tacos, nachos, or quesadillas)	17 <input type="checkbox"/>	17 <input type="checkbox"/>
18. Chinese food	18 <input type="checkbox"/>	18 <input type="checkbox"/>
19. Lasagna	19 <input type="checkbox"/>	19 <input type="checkbox"/>
20. Spaghetti	20 <input type="checkbox"/>	20 <input checked="" type="checkbox"/>

A LA CARTE FOODS CHECKLIST (EXPANDED)

Food Item	Breakfast	Lunch
21. Macaroni and cheese	21 <input type="checkbox"/>	21 <input type="checkbox"/>
22. Entrée salad (such as chef's, cobb, taco, or chicken Caesar)	22 <input type="checkbox"/>	22 <input checked="" type="checkbox"/>
23. Soup with meat or beans (such as chicken, clam chowder, or minestrone)	23 <input type="checkbox"/>	23 <input type="checkbox"/>
24. Other entrees (<i>Specify</i>)		
a. _____	24.1 <input type="checkbox"/>	24.1 <input type="checkbox"/>
b. _____	24.2 <input type="checkbox"/>	24.2 <input type="checkbox"/>
c. _____	24.3 <input type="checkbox"/>	24.3 <input type="checkbox"/>
d. _____	24.4 <input type="checkbox"/>	24.4 <input type="checkbox"/>
e. _____	24.5 <input type="checkbox"/>	24.5 <input type="checkbox"/>
I. Baked Goods and Desserts		
1. Low-fat/reduced-fat cakes, cupcakes, or brownies	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Regular cakes, cupcakes, or brownies (not lower in fat)	2 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>
3. Low-fat pies, turnovers, or toaster pastries	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Regular pies, turnovers, or toaster pastries (not lower in fat)	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Low-fat doughnuts or cinnamon rolls	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Regular doughnuts or cinnamon rolls (not lower in fat)	6 <input checked="" type="checkbox"/>	6 <input type="checkbox"/>
7. Low-fat cookies	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Regular cookies (not lower in fat)	8 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>
9. Fruit crisp or cobbler	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. Other baked goods/desserts (<i>Specify</i>)		
a. _____	10.1 <input type="checkbox"/>	10.1 <input type="checkbox"/>
b. _____	10.2 <input type="checkbox"/>	10.2 <input type="checkbox"/>
c. _____	10.3 <input type="checkbox"/>	10.3 <input type="checkbox"/>
d. _____	10.4 <input type="checkbox"/>	10.4 <input type="checkbox"/>
e. _____	10.5 <input type="checkbox"/>	10.5 <input type="checkbox"/>
J. Frozen and Dairy Desserts		
1. Frozen fruit bars or popsicles	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Milkshakes, smoothies, or yogurt drinks	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Low-fat/reduced-fat ice cream, novelties, frozen yogurt, or sherbet	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Regular ice cream, novelties, frozen yogurt, or sherbet	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Pudding	5 <input type="checkbox"/>	5 <input type="checkbox"/>

A LA CARTE FOODS CHECKLIST (EXPANDED)

Food Item	Breakfast	Lunch
6. Other frozen/dairy dessert (Specify)		
a. _____	6.1 <input type="checkbox"/>	6.1 <input type="checkbox"/>
b. _____	6.2 <input type="checkbox"/>	6.2 <input type="checkbox"/>
c. _____	6.3 <input type="checkbox"/>	6.3 <input type="checkbox"/>
d. _____	6.4 <input type="checkbox"/>	6.4 <input type="checkbox"/>
e. _____	6.5 <input type="checkbox"/>	6.5 <input type="checkbox"/>
K. Snacks		
1. Low-fat/reduced-fat/baked chips (such as corn, potato, puffed cheese, tortilla, or snack mixes)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Regular chips (not lower in fat; such as corn, potato, puffed cheese, tortilla, or snack mixes)	2 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>
3. Hard pretzels	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Popcorn	4 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>
5. Cracker sandwiches with cheese or peanut butter	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Other types of crackers (including animal crackers)	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Low-fat/reduced-fat granola bars, cereal bars, or energy bars	7 <input checked="" type="checkbox"/>	7 <input type="checkbox"/>
8. Regular granola bars, cereal bars, or energy bars (not lower in fat)	8 <input checked="" type="checkbox"/>	8 <input type="checkbox"/>
9. Crispy rice bars or treats	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. Candy or gum	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. Fruit snacks (such as Fruit Roll-Ups or fruit leather)	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. Meat snacks (such as jerky or pork rinds)	12 <input type="checkbox"/>	12 <input type="checkbox"/>
13. Other snacks (Specify)		
a. _____	13.1 <input type="checkbox"/>	13.1 <input type="checkbox"/>
b. _____	13.2 <input type="checkbox"/>	13.2 <input type="checkbox"/>
b. _____	13.3 <input type="checkbox"/>	13.3 <input type="checkbox"/>
b. _____	13.4 <input type="checkbox"/>	13.4 <input type="checkbox"/>
b. _____	13.5 <input type="checkbox"/>	13.5 <input type="checkbox"/>
L. Other A La Carte Items (Specify)		
a. _____	1.1 <input type="checkbox"/>	1.1 <input type="checkbox"/>
b. _____	1.2 <input type="checkbox"/>	1.2 <input type="checkbox"/>
c. _____	1.3 <input type="checkbox"/>	1.3 <input type="checkbox"/>
d. _____	1.4 <input type="checkbox"/>	1.4 <input type="checkbox"/>
e. _____	1.5 <input type="checkbox"/>	1.5 <input type="checkbox"/>

Non-Reimbursable Foods Form (Expanded)

OMB Control Number: 0584-XXXX
Expiration Date: XX/XX/XXXX

NOTES:

- For instructions on completing this form, please refer to Instructions for the Menu Survey.
- Use this form to report foods that are sold solely on a non-reimbursable or a la carte basis and not available as part of a reimbursable meal or snack.
- Include **ONLY** non-reimbursable foods that are supplied or stocked by foodservice.
- For each food, record information on the number of portions either each day (in Column F) or as a total at the end of the week (in Column G).



School Name: John Smith Middle Meal: Breakfast Lunch Outside of Meal Periods

Where Offered: Serving line breakfast Serving line lunch Snack bar Vending Machine Food Cart School Store Off-Site Other: _____

A. Food Name	B. Portion Size (Include Units)	C. Check Box if Prepared from a Recipe	D. Manufacturer/ Brand Name and Product Code	E. Food Description	F. Daily Number of Portions																				G. Weekly Total Number of Portions								
					Monday				Tuesday				Wednesday				Thursday				Friday				Sent Off-Site	Sold Onsite	Left Over for Later Use	Wasted					
					Sent Off-Site	Sold Onsite	Left Over for Later Use	Wasted	Sent Off-Site	Sold Onsite	Left Over for Later Use	Wasted	Sent Off-Site	Sold Onsite	Left Over for Later Use	Wasted	Sent Off-Site	Sold Onsite	Left Over for Later Use	Wasted	Sent Off-Site	Sold Onsite	Left Over for Later Use	Wasted									
Chocolate Chip Cookies	1.5oz	<input type="checkbox"/>	Pillsbury 0048963	slice and bake		44	0	5			36	0	10			36	0	10			25	0	55			25	0	45					
popcorn, cheddar	1/2oz	<input type="checkbox"/>	smartfood	individually bagged		26	0	0			22	0	0			37	0	0			35	0	0			14	0	0					
fruit + yogurt parfait	6oz	<input checked="" type="checkbox"/>	see recipe			47	0	1			43	0	2			34	0	1			41	0	2			43	0	3					
baked cheddar goldfish	1oz	<input type="checkbox"/>	pepperidge farm 094052	wholegrain		10	0	0			9	0	0			12	0	0			7	0	0			9	0	0					
Gatorade sports drink	12oz	<input type="checkbox"/>	pepsico 6# 58300	assorted flavors		4	0	0			10	0	0			6	0	0			28	0	0			35	0	0					
bottled water	16.9oz	<input type="checkbox"/>	poland spring	unflavored		22	0	0			23	0	0			13	0	0			15	0	0			22	0	0					
trail mix	2oz	<input type="checkbox"/>	planters 44728	fruit + nut		45	0	0			53	0	0			44	0	0			42	0	0			5	0	0					
		<input type="checkbox"/>																															
		<input type="checkbox"/>																															

Non-Reimbursable Foods Inventory (Expanded)

OMB Control Number: 0584-XXXX
Expiration Date: XX/XX/XXXX

NOTES:

- For instructions on completing this form, please refer to the Instructions for the Menu Survey.
- Use this form only if you are not able to report daily or weekly counts of units sold for each non-reimbursable food item.
- Use this form to report foods that are sold solely on a non-reimbursable or a la carte basis and not available as part of a reimbursable meal or snack.
- Be sure to inventory foods and beverages that are non-perishable, refrigerated, and frozen.



