

F11. Menu Survey

This page has been left blank for double-sided copying.



OMB Number: 0584-XXXX
Expiration Date: XX/XX/20XX

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

Menu Survey

Child Care Site ID

Target Week

The Food and Nutrition Service (FNS) is collecting this information to understand the nutritional quality of CACFP meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants. This is a voluntary collection and FNS will use the information to examine CACFP operations. The collection does request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-xxxx. The time required to complete this information collection is estimated to average 2.00 hours (120 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

This page intentionally left blank

About the Study. The second Study of Nutrition and Activity in Child Care Settings (SNACS-II) will look at the nutrition and wellness policies and activities in child care centers, family child care homes, and before and after school programs across the country. This important study will help providers, sponsors, and USDA understand how the Child and Adult Care Food Program (CACFP) operates so that it can better help children learn and grow. SNACS-II will provide an updated picture of the CACFP and examine how key outcomes have changed since updated meal pattern requirements went into effect to encourage healthier eating. Mathematica and its partner, Westat, are conducting SNACS-II for USDA.

About this Survey. The purpose of the Menu Survey is to collect information about all of the foods served to children in your child care program during the assigned target week. You will receive \$50 to thank you for your time completing the Menu Survey. If your program also serves foods to infants (less than 12 months), you will also be asked to complete the Infant Menu Survey.

Protecting Privacy. Information gathered for SNACS-II is for research purposes only and will be kept private to the full extent allowed by law. Responses will be grouped together. No programs, staff, parents, or children will be identified by name. Being part of the study will not affect CACFP benefits for programs or families.

Questions. If you have questions about the study, please call us toll-free at [study phone], email us at [study email], or visit [study URL].

Thank you for participating in SNACS-II.

This page intentionally left blank

Menu Survey Overview

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

This booklet is divided into the following sections:

- Tab 1: Menu Survey Instructions** – Please read all the instructions before you begin completing the forms.
- Tab 2: Daily Menu Forms** – Each day of the target week is marked with a colored divider page for Monday, Tuesday, Wednesday, Thursday, and Friday. The section for each day includes a set of Daily Menu Forms – one page for each type of meal or snack you may serve for that day. You may not need all the pages, but we have provided them in case you do. Monday’s section also includes sample completed forms that may be useful to review before completing your own forms.
- Tab 3: Foods You Prepared Forms** – You will use these forms to tell us more about foods you prepare by **combining two or more ingredients**.
- Tab 4: Food Description Guide** – Please review this guidance for what details to include about each food you list on the **Daily Menu Forms**.

This page intentionally left blank

Menu Survey Instructions

This page intentionally left blank

Menu Survey Instructions

Please complete the Menu Survey during your specified target week, which is shown on the front of this booklet.

You will complete the **Daily Menu Forms each day of your target week** to describe all foods and drinks that you serve to children in meals and snacks each day.

Instructions for completing the Menu Survey are given below. Looking at examples of completed forms as you read through the instructions will make it easier to understand what you need to do when filling out the forms.

Please read all of the instructions and review the examples before you begin.

Someone from Mathematica will be calling you soon to make sure you received the survey and to answer any questions you may have before your target week begins.

Printed Menu: If available, we also ask that you provide a copy of your weekly or monthly menu that you may provide to parents. Please include this when you return your completed Menu Survey.

When you have completed your Menu Survey, please double-check your work to make sure you have provided all necessary information. Then, place your completed forms and a copy of your printed menu in the pre-addressed envelope to return the forms to Mathematica.

If you have any questions, please call our toll-free number at [insert TA study phone number] or email [insert TA email address]. We will be happy to answer your questions and to help you in any way we can.

Thank you very much for your help with this important study!

How To Fill Out The Daily Menu Forms

(Tab 2 of this booklet)

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

Each daily section within the colored dividers includes a Daily Menu Form for each meal and snack:

- Breakfast
- Morning Snack
- Lunch
- Afternoon Snack
- Supper

2. You will use a separate form for each meal or snack you serve on each day. The top of each form will look like the example below, with the name of the meal or snack listed at the top (this example is for breakfast).