School Name: John Smith Middle

Meal: Breakfast Lunch Outside of Meal Periods

Where Offered: Serving line breakfast Serving line lunch Snack bar Vending Machine Food Cart School Store Off-Site Other: _____

A. Food Name	B. Individual Package Size (Include Units)	C. # Individual Packages in Bulk Case	D. Manufacturer/Brand Name and Product Code	E. Starting Onsite Inventory		F. Deliveries (Number and/or Fraction of Full Bulk Container)										G. Ending Onsite Inventory	
						Monday		Tuesday		Wednesday		Thursday		Friday			
						Received	Sent Off-Site	Received	Sent Off-Site	Received	Sent Off-Site	Received	Sent Off-Site	Received	Sent Off-Site		
				# Full Bulk Cases	# Additional Individual Packages	# Full Bulk Cases	# Additional Individual Packages										
Chocolate chip cookies	1.5oz	72	Pillsbury 0048963	1	3	0	0	3	0	0	0	0	0	1	53		
popcorn, cheddar	1/2oz	66	Smartfood	4	40	0	0	3	0	0	0	0	0	5	38		
fruit + yogurt parfait	6oz	20		3	17	0	0	7	0	0	0	0	0	0	9		
baked cheddar goldfish	1oz	60	pepperidge farm 094052	3	12	0	0	1	0	0	0	0	0	3	25		
Gatorade sports drink	12oz	24	pepsico 6A 58300	5	14	0	0	1	0	0	0	0	0	3	3		
bottled water	16.9oz	24	Poland Spring	2	7	0	0	3	0	0	0	0	0	1	8		
trail mix- fruit + nut	2oz	72	Planters 44728	6	22	0	0	3	0	0	0	0	0	6	4		

MENU SURVEY SCREENER – EXPANDED (GROUP 3)

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OMB Control Number: 0584-XXXX
Expiration Date: XX/XX/XXXX



Menu Survey Screener Questions (Expanded)

Note: The Menu Survey screener questions will be administered prior to the target week to identify which Menu Survey forms are relevant to a school based on its food service program. Technical assistants (TAs) will administer the questions over the phone with school nutrition managers (SNMs) and record the responses in the Electronic Menu Survey (EMS). The EMS will then display the relevant forms on each school's task list.

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**School Nutrition &
Meal Cost Study - II**

1. Does your school participate in the School Breakfast Program (SBP)?

1 Yes

0 No

2. Does your school provide reimbursable snacks or suppers for one or more afterschool programs (either at this school or another location)?

2a. School provides afterschool snacks through the National School Lunch Program (NSLP).

1 Yes

0 No

2b. School provides afterschool snacks through the Child and Adult Care Food Program (CACFP).

1 Yes

0 No

2c. School provides afterschool suppers through the CACFP.

1 Yes

0 No

3. Does your school's food service department sell any foods or beverages outside of reimbursable meals? This may include foods or beverages that are offered as part of reimbursable meals but also sold on an a la carte basis, as well as foods and beverages that are sold only outside of reimbursable meals.

1 Yes

0 No

[If no, skip to Q6]

[If Q3 = Yes]:

4. In what locations does your school's food service department sell foods or beverages outside of reimbursable meals?

MARK ALL THAT APPLY

1 [If Q1 = Yes] A la carte serving lines at breakfast

2 A la carte serving lines at lunch

3 Snack bars

4 Vending machines

5 Food carts

6 School stores

7 Other, Specify: _____

QUESTION 5 and 6: ASK ONLY FOR GROUP 3 SCHOOLS

[If Q3 = Yes]

5a. Does your school's food service department sell any foods or beverages that are never offered as part of a reimbursable meal?

1 Yes

0 No

[If Q5a = Yes]

5b. For foods or beverages that are sold by your school's food service department and never offered as part of a reimbursable meal, would you be able to report how many portions were sold either each day or over the course of a week?

1 Yes

0 No

[If Q5b = Yes]

5c. Would you prefer to report the number portions of each non-reimbursable foods sold on a daily basis or as total across the week?

1 Daily basis

0 Weekly basis

[If Q5b = No]

5d. For foods or beverages that are sold by your school's food service department and never offered as part of a reimbursable meal, would you be able to track an inventory of how many were sold over the course of the week? That is, you would record your starting inventory on Monday of your target week, any deliveries received during the week, and then your ending inventory on Friday.

1 Yes

0 No

6. Does your school's food service department prepare foods or meals that are sent or shipped to another location, school, or facility?

1 Yes

0 No

[If Q6 = Yes]

6a. Which of the following types of foods or meals are sent off-site? (Mark all that apply)

- 1 Reimbursable breakfasts
- 2 Reimbursable lunches
- 3 Afterschool snacks provided through the NSLP [If Q2a = Yes]
- 4 Afterschool snacks or suppers provided through the CACFP [If Q2b or Q2c = Yes]
- 5 Non-reimbursable foods (that is, foods or beverages that are not offered as part of reimbursable meals or snacks)
- 6 Other _____

7. Is it correct that your school serves students in grades [Y to Z]?

[Y = lowest grade and Z = highest grade, as reported in SFA Director Planning Interview]

- 1 Yes
- 0 No

[If Q7 = No]

7a. What grades does your school serve?

[drop-down lists with values for: pre-kindergarten, kindergarten, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12]

SELECT ONE

Lowest grade: _____

SELECT ONE

Highest grade: _____

[Note: The EMS will compute the standard grade group(s) (used in the NSLP/SBP nutrition standards) that are included in the school, based on the reported grade span of the school:

- a. K-5 only
- b. 6-8 only
- c. 9-12 only
- d. K-5 and 6-8
- e. K-5 and 9-12
- f. 6-8 and 9-12
- g. K-5, 6-8, and 9-12

If the school includes grade span combinations d, e, f, or g, the SNM will answer additional questions when completing the Reimbursable Foods Form in the Electronic Menu Survey. See the instrument named "Menu Survey Enhancements Administered through the Electronic Menu Survey" for more details.]

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DAILY MEAL COUNTS FORM (GROUP 3)

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Daily Meal Counts Form (Expanded)

School Name: _____ Date: _____

Instructions:

1. In the boxes for the **Number of Reimbursable NSLP Lunches Served** and **Number of Reimbursable SBP Breakfasts Served**, please record the **number of free, reduced-price, and full-price reimbursable meals served** in your school each day of the target week. Do **not** include meals for which you do not claim reimbursement, for example, second lunches sold to students on an a la carte basis. If your school provides free meals to all students, record the number of meals served in the “free” column.
2. Check the box if the number of reimbursable meals served on a day was much higher or lower than usual, and describe the reason for this difference in the space provided.

Number of Reimbursable NSLP Lunches Served					
	Free	Reduced-Price	Full-Price	FOR OFFICE USE ONLY	Please check if the number of reimbursable lunches served this day was much higher or lower than usual.
Monday					<input type="checkbox"/> → Reason: _____
Tuesday					<input type="checkbox"/> → Reason: _____
Wednesday					<input type="checkbox"/> → Reason: _____
Thursday					<input type="checkbox"/> → Reason: _____
Friday					<input type="checkbox"/> → Reason: _____

Number of Reimbursable SBP Breakfasts Served					
	Free	Reduced-Price	Full-Price	FOR OFFICE USE ONLY	Please check if the number of reimbursable breakfasts served this day was much higher or lower than usual.
Monday					<input type="checkbox"/> → Reason: _____
Tuesday					<input type="checkbox"/> → Reason: _____
Wednesday					<input type="checkbox"/> → Reason: _____
Thursday					<input type="checkbox"/> → Reason: _____
Friday					<input type="checkbox"/> → Reason: _____

Instructions:

1. Please record the total value of your non-reimbursable food sales by venue, including all student, adult, and other sales in venues operated or stocked by the food service department. If you do not keep venue-specific records, you may simply enter the total sales across all venues into the last column (named “Total Across All Venues”). You can either record the sales each day of the target week or enter it as a total across the week in the last row (named “Weekly Total”).

Total Non-Reimbursable Food Sales in Venues Operated or Stocked by the Food Service Department							
	Serving Line (A la Carte)	Snack Bar	Vending Machine	Food Cart	School Store	Other: _____	Total Across All Venues
Monday	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Tuesday	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Wednesday	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Thursday	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Friday	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Weekly Total	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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REIMBURSABLE FOODS FORM -
BREAKFAST (GROUP 3)

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Reimbursable Meal Counts	
How many reimbursable breakfasts did you plan to serve at your school this day?	
How many reimbursable breakfasts did you serve at your school this day?	

OMB Control Number: 0584-XXXX
Expiration Date: XX/XX/XXXX



SCHOOL NUTRITION AND MEAL COST STUDY-II
REIMBURSABLE FOODS FORM: BREAKFAST (EXPANDED)

NOTE: For instructions on completing this form, please refer to Instructions for the Menu Survey.

School Name: _____ Date: _____ Day: Mon Tue Wed Thu Fri

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
MILK											
White, fat-free/skim	fl oz.										
White, 1%	fl oz.										
White, 2%	fl oz.										
White, whole	fl oz.										
Chocolate, fat-free/skim	fl oz.										
Chocolate, 1%	fl oz.										
Chocolate, 2%	fl oz.										
Other flavor Specify: _____	fl oz.								<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
Other flavor Specify: _____	fl oz.								<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
Other flavor Specify: _____	fl oz.								<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
	fl oz.									<input type="checkbox"/>	<input type="checkbox"/>
	fl oz.									<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: BREAKFAST (EXPANDED)

A.	B.	C.						D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions						Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
FRUIT (Note: Prelisted entries should be used only for fruit that is served as purchased. If anything is added before serving, complete a RECIPE FORM.)											
Apple, fresh										<input type="checkbox"/>	
Applesauce, canned	cup								<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>	
Apricots, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Banana, fresh										<input type="checkbox"/>	
Blueberries, frozen	cup								<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>	
Fruit cocktail, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Grapes, fresh	cup									<input type="checkbox"/>	
Kiwi, raw										<input type="checkbox"/>	
Mandarin oranges, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Orange, fresh										<input type="checkbox"/>	
Peaches, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Pears, fresh										<input type="checkbox"/>	
Pears, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Pineapple, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Raisins	oz.									<input type="checkbox"/>	
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: BREAKFAST (EXPANDED)

Food Item	Portion Size (Include Units)	Number of Portions						Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
JUCICES (Note: Prelisted entries should be used only for full-strength (100%) fruit and/or vegetable juice. List fruit drinks (not 100% juice) in the "Other Menu Items" section.)											
Apple juice	fl oz.								<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Grape juice	fl oz.								<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Orange juice	fl oz.								<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Fruit juice blend	fl oz.								<input type="checkbox"/> Calcium added	<input type="checkbox"/>	<input type="checkbox"/>
BREADS AND GRAINS (Note: In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, toast w/ cereal).											
Apple Jacks	oz.									<input type="checkbox"/>	
Cheerios, plain	oz.									<input type="checkbox"/>	
Cheerios, Apple Cinnamon	oz.									<input type="checkbox"/>	
Cheerios, Fruity	oz.									<input type="checkbox"/>	
Cheerios, Honey Nut	oz.									<input type="checkbox"/>	
Cinnamon Toast Crunch	oz.									<input type="checkbox"/>	
Cocoa Krispies	oz.									<input type="checkbox"/>	
Cocoa Puffs	oz.									<input type="checkbox"/>	
Froot Loops	oz.									<input type="checkbox"/>	
Frosted Flakes	oz.									<input type="checkbox"/>	
Frosted Mini Wheats	oz.									<input type="checkbox"/>	
Golden Grahams	oz.									<input type="checkbox"/>	
Granola	oz.								<input type="checkbox"/> Reg <input type="checkbox"/> Low-fat	<input type="checkbox"/>	
Kix	oz.									<input type="checkbox"/>	
Lucky Charms	oz.									<input type="checkbox"/>	
Marshmallow Mateys	oz.									<input type="checkbox"/>	
Raisin Bran	oz.									<input type="checkbox"/>	
Rice Chex	oz.									<input type="checkbox"/>	
Rice Krispies	oz.									<input type="checkbox"/>	
Trix	oz.									<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: BREAKFAST (EXPANDED)

A.	B.	C.						D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions						Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
HOT CEREALS (Note: If prepared with fat and/or milk, complete a RECIPE FORM)											
Cream of Wheat	cup							<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg	<input type="checkbox"/>	<input type="checkbox"/>	
Grits	cup							<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg	<input type="checkbox"/>	<input type="checkbox"/>	
Oatmeal	cup							<input type="checkbox"/> Instant <input type="checkbox"/> Quick <input type="checkbox"/> Reg	<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
OTHER BREADS AND GRAINS OFFERED SEPARATELY (Note: In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, toast w/ cereal, or biscuit w/ sausage).											
Bagel	oz.							Specify type: _____	<input type="checkbox"/>		
Biscuit	oz.								<input type="checkbox"/>	<input type="checkbox"/>	
Danish or turnover	oz.							<input type="checkbox"/> Fruit <input type="checkbox"/> Cheese	<input type="checkbox"/>		
Doughnut	oz.							<input type="checkbox"/> Icing/glaze <input type="checkbox"/> No Icing/glaze	<input type="checkbox"/>		
English muffin, plain	oz.								<input type="checkbox"/>		
English muffin, buttered	oz.							<input type="checkbox"/> Margarine <input type="checkbox"/> Butter	<input type="checkbox"/>	<input type="checkbox"/>	
Granola/cereal bar	oz.							Specify type: _____	<input type="checkbox"/>		
Muffin	oz.							Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Pancake	oz.								<input type="checkbox"/>	<input type="checkbox"/>	
Roll, cinnamon	oz.							<input type="checkbox"/> Icing <input type="checkbox"/> No Icing	<input type="checkbox"/>	<input type="checkbox"/>	
Toast, plain	oz.							Specify type: _____	<input type="checkbox"/>		
Toast, buttered	oz.							Specify type: _____ <input type="checkbox"/> Margarine <input type="checkbox"/> Butter	<input type="checkbox"/>	<input type="checkbox"/>	
Toaster pastry	oz.							<input type="checkbox"/> Low-fat	<input type="checkbox"/>		
Waffles	oz.							<input type="checkbox"/> Plain <input type="checkbox"/> Fruit <input type="checkbox"/> Chocolate chip <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: BREAKFAST (EXPANDED)

A.	B.	C.						D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions						Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
Waffle sticks	ea.							<input type="checkbox"/> Plain <input type="checkbox"/> Fruit <input type="checkbox"/> Chocolate chip <input type="checkbox"/> Other: _____ Weight of each stick: _____ oz.	<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
MEATS AND MEAT ALTERNATES OFFERED SEPARATELY (Note: In Column A, indicate whether any items in this section were offered only with another bread/grain item or with a particular meat/meat alternate or combination item. For example, sausage with biscuit, or yogurt with cereal).											
Bacon	sl							<input type="checkbox"/> Pork <input type="checkbox"/> Turkey	<input type="checkbox"/>		
Eggs	cup							<input type="checkbox"/> Scrambled <input type="checkbox"/> Hard boiled <input type="checkbox"/> Fried	<input type="checkbox"/>	<input type="checkbox"/>	
Ham	oz.							<input type="checkbox"/> Pork <input type="checkbox"/> Turkey	<input type="checkbox"/>		
Peanut butter	oz.							<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>		
Sausage	oz.							<input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>		
Yogurt	oz.							<input type="checkbox"/> Reg <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavors: _____	<input type="checkbox"/>		
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
COMBINATION ITEMS											
Breakfast burrito	oz.							<input type="checkbox"/> Eggs <input type="checkbox"/> Cheese <input type="checkbox"/> Beans <input type="checkbox"/> Potato <input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Egg sandwich	1 sandwich							<input type="checkbox"/> Cheese <input type="checkbox"/> Sausage <input type="checkbox"/> Ham <input type="checkbox"/> Bacon <input type="checkbox"/> Other: _____ Specify bread type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Egg sandwich	1 sandwich							<input type="checkbox"/> Cheese <input type="checkbox"/> Sausage <input type="checkbox"/> Ham <input type="checkbox"/> Bacon <input type="checkbox"/> Other: _____ Specify bread type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
French toast									<input type="checkbox"/>	<input type="checkbox"/>	
French toast sticks	ea.							Weight of each stick: _____ oz.	<input type="checkbox"/>		
Grilled cheese	1 sandwich							<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: BREAKFAST (EXPANDED)

A.	B.	C.						D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions						Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
Pancake on a stick	oz.							<input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>		
Pizza	oz.							<input type="checkbox"/> Reduced-fat Specify toppings: _____	<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
CONDIMENTS											
Self-serve condiments or fixins' bar	1 serving							Please list all ingredients on a SELF-SERVE/ MADE-TO-ORDER BAR FORM			
Butter									<input type="checkbox"/>		
Cream cheese								<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Light <input type="checkbox"/> Fat-free	<input type="checkbox"/>		
Gravy								<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
Honey									<input type="checkbox"/>		
Jelly								<input type="checkbox"/> Sugar-free	<input type="checkbox"/>		
Ketchup									<input type="checkbox"/>		
Margarine									<input type="checkbox"/>		
Salsa								<input type="checkbox"/> Low sodium	<input type="checkbox"/>	<input type="checkbox"/>	
Syrup								<input type="checkbox"/> Sugar-free	<input type="checkbox"/>		
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	

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REIMBURSABLE FOODS FORM:

LUNCH (GROUP 3)

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OMB Control Number: 0584-XXXX
 Expiration Date: XX/XX/XXXX

Reimbursable Meal Counts	
How many reimbursable lunches did you plan to serve at your school this day?	
How many reimbursable lunches did you serve at your school this day?	

SCHOOL NUTRITION AND MEAL COST STUDY-II
 REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)



NOTE: For instructions on completing this form, please refer to Instructions for the Menu Survey.

School Name: _____ **Date:** _____ **Day:** Mon Tue Wed Thu Fri

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
MILK											
White, fat-free/skim	fl oz.										
White, 1%	fl oz.										
White, 2%	fl oz.										
White, whole	fl oz.										
Chocolate, fat-free/skim	fl oz.										
Chocolate, 1%	fl oz.										
Chocolate, 2%	fl oz.										
Other flavor Specify: _____	fl oz.								<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
Other flavor Specify: _____	fl oz.								<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
Other flavor Specify: _____	fl oz.								<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%		
	fl oz.									<input type="checkbox"/>	<input type="checkbox"/>
	fl oz.									<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
FRUIT (Note: Priced entries should be used only for fruit that is served as purchased. If anything is added before serving, complete a RECIPE FORM.)											
Apple, fresh										<input type="checkbox"/>	
Applesauce, canned	cup								<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>	
Apricots, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Banana, fresh										<input type="checkbox"/>	
Blueberries, frozen	cup								<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>	
Fruit cocktail, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Grapes, fresh	cup									<input type="checkbox"/>	
Kiwi, raw										<input type="checkbox"/>	
Mandarin oranges, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Orange, fresh										<input type="checkbox"/>	
Peaches, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Pears, fresh										<input type="checkbox"/>	
Pears, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Pineapple, canned	cup								<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Raisins	oz.									<input type="checkbox"/>	
										<input type="checkbox"/>	<input type="checkbox"/>
										<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
JUICES (Note: Prelisted entries should be used only for full-strength (100%) fruit and/or vegetable juice. Fruit drinks that are not 100% juice should be entered in the "Desserts, Drinks, and Snacks" section.)											
Apple juice	fl oz.								<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Grape juice	fl oz.								<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Orange juice	fl oz.								<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Fruit juice blend	fl oz.								<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Frozen juice cup/bar	fl oz.								Specify flavor: _____	<input type="checkbox"/>	
	fl oz.									<input type="checkbox"/>	<input type="checkbox"/>
VEGETABLES (Note: If beans or peas are being counted as a meat alternate and not a vegetable choice, enter them in the "Other Entrees and Meat/Meat Alternates" section.)											
Baked beans	cup								<input type="checkbox"/> Vegetarian <input type="checkbox"/> With pork	<input type="checkbox"/>	<input type="checkbox"/>
Beans, green	cup								<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	
Broccoli, cooked	cup								<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	
Broccoli, raw	cup								If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>
Carrots, cooked	cup								<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	
Carrots, raw	cup								If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>
Cauliflower, raw	cup								If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>
Celery, raw	cup								If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>
Corn, kernels	cup								<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	
Cucumber, raw	cup								If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
French fries	cup							<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>		
Lettuce and tomato	cup								<input type="checkbox"/>		
Mixed vegetables	cup							<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Peas, green	cup							<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>		
Potatoes, whipped or mashed	cup							<input type="checkbox"/> From fresh	<input type="checkbox"/>	<input type="checkbox"/>	
Refried beans	cup							<input type="checkbox"/> From dry <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Red peppers, raw	cup							If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>	
Green peppers, raw	cup							If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>	
Sweet potatoes	cup							<input type="checkbox"/> Fresh <input type="checkbox"/> Frozen <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Sweet potato fries or tots	cup							<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>		
Side salad bar (non-entrée or small portion)	1 serving							Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
Salad, tossed	cup							List dressing and any bread/grain items offered with the tossed salad as separate item(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tater tots or shapes	cup							<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>		
Tomato, raw	cup							If offered, list dip as separate item(s) or complete a RECIPE FORM	<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