Menu for Breakfast				
Today's Date: _____	Day of Week: <input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday
<input type="checkbox"/> Check this box if you did not serve breakfast				
Type of Meal Service: <input type="checkbox"/> Delivered in bulk and portioned by staff <input type="checkbox"/> Individually pre-portioned plates <input type="checkbox"/> Family Style <input type="checkbox"/> Other (describe): _____				

3. On each form, please provide the **Date** and check the box for the corresponding **Day of the Week**.
4. There is also an option to check off a box if you did not serve that meal or snack on that day. In the above example, if you did not serve breakfast that day, you would select this box and leave the rest of the form blank.

<input checked="" type="checkbox"/> Check this box if you did not serve breakfast

Checking this box will show us that you did not overlook filling in the daily menu for a meal.

5. At the top of each page you will also specify the **type of service** used during

Type of Meal Service: <input type="checkbox"/> Delivered in bulk and portioned by staff <input type="checkbox"/> Individually pre-portioned plates <input type="checkbox"/> Family Style <input type="checkbox"/> Other (describe): _____

that meal:

- Select **Delivered in bulk and portioned by staff** if large serving dishes are sent to the classroom or eating area and then staff portion the foods for children on individual plates or trays.
- Select **Individually pre-portioned plates** if individual plates or trays are sent to the classroom or eating area with foods already portioned for children, and staff pass out the plates or trays.
- Select **Family Style** if the serving dishes are placed on a community table at the beginning of the meal and children serve themselves.
- Select **Other** if you use a different method of service not described above. Please use the space provided to describe your meal service method.

Select the type of meal service that is used first during the meal. For example, if serving dishes are sent to the classroom or eating area and staff put food on the children's plates at the beginning of the meal, but then children are allowed to take seconds on their own— this would be considered "***Delivered in bulk and portioned by staff***".

-

Filling Out The Rest Of The Daily Menu Form:

For every meal and snack served each day, please fill in the form to tell us about all food and drink items that you served to children. Follow the instructions at the top of each column:

1. List Each Food and Drink Served at this Meal.

- In this column, list each food and drink you served for that meal or snack.

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.	Food Preparation	Age Group(s) Served			
			Select the age group(s) of children that are served the food or drink			
		Foods You Prepared*	1-2 years	3-5 years	6-12 years	13-18 years

- List each food or drink under the category it belongs to:
 - Milk
 - Fruits
 - Vegetables
 - Separate Grains/Bread
 - Meat/Meat Alternates and Mixed Component Foods
 - Other
- If you are unsure of which category a food you served belongs to, write it in the "Other" category.
- List each food or drink on a single row of the form, and be sure to list the foods as they are served to children. For example:
 - If you serve cereal and milk, you would list each item on separate rows in the appropriate sections (one row for milk and one row for cereal in the separate grains/bread section).
 - If you serve a turkey sandwich, you would list the sandwich on a single row (instead of listing out the bread and turkey on separate rows)

Do NOT include items parents bring from home.

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

2. Please Describe Each Food or Drink

- In this column, describe each food and drink in detail. Include details such

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.
--	--

as brand name or manufacturer and the type or flavor of the food.

- The “**Food Description Guide**” in **Tab 4** lists the types of details that we need you to write down in this column for each food.
- For milk**, check the box to indicate the type of milk served (skim, 1%, 2%, or whole) and list the flavor (for example, plain or chocolate). If you serve a

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.
Milk	
Milk	<input type="checkbox"/> Skim <input type="checkbox"/> 2% <input type="checkbox"/> Flavor: _____ <input type="checkbox"/> 1% <input type="checkbox"/> Whole <input type="checkbox"/> Other type: _____

different type of milk (for example, soy), you can check the box for “Other type” and list the type next to the checkbox.

- If any foods are whole grain-rich**, check the box in addition to providing a description of the food.

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.
Separate Grains / Bread	
<i>Oatmeal</i>	<i>Quick oats, banana</i> <input checked="" type="checkbox"/> Whole grain-rich

- Water:** If water is served specifically as a drink that goes with the meal or snack, rather than just being available in the room, please list it on the form

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.
Other	
<i>Water</i>	<i>From tap, in drinking cups</i> <input checked="" type="checkbox"/> Whole grain-rich

under the “Other” category and describe how it was provided.

- If you receive foods that are prepared off-site** (such as from a vendor or school district), please ask your representative if they can provide the necessary details about the foods you list on the Daily Menu Forms. We also ask that you complete the “Outside Vendor Representative: Contact

Information” form (located at the beginning of Tab 2) to provide us with the representative’s contact information in case our study team needs further information during the processing of the data.