Food Item	Portion Size (Include Units)	Number of Portions						Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
SANDWICHES (Note: In Column A, indicate whether any items in this section were offered only with another particular food item. For example, a peanut butter sandwich with a cheese stick, or a grilled cheese sandwich with a yogurt.)											
Cheeseburger	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
Chicken filet or breast (not breaded)	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
Chicken patty (breaded)	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
Fish sandwich	1 sandwich							<input type="checkbox"/> Breaded		<input type="checkbox"/>	<input type="checkbox"/>
Grilled cheese	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
Ham and cheese	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
Hamburger	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
Hot dog	1 sandwich							<input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey		<input type="checkbox"/>	<input type="checkbox"/>
Italian sub	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
Peanut butter & jelly	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
Rib, barbeque	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
Sloppy joe	1 sandwich							<input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Chicken or turkey		<input type="checkbox"/>	<input type="checkbox"/>
Turkey	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
Tuna salad	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
Veggie burger	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>
	1 sandwich									<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>	
	1 sandwich								<input type="checkbox"/>	<input type="checkbox"/>	
ENTRÉE SALADS (Note: List dressing and any bread/grain items offered with an entrée salad as separate item(s). Also, add a note in Column A if a particular bread/grain item is offered only with a particular entrée salad.)											
Chef's salad	1 salad									<input type="checkbox"/>	<input type="checkbox"/>
Chicken Caesar salad	1 salad									<input type="checkbox"/>	<input type="checkbox"/>
Taco salad	1 salad									<input type="checkbox"/>	<input type="checkbox"/>
	1 salad									<input type="checkbox"/>	<input type="checkbox"/>
	1 salad									<input type="checkbox"/>	<input type="checkbox"/>
	1 salad									<input type="checkbox"/>	<input type="checkbox"/>
	1 salad									<input type="checkbox"/>	<input type="checkbox"/>
	1 salad									<input type="checkbox"/>	<input type="checkbox"/>
	1 salad									<input type="checkbox"/>	<input type="checkbox"/>
SELF-SERVE/MADE-TO-ORDER ENTRÉE BARS											
Entrée salad bar	1 serving							Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
Potato bar	1 serving							Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
Nacho/taco bar	1 serving							Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
Sandwich/deli bar	1 serving							Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
Pasta/Italian bar	1 serving							Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
	1 serving							Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
	1 serving							Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
	1 serving							Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
	1 serving							Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			
	1 serving							Please list all ingredients on a SELF-SERVE/MADE-TO-ORDER BAR FORM			

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

A.	B.	C.						D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions						Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
OTHER ENTREES AND MEAT/MEAT ALTERNATES (Note: In Column A, indicate whether any items in this section were offered only with another particular food item. For example, a cheese stick with a peanut butter sandwich, a yogurt with a grilled cheese sandwich, or chicken nuggets with a roll).											
Beans or peas (Specify type) _____	cup								<input type="checkbox"/> From dry <input type="checkbox"/> Canned <input type="checkbox"/> Low sodium <input type="checkbox"/> Fat added, specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Burrito	oz.								<input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Cheese	<input type="checkbox"/>	<input type="checkbox"/>
Cheese (string cheese or cubes)	oz.								<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	
Cheese breadstick or pizza stick	oz.								<input type="checkbox"/> Reduced-fat Specify fillings: _____	<input type="checkbox"/>	
Chicken nuggets (breaded)	ea.								<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried Weight of each nugget: _____ oz.	<input type="checkbox"/>	
Chicken strips (not breaded)	oz.									<input type="checkbox"/>	
Chicken patty (not sandwich)	oz.								<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	
Chicken piece(s) (Specify part) _____									<input type="checkbox"/> Breaded <input type="checkbox"/> With skin <input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	<input type="checkbox"/>
Corn dog	oz.								<input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey	<input type="checkbox"/>	
Egg rolls	ea.								<input type="checkbox"/> Meatless <input type="checkbox"/> Beef or pork <input type="checkbox"/> Chicken or turkey Weight of each egg roll: _____ oz.	<input type="checkbox"/>	<input type="checkbox"/>
Fish sticks or nuggets	ea.								<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried <input type="checkbox"/> Breaded Weight of each nugget/stick: _____ oz.	<input type="checkbox"/>	
Macaroni and cheese	cup									<input type="checkbox"/>	<input type="checkbox"/>
Nachos	oz.									<input type="checkbox"/>	<input type="checkbox"/>
Peanut butter	oz.								<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	
Pizza, cheese	oz.								<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Thick crust (deep-dish, bagel, French bread)	<input type="checkbox"/>	<input type="checkbox"/>
Pizza, pepperoni	oz.								<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Thick crust (deep-dish, bagel, French bread)	<input type="checkbox"/>	<input type="checkbox"/>

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
Pizza, sausage	oz.							<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Thick crust (deep-dish, bagel, French bread)	<input type="checkbox"/>	<input type="checkbox"/>	
Pizza, vegetarian	oz.							<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Thick crust (deep-dish, bagel, French bread) Specify toppings: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Pizza pocket	oz.							<input type="checkbox"/> Reduced-fat Specify filling: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Stir fry with rice or noodles	cup								<input type="checkbox"/>	<input type="checkbox"/>	
Spaghetti with sauce	cup							<input type="checkbox"/> Meat sauce <input type="checkbox"/> Marinara sauce	<input type="checkbox"/>	<input type="checkbox"/>	
Taco								<input type="checkbox"/> Hard shell <input type="checkbox"/> Soft tortilla <input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Cheese	<input type="checkbox"/>	<input type="checkbox"/>	
Yogurt	oz.							Specify type: <input type="checkbox"/> Regular <input type="checkbox"/> Greek (high protein) Specify fat: <input type="checkbox"/> Whole <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavors: _____	<input type="checkbox"/>		
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
BREADS AND GRAINS OFFERED SEPARATELY (Note: In Column A, indicate wheter any items in this section were offered only with a particular entrée or meat/meat alternate. For example, crackers with Chef's salad or a roll with chicken nuggets.)											
Biscuit	oz.							<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	<input type="checkbox"/>	
Bread, plain	oz.							Specify type: _____	<input type="checkbox"/>		
Bread, buttered	oz.							Specify type: _____ <input type="checkbox"/> Margarine <input type="checkbox"/> Butter	<input type="checkbox"/>	<input type="checkbox"/>	
Breadstick	oz.							Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Cornbread	oz.								<input type="checkbox"/>	<input type="checkbox"/>	
Corn/tortilla chips	oz.								<input type="checkbox"/>		
Crackers	ea.							Specify type: _____	<input type="checkbox"/>		
Croutons	oz.								<input type="checkbox"/>		
Rice	cup							<input type="checkbox"/> White <input type="checkbox"/> Brown <input type="checkbox"/> Wild	<input type="checkbox"/>	<input type="checkbox"/>	
Roll	oz.							Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

A. Food Item	B. Portion Size (Include Units)	C. Number of Portions						D. Manufacturer/Brand Name and Product Code (If Applicable)	E. Food Description	F. Check Box if USDA Food	G. Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
Pasta	cup								<input type="checkbox"/>		
Pretzels	oz.							<input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted	<input type="checkbox"/>		
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
DESSERTS, DRINKS, AND SNACKS OFFERED AS PART OF A REIMBURSABLE MEAL											
Brownie								<input type="checkbox"/> Icing	<input type="checkbox"/>	<input type="checkbox"/>	
Cake								Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Cookie	oz.							Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Fruit crisp or cobbler								Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Fruit drink (not 100% juice)	fl oz.							Specify type: _____	<input type="checkbox"/>		
Fruit turnover	oz.							Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Gelatin	cup							<input type="checkbox"/> With fruit <input type="checkbox"/> With whipped topping	<input type="checkbox"/>	<input type="checkbox"/>	
Potato chips	oz.							<input type="checkbox"/> Reduced-fat <input type="checkbox"/> Baked	<input type="checkbox"/>		
									<input type="checkbox"/>	<input type="checkbox"/>	
									<input type="checkbox"/>	<input type="checkbox"/>	
SALAD DRESSINGS											
Caesar dressing								<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
French dressing								<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
Honey mustard dressing								<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
Italian dressing								<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
Ranch dressing								<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	

REIMBURSABLE FOODS FORM: LUNCH (EXPANDED)

A.	B.	C.						D.	E.	F.	G.
Food Item	Portion Size (Include Units)	Number of Portions						Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Total Prepared	Sent Off-Site	Onsite							
				Reimbursable Served	Served A La Carte or to Adults/Others	Left Over for Later Use	Wasted				
								<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>	
CONDIMENTS											
Self-serve condiments or fixins' bar	1 serving							Please list all ingredients on a SELF-SERVE/ MADE-TO-ORDER BAR FORM			
Barbeque sauce										<input type="checkbox"/>	
Butter										<input type="checkbox"/>	
Cream cheese									<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Gravy									<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Honey										<input type="checkbox"/>	
Hot sauce										<input type="checkbox"/>	
Jalapeno peppers										<input type="checkbox"/>	
Jelly									<input type="checkbox"/> Sugar-free	<input type="checkbox"/>	
Ketchup										<input type="checkbox"/>	
Margarine										<input type="checkbox"/>	
Mayonnaise									<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Mustard										<input type="checkbox"/>	
Pickles, slices										<input type="checkbox"/>	
Ranch dip									<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Relish										<input type="checkbox"/>	
Salsa									<input type="checkbox"/> Low sodium	<input type="checkbox"/>	<input type="checkbox"/>
Sour cream									<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Syrup									<input type="checkbox"/> Sugar-free	<input type="checkbox"/>	
Tartar sauce									<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>

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RECIPE FORM – EXPANDED (GROUP 3)

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SELF-SERVE/MADE-TO-ORDER BAR FORM - EXPANDED (GROUP 3)

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NSLP AFTERSCHOOL SNACK FORM - EXPANDED (GROUP 3)

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SCHOOL NUTRITION AND MEAL COST STUDY-II

NSLP Afterschool Snack Form (Expanded)

For instructions on completing this booklet of forms, please refer to the Instructions for the Menu Survey.

School Name: _____

1. Please indicate the days that NSLP afterschool snacks were prepared or served during the target week:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday



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NSLP Afterschool Snack Form (Expanded)

Day: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri					Number of Reimbursable Snacks Served Onsite: _____				
A.	B.	C.			D.	E.	F.	G.	
Food Item	Portion Size (Incl. Units)	Number of Portions			Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe	
		Sent Off-Site	Onsite						
			Reimbursable Prepared/ Available	Reimbursable Served					
Milk									
White	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>		
Chocolate	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>		
Other flavor, Specify: _____	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>		
Other flavor, Specify: _____	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	
Fruit									
Apple, fresh							<input type="checkbox"/>		
Applesauce, canned	cup					<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>		
Banana, fresh							<input type="checkbox"/>		
Fruit cocktail, canned	cup					<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>		
Orange, fresh							<input type="checkbox"/>		
Raisins	oz.						<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	
Juices									
Apple juice	fl oz.					<input type="checkbox"/> Calcium added	<input type="checkbox"/>		
Orange juice	fl oz.					<input type="checkbox"/> Calcium added	<input type="checkbox"/>		
Grape juice	fl oz.					<input type="checkbox"/> Calcium added	<input type="checkbox"/>		
							<input type="checkbox"/>	<input type="checkbox"/>	

NSLP AFTERSCHOOL SNACK FORM (EXPANDED)

A.	B.	C.			D.	E.	F.	G.
Food Item	Portion Size (Incl. Units)	Number of Portions			Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	USDA Food?	Recipe?
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available	Reimbursable Served				
Vegetables (if offered with a dip, list the dip as a separate item in the condiments section)								
Carrots, raw	cup						<input type="checkbox"/>	
Celery, raw	cup						<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Combination Items and Entrées								
Peanut butter & jelly sandwich	1 sandwich					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
Pizza	oz.					<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Reduced-fat Specify toppings:_____	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich	1 sandwich					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Meat and Meat Alternates								
Cheese	oz.					<input type="checkbox"/> Reduced-fat Specify type:_____	<input type="checkbox"/>	
Trail mix	oz.					Specify ingredients:_____	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt	oz.					<input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavor(s):_____	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

A.	B.	C.			D.	E.	F.	G.
Food Item	Portion Size (Incl. Units)	Number of Portions			Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	USDA Food?	Recipe?
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available	Reimbursable Served				
Breads and Grains								
Bagel	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Cereal	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Cookie	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Corn/tortilla chips	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Crackers	ea.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Granola bar	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Pretzels	oz.					<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted	<input type="checkbox"/>	
						<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
Desserts and Other Items								
Fruit snacks/fruit leather							<input type="checkbox"/>	
Fruit drink (less than 100% juice)	fl oz.						<input type="checkbox"/>	
Pudding						Specify flavor(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Condiments								
Ranch dip						<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Cream cheese						<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Ketchup							<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>

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CACFP AFTERSCHOOL SNACK AND SUPPER FORM (GROUP 3)

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SCHOOL NUTRITION AND MEAL COST STUDY-II

CACFP Afterschool Snack and Supper Form (Expanded)

For instructions on completing this booklet of forms, please refer to the Instructions for the Menu Survey.

School Name: _____

1. Please indicate the days that CACFP afterschool snacks and/or suppers were prepared or served during the target week:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday



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CACFP Afterschool Snack and Supper Form (Expanded)

Day: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri			Number of Reimbursable Snacks and/or Suppers Served Onsite: _____					
A.	B.	C.			D.	E.	F.	G.
Food Item	Portion Size (Incl. Units)	Number of Portions			Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	Check Box if USDA Food	Check Box if Prepared from a Recipe
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available	Reimbursable Served				
Milk								
White	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>	
Chocolate	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>	
Other flavor, Specify: _____	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>	
Other flavor, Specify: _____	fl oz.					<input type="checkbox"/> Fat-free/skim <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>
Fruit								
Apple, fresh							<input type="checkbox"/>	
Applesauce, canned	cup					<input type="checkbox"/> Sweetened <input type="checkbox"/> Unsweetened	<input type="checkbox"/>	
Banana, fresh							<input type="checkbox"/>	
Fruit cocktail, canned	cup					<input type="checkbox"/> Heavy syrup <input type="checkbox"/> Light syrup <input type="checkbox"/> Extra light syrup <input type="checkbox"/> Juice <input type="checkbox"/> Water	<input type="checkbox"/>	
Orange, fresh							<input type="checkbox"/>	
Raisins	oz.						<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Juices								
Apple juice	fl oz.					<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Orange juice	fl oz.					<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
Grape juice	fl oz.					<input type="checkbox"/> Calcium added	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>

A.	B.	C.			D.	E.	F.	G.
Food Item	Portion Size (Incl. Units)	Number of Portions			Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	USDA Food?	Recipe?
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available	Reimbursable Served				
Vegetables (if offered with a dip or salad dressing, list as a separate item in the condiments section)								
Carrots, raw	cup						<input type="checkbox"/>	
Celery, raw	cup						<input type="checkbox"/>	
Salad, tossed	cup						<input type="checkbox"/>	<input type="checkbox"/>
French fries	cup					<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Combination Items and Entrées								
Burrito	oz.					<input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Cheese	<input type="checkbox"/>	<input type="checkbox"/>
Cheeseburger	1 sandwich						<input type="checkbox"/>	<input type="checkbox"/>
Entrée salad	1 salad					List dressing as a separate item in the condiments section	<input type="checkbox"/>	<input type="checkbox"/>
Grilled cheese sandwich	1 sandwich						<input type="checkbox"/>	<input type="checkbox"/>
Hamburger	1 sandwich						<input type="checkbox"/>	<input type="checkbox"/>
Macaroni and cheese	cup						<input type="checkbox"/>	<input type="checkbox"/>
Peanut butter & jelly sandwich	1 sandwich					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
Pizza	oz.					<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Reduced-fat Specify toppings: _____	<input type="checkbox"/>	<input type="checkbox"/>
Sandwich	1 sandwich					<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
Spaghetti with sauce	cup					<input type="checkbox"/> Meat sauce <input type="checkbox"/> Marinara sauce	<input type="checkbox"/>	<input type="checkbox"/>
Taco						<input type="checkbox"/> Hard shell <input type="checkbox"/> Soft tortilla <input type="checkbox"/> Bean <input type="checkbox"/> Beef <input type="checkbox"/> Chicken <input type="checkbox"/> Cheese	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

CACFP AFTERSCHOOL SNACK AND SUPPER FORM (EXPANDED)

A.	B.	C.			D.	E.	F.	G.
Food Item	Portion Size (Incl. Units)	Number of Portions			Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	USDA Food?	Recipe?
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available	Reimbursable Served				
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
Meat/Meat Alternates								
Cheese	oz.					<input type="checkbox"/> Reduced-fat Specify type: _____	<input type="checkbox"/>	
Chicken nuggets (breaded)	ea.					<input type="checkbox"/> Oven-baked <input type="checkbox"/> Deep-fried Weight of each nugget: _____ oz	<input type="checkbox"/>	
Chicken strips (not breaded)	oz.						<input type="checkbox"/>	
Peanut butter	oz.					<input type="checkbox"/> Reduced-fat	<input type="checkbox"/>	
Trail mix	oz.					Specify ingredients: _____	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt	oz.					<input type="checkbox"/> Regular <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free <input type="checkbox"/> Light Specify flavor(s): _____	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Breads and Grains								
Bagel	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Cereal	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Cookie	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>
Corn/tortilla chips	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Crackers	ea.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	
Granola bar	oz.					<input type="checkbox"/> Whole grain-rich Specify type: _____	<input type="checkbox"/>	

CACFP AFTERSCHOOL SNACK AND SUPPER FORM (EXPANDED)

A.	B.	C.			D.	E.	F.	G.
Food Item	Portion Size (Incl. Units)	Number of Portions			Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	USDA Food?	Recipe?
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available	Reimbursable Served				
Pretzels	oz.					<input type="checkbox"/> Whole grain-rich <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> Salted <input type="checkbox"/> Unsalted	<input type="checkbox"/>	
						<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>
Desserts								
Fruit snacks/fruit leather							<input type="checkbox"/>	
Fruit drink (not 100% juice)	fl oz.						<input type="checkbox"/>	
Pudding						Specify flavor(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
Condiments								
Ranch dip						<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Cream cheese						<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Ketchup							<input type="checkbox"/>	
Mayonnaise							<input type="checkbox"/>	
Mustard						<input type="checkbox"/> Reg <input type="checkbox"/> Red. fat <input type="checkbox"/> Low-fat <input type="checkbox"/> Fat-free	<input type="checkbox"/>	
Italian dressing						<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
Ranch dressing						<input type="checkbox"/> Reg <input type="checkbox"/> Light <input type="checkbox"/> Red. calorie <input type="checkbox"/> Fat-free	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