3. Food Preparation: Foods You Prepared

If you made the food from scratch or prepared the food by combining two or more ingredients, check the corresponding box in this column.

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.	Food Preparation
		Foods You Prepared*
Separate Grains / Bread		
<i>Pancakes</i>	<i>Aunt Jemima, blueberry</i> <input checked="" type="checkbox"/> Whole grain-rich	<input checked="" type="checkbox"/>

- For foods where you check off the “Foods You Prepared” column, you will need to fill out a corresponding Foods You Prepared Form. More information for completing these forms is provided later in these instructions.

Please note that you do not need to complete the **Foods You Prepared Form** for any foods that need little or no preparation on your part, or for any foods that can be eaten as is (“ready to eat”). This includes foods that only need to be heated before serving or foods that only need to be cut, sliced, or poured before serving. For example, fresh fruits and vegetables that have been **cut into pieces by staff do not require a Foods You Prepared Form.**

The chart below provides examples of when to fill out a Foods You Prepared Form and when it is not needed.

<u>Use</u> the Foods You Prepared Form	<u>DO NOT</u> Use the Foods You Prepared Form
Rice prepared with butter and salt	Commercially prepared applesauce
Tacos with ground beef cooked with oil and seasonings	Frozen chicken nuggets (heated)
Leftover foods mixed with additional foods	Banana slices
Hot cereal with cinnamon and raisins	Packaged crackers
Turkey and cheese sandwich	Diced cheese

Macaroni and cheese made from scratch	Cold cereal served with milk
---------------------------------------	------------------------------

Important to Note:

- **If you have a printed copy of the recipe**, you can provide that instead of completing the Foods You Prepared Form. Please make sure the recipe includes all of the information requested on the Foods You Prepared Form. If it does not, add notes to your copy of the recipe so we have all the information that we need. If you make any changes to the recipe, write them directly on the recipe.
- **If the food was prepared off-site** (such as from a vendor or school district), please ask your representative if they can provide you with a copy of the recipe.

4. Age Group(s) Served

- Use the checkboxes in this column to tell us the age group(s) of children that are served each food or drink. These correspond to the age groups in the CACFP meal patterns: 1-2 years, 3-5 years, 6-12 years, and 13-18 years.

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.	Food Preparation Foods You Prepared*	Age Group(s) Served Select the age group(s) of children that are served the food or drink			
			1-2 years	3-5 years	6-12 years	13-18 years

- If a food or drink is served to children in multiple age groups, select all relevant groups that are served that item.
- If different types of the same food (for example, different types of cereal) were served to different age groups of children, you should list the different types of food on separate rows, and then select the age group receiving the specified type of food.
- For milk served to children in the 1-2 years age group, please check the separate boxes to tell us which milk was served to 1-year-olds versus 2-year-olds.

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.	Food Preparation Foods You Prepared*	Age Group(s) Served Select the age group(s) of children that are served the food or drink			
			1-2 years	3-5 years	6-12 years	13-18 years
Milk						
Milk	<input type="checkbox"/> Skim <input type="checkbox"/> 2% <input type="checkbox"/> Flavor: _____ <input type="checkbox"/> 1% <input checked="" type="checkbox"/> Whole <input type="checkbox"/> Other type: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input checked="" type="checkbox"/> Skim <input type="checkbox"/> 2% <input type="checkbox"/> Flavor: _____ <input type="checkbox"/> 1% <input type="checkbox"/> Whole <input type="checkbox"/> Other type: _____	<input type="checkbox"/>	<input type="checkbox"/> 1 year	<input checked="" type="checkbox"/> 2 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Examples of completed Daily Menu Forms for each meal and snack can be found in the section for Monday.

Filling Out The Foods You Prepared Form

(Tab 3 of this booklet)

Please fill out one of these forms for any food you checked off as Foods You Prepared on the Daily Menu Forms. This should include any foods you made from scratch or prepared by combining two or more foods or ingredients. Examples of completed Foods You Prepared Forms are also provided in Tab 3.

As a reminder, you can provide a **printed copy of the recipe** instead of completing a Foods You Prepared Form. Please make sure the copy of the recipe includes all of the information requested on the Foods You Prepared Form, including the name of the food and when it was served (both the name of the meal and the day of the week). If it does not, add notes to your copy of the recipe so we have all the information that we need. If you make any changes to the recipe when you actually prepare the food, please also note this on the copy of the recipe.