CACFP AFTERSCHOOL SNACK AND SUPPER FORM (EXPANDED)

A.	B.	C.			D.	E.	F.	G.
Food Item	Portion Size (Incl. Units)	Number of Portions			Manufacturer/Brand Name and Product Code (If Applicable)	Food Description	USDA Food?	Recipe?
		Sent Off-Site	Onsite					
			Reimbursable Prepared/ Available	Reimbursable Served				
Other Menu Items								
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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NON-REIMBURSABLE FOODS FORM (GROUP 3)

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Non-Reimbursable Foods Form (Expanded)



NOTES:

- For instructions on completing this form, please refer to Instructions for the Menu Survey.
- Use this form to report foods that are sold solely on a non-reimbursable or a la carte basis and not available as part of a reimbursable meal or snack.
- Include **ONLY** non-reimbursable foods that are supplied or stocked by foodservice.
- For each food, record information on the number of portions either each day (in Column F) or as a total at the end of the week (in Column G).

School Name: _____ **Meal:** Breakfast Lunch Outside of Meal Periods
Where Offered: Serving line breakfast Serving line lunch Snack bar Vending Machine Food Cart School Store Off-Site Other: _____

A.	B.	C.	D.	E.	F.																				G.			
					Daily Number of Portions																				Weekly Total Number of Portions			
					Monday				Tuesday				Wednesday				Thursday				Friday				Sent Off-Site	Sold Onsite	Left Over for Later Use	Wasted
Sent Off-Site	Sold Onsite	Left Over for Later Use	Wasted	Sent Off-Site	Sold Onsite	Left Over for Later Use	Wasted	Sent Off-Site	Sold Onsite	Left Over for Later Use	Wasted	Sent Off-Site	Sold Onsite	Left Over for Later Use	Wasted	Sent Off-Site	Sold Onsite	Left Over for Later Use	Wasted									
Food Name	Portion Size (Include Units)	Check Box if Prepared from a Recipe	Manufacturer/ Brand Name and Product Code	Food Description																								
		<input type="checkbox"/>																										
		<input type="checkbox"/>																										
		<input type="checkbox"/>																										
		<input type="checkbox"/>																										
		<input type="checkbox"/>																										
		<input type="checkbox"/>																										

A.	B.	C.	D.	E.	F.																				G.			
					Daily Number of Portions																				Weekly Total Number of Portions			
					Monday				Tuesday				Wednesday				Thursday				Friday				Sent Off-Site	Sold Onsite	Left Over for Later Use	Wasted
Sent Off-Site	Sold Onsite	Left Over for Later Use	Wasted	Sent Off-Site	Sold Onsite	Left Over for Later Use	Wasted	Sent Off-Site	Sold Onsite	Left Over for Later Use	Wasted	Sent Off-Site	Sold Onsite	Left Over for Later Use	Wasted	Sent Off-Site	Sold Onsite	Left Over for Later Use	Wasted									
Food Name	Portion Size (Include Units)	Check Box if Prepared from a Recipe	Manufacturer/Brand Name and Product Code	Food Description																								
		<input type="checkbox"/>																										
		<input type="checkbox"/>																										
		<input type="checkbox"/>																										
		<input type="checkbox"/>																										
		<input type="checkbox"/>																										
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		<input type="checkbox"/>																										
		<input type="checkbox"/>																										
		<input type="checkbox"/>																										

A LA CARTE FOODS CHECKLIST (GROUP 3)

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OMB Control Number: 0584-XXXX
Expiration Date: XX/XX/XXXX



**School Nutrition &
Meal Cost Study - II**

A La Carte Foods Checklist (Expanded)

SCHOOL NAME: _____

COMPLETE ON: *[insert sticker with day of week]*

DATE COMPLETED: |_|_|/|_|_|/|_|_|_|_|
 Month Day Year

Note: Please refer to the *Instructions for the Menu Survey* for instructions on completing this form.



SCHOOL NUTRITION AND MEAL COST STUDY-II
A La Carte Foods Checklist (Expanded)

Food Item	Breakfast	Lunch
A. Milk		
1. Whole white milk	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Reduced fat (2%) white milk	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Low-fat (1% or 0.5%) white milk	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Fat-free/skim white milk	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Reduced fat (2%) flavored milk	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Low-fat (1% or 0.5%) flavored milk	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Fat-free/skim flavored milk	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Other milk beverages, including non-dairy milks (<i>Specify</i>)		
a. _____	8.1 <input type="checkbox"/>	8.1 <input type="checkbox"/>
b. _____	8.2 <input type="checkbox"/>	8.2 <input type="checkbox"/>
c. _____	8.3 <input type="checkbox"/>	8.3 <input type="checkbox"/>
d. _____	8.4 <input type="checkbox"/>	8.4 <input type="checkbox"/>
e. _____	8.5 <input type="checkbox"/>	8.5 <input type="checkbox"/>
B. 100% Juice and Water		
1. Juice (100% fruit or vegetable juice)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Bottled water (plain, flavored, or sparkling)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
C. Beverages Other than Milk, 100% Juice, or Water		
1. Diet carbonated soft drink (diet soda/pop)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Regular carbonated soft drink (regular soda/pop)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Juice drinks and other sweetened drinks (such as cranberry drink, Hi-C, lemonade, fruit punch, iced tea)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Sports drinks (such as Gatorade or PowerAde)	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Energy drinks (such as Red Bull or Monster Energy)	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Hot or cold chocolate drinks (such as Yoo-hoo; NOT chocolate milk)	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Hot or cold coffee or tea	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Other beverages (<i>Specify</i>)		
a. _____	8.1 <input type="checkbox"/>	8.1 <input type="checkbox"/>
b. _____	8.2 <input type="checkbox"/>	8.2 <input type="checkbox"/>
c. _____	8.3 <input type="checkbox"/>	8.3 <input type="checkbox"/>
d. _____	8.4 <input type="checkbox"/>	8.4 <input type="checkbox"/>
e. _____	8.5 <input type="checkbox"/>	8.5 <input type="checkbox"/>

A LA CARTE FOODS CHECKLIST (EXPANDED)

Food Item	Breakfast	Lunch
D. Fruit		
1. Dried fruit (such as raisins or apricots)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Canned or frozen fruit	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Fresh fruit	3 <input type="checkbox"/>	3 <input type="checkbox"/>
E. Vegetables		
COOKED		
1. Baked French fries (including tater tots and sweet potato fries)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Deep-fried French fries (including tater tots)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Potatoes or sweet potatoes (other than French fries/tater tots/sweet potato fries)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Corn	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Carrots	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Broccoli	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Peas	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Green beans	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Mixed vegetables	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. Vegetable soup	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. Beans/legumes (such as baked beans, black beans, or pinto beans)	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. Other cooked vegetables (<i>Specify</i>)		
a. _____	12.1 <input type="checkbox"/>	12.1 <input type="checkbox"/>
b. _____	12.2 <input type="checkbox"/>	12.2 <input type="checkbox"/>
c. _____	12.3 <input type="checkbox"/>	12.3 <input type="checkbox"/>
d. _____	12.4 <input type="checkbox"/>	12.4 <input type="checkbox"/>
e. _____	12.5 <input type="checkbox"/>	12.5 <input type="checkbox"/>
RAW (NOT COOKED)		
13. Carrot sticks	13 <input type="checkbox"/>	13 <input type="checkbox"/>
14. Celery	14 <input type="checkbox"/>	14 <input type="checkbox"/>
15. Cucumbers	15 <input type="checkbox"/>	15 <input type="checkbox"/>
16. Salad bars	16 <input type="checkbox"/>	16 <input type="checkbox"/>
17. Tossed salads (side)	17 <input type="checkbox"/>	17 <input type="checkbox"/>
18. Prepared vegetable salads (such as potato salad, coleslaw, or three bean salad)	18 <input type="checkbox"/>	18 <input type="checkbox"/>
19. Other raw vegetables (<i>Specify</i>)		
a. _____	19.1 <input type="checkbox"/>	19.1 <input type="checkbox"/>
b. _____	20.2 <input type="checkbox"/>	20.2 <input type="checkbox"/>
c. _____	21.3 <input type="checkbox"/>	21.3 <input type="checkbox"/>