If you receive foods that are prepared off-site (such as from a vendor or school district), please ask your representative if they can provide you with a copy of their recipes for foods that they prepare from scratch or by combining two or more ingredients.

Foods You Prepared Form - Example

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

<p>Name of Food: <u>Pancakes</u> <i>(Please use same name you used on the Daily Menus)</i></p> <p>Number of Servings Prepared: <u>12</u></p> <p>Size of each serving: <u>One 4-inch pancake</u> <i>(Examples: ½ cup, 4 fl. oz., 1 cup, 3 tbsp)</i></p>	<p>When Was Food Served? <small>Check all that apply and indicate day(s) served:</small></p> <p>Meal(s)/Snack(s): _____ Day(s): _____</p> <p><input checked="" type="checkbox"/> Breakfast <u>Monday</u></p> <p><input type="checkbox"/> Morning Snack _____</p> <p><input type="checkbox"/> Lunch _____</p> <p><input type="checkbox"/> Afternoon Snack _____</p> <p><input type="checkbox"/> Supper _____</p>
---	--

Fill out the top portion of the Foods You Prepared Form as follows:

1. **Name of Food:** Please use the same name for the food that you used on the Daily Menu Form.
2. **Number of Servings Prepared:** Write down the number of servings you prepared. In the example above, 12 servings of pancakes were prepared.
3. **Size of each Serving:** Write down the size of one serving (for example, ½ cup, 4 oz., 1 sandwich, etc.). In the example above, each serving was one 4-inch pancake.
4. **When Was Food Served?:** Check the box to indicate which meals or snacks the food was served at. Also write in the day(s) the food was served.

Fill in the chart using the instructions at the top of each column to describe the ingredients or foods used in the recipe.

What Ingredients or Foods Did You Use? (List all ingredients and foods.)	How Much Did You Use? (Examples: 2 tsp, ½ cup, 1 pound, 4 fl. oz., etc.)	Please Describe Each Ingredient or Food. (Provide as much detail as possible. Check the Food Description Guide.)
<i>Pancake mix</i>	<i>1 cup</i>	<i>Aunt Jemima Whole Wheat Blend</i>
<i>Milk</i>	<i>1 cup</i>	<i>Skim</i>
<i>Vegetable oil</i>	<i>1 TB</i>	
<i>Eggs</i>	<i>1</i>	<i>Fresh eggs</i>
<i>Blueberries</i>	<i>1/4 cup</i>	<i>Frozen</i>

1. What Ingredients or Foods Did You Use?

- In this column, list each ingredient or food by name on a separate line. Include everything you used, including salt, water, stock, and added fats like butter, margarine, mayonnaise, and oil.

2. How Much Did You Use?

- List the amount of each ingredient or food you used in the recipe. Be sure to write both the number and the type of measurement. For example:
 - o *2 Tbsp. mayonnaise*
 - o *2 tsp. salt*
 - o *4 oz. shredded cheese*
 - o *2 lbs. lean ground beef*
 - o *¾ cup cooked rice*
 - o *1-qt. milk*
- If you used an ingredient that is not measured, write down how much or many you used, or whether the item was small, regular (medium), or large. For example:
 - *1 large carrot*
 - *½ large green pepper*
 - *15 crackers (saltine size)*
 - *3 small bananas*
 - *2 regular slices of bread*
 - *4 eggs*

3. Please Describe Each Ingredient or Food

- Use this column to describe each ingredient or food in detail. Look for the ingredient or food in the **Food Description Guide** to see the type of information to write for each ingredient or food (brand, type, flavor, etc.)

Fill out the bottom portion of the form as follows:

Preparation and Cooking Method (if Applicable)

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

Preparation and/or Cooking Method (If Applicable):			
1. If cooked:			
a. What cooking method did you use? (<i>check one</i>)			
<input type="checkbox"/> Bake/Roast	<input type="checkbox"/> Broil/Grill	<input type="checkbox"/> Pan Fry/Sauté	<input type="checkbox"/> Stir Fry
<input type="checkbox"/> Deep Fry	<input type="checkbox"/> Boil/Parboil	<input checked="" type="checkbox"/> Other (specify): <i>griddle</i>	
b. What fat was added during the cooking process? (<i>check one</i>)			
<input checked="" type="checkbox"/> Vegetable Oil	<input type="checkbox"/> Olive Oil	<input type="checkbox"/> Butter	<input type="checkbox"/> Margarine
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> None	
2. If meat (chicken, beef, pork, etc.) was an ingredient, did you:			
a. Trim the visible fat?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Drain the fat after cooking?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. If fruits or vegetables were an ingredient, did you:			
a. Peel the fruit or vegetable?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Mash or blend the fruit or vegetable?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
		<input checked="" type="checkbox"/> No peel to remove	
4. Was salt added during the cooking process?			
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Daily Menu Forms

This page intentionally left blank

Outside Vendor Representative: Contact Information (If applicable)

If you receive foods that are prepared off-site (such as from a vendor or school district), please provide the vendor representative's contact information below. We would like to collect their contact information in case our study team needs further information during the processing of the data.

Representative Name: _____

Representative Title: _____

Name of Company/Site/District: _____

Phone Number: _____

Email

Address:

This page intentionally left blank

Monday

[Note: The blank Daily Menu Forms shown for Monday will repeat in the booklet for Tuesday-Friday.]

This page intentionally left blank

Example of Completed Menu Form for Breakfast

Today's Date: 2/6/23 **Day of Week:** Monday Tuesday Wednesday Thursday Friday

Check this box if you did not serve breakfast

Type of Meal Service: Delivered in bulk and portioned by staff Individually pre-portioned plates Family Style Other (describe): _____

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink <small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small>	Food Preparation	Age Group(s) Served <small>Select the age group(s) of children that are served the food or drink</small>				
			Foods You Prepared*	1-2 years	3-5 years	6-12 years	13-18 years
Milk							
Milk	<input type="checkbox"/> Skim <input type="checkbox"/> 2% <input type="checkbox"/> Flavor: _____ <input type="checkbox"/> 1% <input checked="" type="checkbox"/> Whole <input type="checkbox"/> Other type: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input checked="" type="checkbox"/> Skim <input type="checkbox"/> 2% <input type="checkbox"/> Flavor: _____ <input type="checkbox"/> 1% <input type="checkbox"/> Whole <input type="checkbox"/> Other type: _____	<input type="checkbox"/>	<input type="checkbox"/> 1 year	<input checked="" type="checkbox"/> 2 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits							
Applesauce	Motts: unsweetened	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Orange	Fresh, slices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Vegetables							
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Separate Grains / Bread							
Oatmeal	Quick oats, banana	<input checked="" type="checkbox"/> Whole grain-rich	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pancakes	Aunt Jemima, blueberry	<input checked="" type="checkbox"/> Whole grain-rich	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Meat/Meat Alternates and Mixed Component Foods							
		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other							
		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*For foods or drinks selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

Menu for Breakfast

Today's Date: _____

Day of Week: Monday Tuesday Wednesday Thursday Friday

Check this box if you did not serve breakfast

Type of Meal Service: Delivered in bulk and portioned by staff Individually pre-portioned plates Family Style Other (describe): _____

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink <small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small>	Food Preparation	Age Group(s) Served <small>Select the age group(s) of children that are served the food or drink</small>			
		Foods You Prepared*	1-2 years	3-5 years	6-12 years	13-18 years
Milk						
Milk	<input type="checkbox"/> Skim <input type="checkbox"/> 2% <input type="checkbox"/> Flavor: _____ <input type="checkbox"/> 1% <input type="checkbox"/> Whole <input type="checkbox"/> Other type: _____	<input type="checkbox"/>	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input type="checkbox"/> Skim <input type="checkbox"/> 2% <input type="checkbox"/> Flavor: _____ <input type="checkbox"/> 1% <input type="checkbox"/> Whole <input type="checkbox"/> Other type: _____	<input type="checkbox"/>	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/>	<input type="checkbox"/>
Fruits						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Grains / Bread						
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/Meat Alternates and Mixed Component Foods						
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other						
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For foods or drinks selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

Example of Completed Menu for Morning Snack

Today's Date: 2/6/23

Day of Week: Monday Tuesday Wednesday Thursday Friday

Check this box if you did not serve a morning snack

Type of Meal Service: Delivered in bulk and portioned by staff Individually pre-portioned plates Family Style Other (describe): _____