Food Item	Breakfast	Lunch
d. _____	22.4 <input type="checkbox"/>	22.4 <input type="checkbox"/>
e. _____	23.5 <input type="checkbox"/>	23.5 <input type="checkbox"/>
F. Breads and Grains		
1. Whole grain-rich breads, rolls, bagels, or tortillas	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Regular (not whole grain-rich) bread, rolls, bagels, or tortillas	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Other bread items (such as breadsticks, biscuits, croissants, or hot pretzels)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Low-fat muffins	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Regular muffins (not lower in fat)	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Ready-to-eat breakfast cereal	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Pancakes, waffles, or French toast	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Rice, pasta, or cooked cereal	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Other bread/grains (<i>Specify</i>)		
a. _____	9.1 <input type="checkbox"/>	9.1 <input type="checkbox"/>
b. _____	9.2 <input type="checkbox"/>	9.2 <input type="checkbox"/>
c. _____	9.3 <input type="checkbox"/>	9.3 <input type="checkbox"/>
d. _____	9.4 <input type="checkbox"/>	9.4 <input type="checkbox"/>
e. _____	9.5 <input type="checkbox"/>	9.5 <input type="checkbox"/>
G. Meats or Meat Alternates		
1. Breaded chicken/turkey (nuggets, patties, strips, parts)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Not breaded chicken/turkey (nuggets, patties, strips, parts)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Breaded beef/pork (nuggets, patties, strips)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Not breaded beef/pork (nuggets, patties, strips)	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Sausage or bacon	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Breaded fish (nuggets, patties, strips/sticks)	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Not breaded fish (nuggets, patties, strips/sticks, fillets)	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Eggs	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Cheese (including string cheese)	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. Fried or baked cheese or pizza sticks (for example, Bosco sticks)	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. Chili	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. Yogurt	12 <input type="checkbox"/>	12 <input type="checkbox"/>
13. Peanut butter or other nut or seed butter	13 <input type="checkbox"/>	13 <input type="checkbox"/>
14. Nuts and/or seeds (such as almonds, peanuts, sunflower seeds, or trail mix)	14 <input type="checkbox"/>	14 <input type="checkbox"/>

A LA CARTE FOODS CHECKLIST (EXPANDED)

Food Item	Breakfast	Lunch
15. Other meats/meat alternates (<i>Specify</i>)		
a. _____	15.1 <input type="checkbox"/>	15.1 <input type="checkbox"/>
b. _____	15.2 <input type="checkbox"/>	15.2 <input type="checkbox"/>
c. _____	15.3 <input type="checkbox"/>	15.3 <input type="checkbox"/>
d. _____	15.4 <input type="checkbox"/>	15.4 <input type="checkbox"/>
e. _____	15.5 <input type="checkbox"/>	15.5 <input type="checkbox"/>
H. Entrees		
SANDWICHES		
1. Cheeseburger or hamburger	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Hot dog or corn dog	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Barbecue sandwich (including sloppy joes)	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Peanut butter or other nut or seed butter sandwich (including with jelly)	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Cheese sandwich	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Veggie burger	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Chicken, egg, or tuna salad sandwich	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Sandwich with breaded meat, poultry or fish	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Sandwich with cold cuts (salami, bologna, or pepperoni)	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. Sandwich with plain (not breaded) meat, poultry or fish	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. Breakfast sandwich or breakfast burrito	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. Other sandwiches (<i>Specify</i>)		
a. _____	12.1 <input type="checkbox"/>	12.1 <input type="checkbox"/>
b. _____	12.2 <input type="checkbox"/>	12.2 <input type="checkbox"/>
c. _____	12.3 <input type="checkbox"/>	12.3 <input type="checkbox"/>
d. _____	12.4 <input type="checkbox"/>	12.4 <input type="checkbox"/>
e. _____	12.5 <input type="checkbox"/>	12.5 <input type="checkbox"/>
OTHER ENTREES		
13. Pizza without meat	13 <input type="checkbox"/>	13 <input type="checkbox"/>
14. Pizza with meat	14 <input type="checkbox"/>	14 <input type="checkbox"/>
15. Calzone or Hot Pocket	15 <input type="checkbox"/>	15 <input type="checkbox"/>
16. Burritos	16 <input type="checkbox"/>	16 <input type="checkbox"/>
17. Other Mexican foods (such as tacos, nachos, or quesadillas)	17 <input type="checkbox"/>	17 <input type="checkbox"/>
18. Chinese food	18 <input type="checkbox"/>	18 <input type="checkbox"/>
19. Lasagna	19 <input type="checkbox"/>	19 <input type="checkbox"/>
20. Spaghetti	20 <input type="checkbox"/>	20 <input type="checkbox"/>

A LA CARTE FOODS CHECKLIST (EXPANDED)

Food Item	Breakfast	Lunch
21. Macaroni and cheese	21 <input type="checkbox"/>	21 <input type="checkbox"/>
22. Entrée salad (such as chef's, cobb, taco, or chicken Caesar)	22 <input type="checkbox"/>	22 <input type="checkbox"/>
23. Soup with meat or beans (such as chicken, clam chowder, or minestrone)	23 <input type="checkbox"/>	23 <input type="checkbox"/>
24. Other entrees (<i>Specify</i>)		
a. _____	24.1 <input type="checkbox"/>	24.1 <input type="checkbox"/>
b. _____	24.2 <input type="checkbox"/>	24.2 <input type="checkbox"/>
c. _____	24.3 <input type="checkbox"/>	24.3 <input type="checkbox"/>
d. _____	24.4 <input type="checkbox"/>	24.4 <input type="checkbox"/>
e. _____	24.5 <input type="checkbox"/>	24.5 <input type="checkbox"/>
I. Baked Goods and Desserts		
1. Low-fat/reduced-fat cakes, cupcakes, or brownies	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Regular cakes, cupcakes, or brownies (not lower in fat)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Low-fat pies, turnovers, or toaster pastries	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Regular pies, turnovers, or toaster pastries (not lower in fat)	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Low-fat doughnuts or cinnamon rolls	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Regular doughnuts or cinnamon rolls (not lower in fat)	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Low-fat cookies	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Regular cookies (not lower in fat)	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Fruit crisp or cobbler	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. Other baked goods/desserts (<i>Specify</i>)		
a. _____	10.1 <input type="checkbox"/>	10.1 <input type="checkbox"/>
b. _____	10.2 <input type="checkbox"/>	10.2 <input type="checkbox"/>
c. _____	10.3 <input type="checkbox"/>	10.3 <input type="checkbox"/>
d. _____	10.4 <input type="checkbox"/>	10.4 <input type="checkbox"/>
e. _____	10.5 <input type="checkbox"/>	10.5 <input type="checkbox"/>
J. Frozen and Dairy Desserts		
1. Frozen fruit bars or popsicles	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Milkshakes, smoothies, or yogurt drinks	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Low-fat/reduced-fat ice cream, novelties, frozen yogurt, or sherbet	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Regular ice cream, novelties, frozen yogurt, or sherbet	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Pudding	5 <input type="checkbox"/>	5 <input type="checkbox"/>

A LA CARTE FOODS CHECKLIST (EXPANDED)

Food Item	Breakfast	Lunch
6. Other frozen/dairy dessert (<i>Specify</i>)		
a. _____	6.1 <input type="checkbox"/>	6.1 <input type="checkbox"/>
b. _____	6.2 <input type="checkbox"/>	6.2 <input type="checkbox"/>
c. _____	6.3 <input type="checkbox"/>	6.3 <input type="checkbox"/>
d. _____	6.4 <input type="checkbox"/>	6.4 <input type="checkbox"/>
e. _____	6.5 <input type="checkbox"/>	6.5 <input type="checkbox"/>
K. Snacks		
1. Low-fat/reduced-fat/baked chips (such as corn, potato, puffed cheese, tortilla, or snack mixes)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Regular chips (not lower in fat; such as corn, potato, puffed cheese, tortilla, or snack mixes)	2 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Hard pretzels	3 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Popcorn	4 <input type="checkbox"/>	4 <input type="checkbox"/>
5. Cracker sandwiches with cheese or peanut butter	5 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Other types of crackers (including animal crackers)	6 <input type="checkbox"/>	6 <input type="checkbox"/>
7. Low-fat/reduced-fat granola bars, cereal bars, or energy bars	7 <input type="checkbox"/>	7 <input type="checkbox"/>
8. Regular granola bars, cereal bars, or energy bars (not lower in fat)	8 <input type="checkbox"/>	8 <input type="checkbox"/>
9. Crispy rice bars or treats	9 <input type="checkbox"/>	9 <input type="checkbox"/>
10. Candy or gum	10 <input type="checkbox"/>	10 <input type="checkbox"/>
11. Fruit snacks (such as Fruit Roll-Ups or fruit leather)	11 <input type="checkbox"/>	11 <input type="checkbox"/>
12. Meat snacks (such as jerky or pork rinds)	12 <input type="checkbox"/>	12 <input type="checkbox"/>
13. Other snacks (<i>Specify</i>)		
a. _____	13.1 <input type="checkbox"/>	13.1 <input type="checkbox"/>
b. _____	13.2 <input type="checkbox"/>	13.2 <input type="checkbox"/>
b. _____	13.3 <input type="checkbox"/>	13.3 <input type="checkbox"/>
b. _____	13.4 <input type="checkbox"/>	13.4 <input type="checkbox"/>
b. _____	13.5 <input type="checkbox"/>	13.5 <input type="checkbox"/>
L. Other A La Carte Items (Specify)		
a. _____	1.1 <input type="checkbox"/>	1.1 <input type="checkbox"/>
b. _____	1.2 <input type="checkbox"/>	1.2 <input type="checkbox"/>
c. _____	1.3 <input type="checkbox"/>	1.3 <input type="checkbox"/>
d. _____	1.4 <input type="checkbox"/>	1.4 <input type="checkbox"/>
e. _____	1.5 <input type="checkbox"/>	1.5 <input type="checkbox"/>

NON-REIMBURSABLE FOODS INVENTORY (GROUP 3)

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Non-Reimbursable Foods Inventory (Expanded)

NOTES:

- For instructions on completing this form, please refer to the Instructions for the Menu Survey.
- Use this form only if you are not able to report daily or weekly counts of units sold for each non-reimbursable food item.
- Use this form to report foods that are sold solely on a non-reimbursable or a la carte basis and not available as part of a reimbursable meal or snack.
- Be sure to inventory foods and beverages that are non-perishable, refrigerated, and frozen.



School Name: _____ **Meal:** Breakfast Lunch Outside of Meal Periods
Where Offered: Serving line breakfast Serving line lunch Snack bar Vending Machine Food Cart School Store Off-Site Other: _____

A. Food Name	B. Individual Package Size (Include Units)	C. # Individual Packages in Bulk Case	D. Manufacturer/Brand Name and Product Code	E. Starting Onsite Inventory		F. Deliveries (Number and/or Fraction of Full Bulk Container)										G. Ending Onsite Inventory	
				# Full Bulk Cases	# Additional Individual Packages	Monday		Tuesday		Wednesday		Thursday		Friday		# Full Bulk Cases	# Additional Individual Packages
						Received	Sent Off-Site	Received	Sent Off-Site	Received	Sent Off-Site	Received	Sent Off-Site	Received	Sent Off-Site		

MENU SURVEY ENHANCEMENTS ADMINISTERED THROUGH THE
ELECTRONIC MENU SURVEY (EMS) - EXPANDED (GROUP 3)

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Questions Related to Offering Different Foods and/or Portion Sizes to Students in Different Grade Groups

Note: If the school includes students from more than one of the standard grade groups used in the NSLP/SBP nutrition standards (computed based on responses to Screener Q7 and Q7a), the EMS will include additional questions on the Reimbursable Foods Form (for lunch and breakfast) that ask about offering different foods and/or portion sizes to students in different grade groups.

[If school includes the following grade group combinations: K-5 and 6-8; K-5 and 9-12; 6-8 and 9-12; or K-5, 6-8, and 9-12, ask the following questions:]

Reimbursable Foods Form for Lunch

1. For reimbursable lunches, does your school offer the same menu to all students—meaning the same foods and portion sizes—or does your school ever offer different foods and/or portion sizes to students in different grade groups?

MARK ONE

- 1 School offers the same menu to all students (same foods and portion sizes).
- 2 School sometimes offers different foods and/or portion sizes to students in different grade groups.

[If Q1 = 1, end; If Q1 = 2, ask Q2a]

2a. For reimbursable lunches, does your school offer different types of foods to students in different grades (for example, younger students get tacos and older students get burritos)?

- 1 Yes
- 0 No

[If Q2a = Yes, ask Q2b; if Q2a = No, ask Q3a]

2b. For each of the following categories of foods, please indicate whether your school offers different foods to different grade groups of students for reimbursable lunches.

MARK ONE PER ROW

	YES	NO
a. Milk	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. 100% fruit juices	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Fruits (excluding juice)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Vegetables	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Entrée or meat/meat alternate items (such as sandwiches, pizza, entrée salads, chicken tenders, cheese sticks)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Bread and grain items offered separately (such as crackers, croutons, rolls, tortilla chips)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Desserts, drinks, and snack items (such as cookies, fruit drinks, Jello)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Condiments and salad dressings	1 <input type="checkbox"/>	0 <input type="checkbox"/>

3a. For reimbursable lunches, does your school offer different portion sizes of the same food to students in different grade (for example, younger students get 3 oz burritos and older students get 5 oz burritos)?

- 1 Yes
- 0 No

[If Q3a = No, skip to Q5]

3b. For each of the following categories of foods, please indicate whether your school offers different portion sizes to different grade groups of students for reimbursable lunches.

MARK ONE PER ROW

	YES	NO
a. Milk	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. 100% fruit juices	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Fruits (excluding juice)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Vegetables	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Entrée or meat/meat alternate items (such as sandwiches, pizza, entrée salads, chicken tenders, cheese sticks)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Bread and grain items offered separately (such as crackers, croutons, rolls, tortilla chips)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Desserts, drinks, and snack items (such as cookies, fruit drinks, Jello)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Condiments and salad dressings	1 <input type="checkbox"/>	0 <input type="checkbox"/>

[If Q2b or Q3b = Yes for a food category: When completing the Reimbursable Foods Form each day, the SNM will indicate for each food under that food category: (1) which grade group(s) each food is offered to, and (2) whether the food is offered in different portion sizes. For foods offered in different portion sizes, the SNM will enter separate portion sizes for each relevant grade group.]

[If Q3a = Yes (offer different portion sizes)]

4. For foods that are offered in different portion sizes, do you track how many servings of each portion size were served to each grade group?

- 1 Yes
- 0 No

[If Q4 = Yes (track each portion size separately), SNM will be asked to report number of portions data separately for each portion size for a given food. If Q4 = No (do not track each portion size separately), SNM will be asked to report number of portions data across all available portion sizes.]

5. On an average day, how many reimbursable lunches do you serve to students in each grade group?

[DISPLAY GRADE GROUPS FOR SCHOOL]

____ Students in grades K to 5

____ Students in grades 6 to 8

____ Students in grades 9 to 12

Don't know

[Note: If Q4 = No (do not track each portion size separately), we will use data from Q5 to allocate the combined number of portions data for a given food to the individual portion size associated with each grade group. If Q5 = Don't know, we attempt to get enrollment data by grade group to do this allocation.]

Reimbursable Foods Form for Breakfast

1. For reimbursable breakfasts, does your school offer the same menu to all students—meaning the same foods and portion sizes—or does your school ever offer different foods and/or portion sizes to students in different grade groups?

MARK ONE

School offers the same menu to all students (same foods and portion sizes).

School sometimes offers different foods and/or portion sizes to students in different grade groups.

[If Q1 = 1, end; If Q1 = 2, ask Q2a]

2a. For reimbursable breakfasts, does your school offer different types of foods to students in different grades (for example, younger students get cereal and older students get muffins)?

Yes

No

[If Q2a = Yes, ask Q2b; if Q2a = No, ask Q3a]

2b. For each of the following categories of foods, please indicate whether your school offers different foods to different grade groups of students for reimbursable breakfasts.

MARK ONE PER ROW

	YES	NO
a. Milk	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. 100% juice	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Fruits and vegetables (excluding juice)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Breakfast entrées and bread and grain items (such as breakfast pizzas, sandwiches, cold or hot cereal, pancakes, French toast)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Meat/meat alternate items (such as eggs, sausage, yogurt)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Condiments	1 <input type="checkbox"/>	0 <input type="checkbox"/>

3a. For reimbursable breakfasts, does your school offer different portion sizes of the same food to students in different grade (for example, younger students get 1 oz muffin and older students get 2 oz. muffin).

- 1 Yes
 0 No

[If Q3a = No, skip to Q5]

3b. For each of the following categories of foods, please indicate whether your school offers different portion sizes to different grade groups of students for reimbursable breakfasts.

MARK ONE PER ROW

	YES	NO
a. Milk	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. 100% juice	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Fruits and vegetables (excluding juice)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Breakfast entrées and bread and grain items (such as breakfast pizzas, sandwiches, cold or hot cereal, pancakes, French toast)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Meat/meat alternate items (such as eggs, sausage, yogurt)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Condiments	1 <input type="checkbox"/>	0 <input type="checkbox"/>

[If Q2b or Q3b = Yes for a food category: When completing the Reimbursable foods Form each day, the SNM will indicate for each food under that food category: (1) which grade group(s) each food is offered to, and (2) whether the food is offered in different portion sizes. For foods offered in different portion sizes, the SNM will enter separate portion sizes for each relevant grade group.]

[If Q3a = Yes (offer different portion sizes)]

4. For foods that are offered in different portion sizes, do you track how many servings of each portion size were served to each grade group?

1 Yes

0 No

[If Q4 = Yes (track each portion size separately), SNM will be asked to report number of portions data separately for each portion size for a given food. If Q4 = No (do not track each portion size separately), SNM will be asked to report number of portions data across all available portion sizes.]

5. On an average day, how many reimbursable breakfasts do you serve to students in each grade group?

[DISPLAY GRADE GROUPS FOR SCHOOL]

____ Students in grades K to 5

____ Students in grades 6 to 8

____ Students in grades 9 to 12

Don't know

[Note: If Q4 = No (do not track each portion size separately), we will use data from Q5 to allocate the combined number of portions data for a given food to the individual portion size associated with each grade group. If Q5 = Don't know, we attempt to get enrollment data by grade group to do this allocation.]



EMS Foods Paired/Offered Together Module and Food Bar Questions

Note: The EMS will include additional questions that collect information needed for the compliance assessment. This includes the “Foods paired/offered together” module in the Reimbursable Foods Forms (for lunch and breakfast) and questions about salad bars.

1. EMS FOODS PAIRED/OFFERED TOGETHER MODULE

The Reimbursable Foods Forms in the EMS will include a “foods paired/offered together” module. After the school nutrition manager (SNM) reports all foods that were offered on a given day (and associated food details), she will be taken to the “foods paired/offered together” module. The module will be programmed to ask questions based on the specific foods reported on a given day.

If the menu day includes any separate grain items (for example, rice, rolls, or crackers) or any meat/meat alternate items (for example, yogurt, string cheese, peanut butter), the SNM will be asked if the item is served only with another item. If the SNM answers “yes”, they will be asked to “pair” the items together (for example, the crackers were available only with the Chef’s salad).

After pairing items together, if 2 or more separate grain items or 2 or more separate meat/meat alternate items are left “unpaired” the SNM will be asked how many of the “unpaired” items students can select (separately for grains and meats/meat alternates).

2. FOOD BAR QUESTIONS

If a side salad bar or entrée salad bar is reported, the EMS will ask the SNM a follow-up question regarding the rules for visiting the bar.

[If Reimbursable Foods Form includes side salad bar, ask:]

Can students visit the side salad bar in addition to choosing other fruit or vegetable choices?

- Yes, students can take fruits and vegetables from the side salad bar and also choose other fruits and vegetables offered outside of the bar.
- No, students can either visit the side salad bar OR take other fruit and vegetable choices offered outside of the bar (but not both).

[If Reimbursable Foods Form includes entrée salad bar, ask:]

Can all students visit the entrée salad bar in addition to taking another entrée choice, or is the bar considered a separate entrée choice?

- All students can visit the entrée salad bar and also take another entrée choice.
- Students can either visit the entrée salad bar OR take a different entrée choice offered outside of the bar (but not both).