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink <small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small>			Food Preparation	Age Group(s) Served <small>Select the age group(s) of children that are served the food or drink</small>				
				Foods You Prepared*	1-2 years	3-5 years	6-12 years	13-18 years	
Milk									
Milk	<input type="checkbox"/> Skim <input type="checkbox"/> 1%	<input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole	<input type="checkbox"/> Flavor: _____ <input type="checkbox"/> Other type: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input checked="" type="checkbox"/> Skim Flavor: _____ <input type="checkbox"/> 1%	<input type="checkbox"/> 2% <input type="checkbox"/> Whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 year	<input checked="" type="checkbox"/> 2 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits									
Banana	Fresh, sliced			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables									
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Grains / Bread									
	<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"/> Whole grain-rich			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/Meat Alternates and Mixed Component Foods									
Yogurt	Stonyfield - whole milk, plain		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<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"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other									
	<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"/> Whole grain-rich			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For foods or drinks selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

Menu for Morning Snack

Today's Date: _____

Day of Week: Monday Tuesday Wednesday Thursday Friday

Check this box if you did not serve a morning snack

Type of Meal Service: Delivered in bulk and portioned by staff Individually pre-portioned plates Family Style Other (describe): _____

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink <small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small>	Food Preparation	Age Group(s) Served <small>Select the age group(s) of children that are served the food or drink</small>			
		Foods You Prepared*	1-2 years	3-5 years	6-12 years	13-18 years
Milk						
Milk	<input type="checkbox"/> Skim Flavor: _____ <input type="checkbox"/> 2% _____ <input type="checkbox"/> 1% _____ type: _____ <input type="checkbox"/> Whole _____ <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input type="checkbox"/> Skim Flavor: _____ <input type="checkbox"/> 2% _____ <input type="checkbox"/> 1% _____ type: _____ <input type="checkbox"/> Whole _____ <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/>	<input type="checkbox"/>
Fruits						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Grains / Bread						
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/Meat Alternates and Mixed Component Foods						
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other						
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For foods or drinks selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For foods or drinks selected as “**Foods You Prepared**”, please complete a “**Foods You Prepared**” form, found at the end of this Menu Survey.

Example of Completed Menu for Lunch

Today's Date: 2/6/23

Day of Week: Monday Tuesday Wednesday Thursday Friday

Check this box if you did not serve lunch

Type of Meal Service: Delivered in bulk and portioned by staff Individually pre-portioned plates Family Style Other (describe): _____

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink <small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small>	Food Preparation <small>Foods You Prepared*</small>	Age Group(s) Served <small>Select the age group(s) of children that are served the food or drink</small>				
			1-2 years	3-5 years	6-12 years	13-18 years	
Milk							
Milk	<input type="checkbox"/> Skim <input type="checkbox"/> 2% <input type="checkbox"/> Flavor: _____ <input type="checkbox"/> 1% <input checked="" type="checkbox"/> Whole <input type="checkbox"/> Other type: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input checked="" type="checkbox"/> Skim <input type="checkbox"/> 2% <input type="checkbox"/> Flavor: _____ <input type="checkbox"/> 1% <input type="checkbox"/> Whole <input type="checkbox"/> Other type: _____	<input type="checkbox"/>	<input type="checkbox"/> 1 year	<input checked="" type="checkbox"/> 2 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits							
Apple	Granny Smith, sliced	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables							
Broccoli	Spears, steamed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Grains / Bread							
	<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"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/Meat Alternates and Mixed Component Foods							
Quesadilla	Black bean and cheese	<input checked="" type="checkbox"/> Whole grain-rich	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other							
Water	From tap, in drinking cups	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For foods or drinks selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	---	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Example

*For foods or drinks selected as “**Foods You Prepared**”, please complete a “**Foods You Prepared**” form, found at the end of this Menu Survey.

Menu for Lunch

Today's Date: _____ **Day of Week:** Monday Tuesday Wednesday Thursday Friday

Check this box if you did not serve lunch

Type of Meal Service: Delivered in bulk and portioned by staff Individually pre-portioned plates Family Style Other (describe): _____

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink <small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small>	Food Preparation <small>Foods You Prepared*</small>	Age Group(s) Served <small>Select the age group(s) of children that are served the food or drink</small>				
			1-2 years	3-5 years	6-12 years	13-18 years	
Milk							
Milk	<input type="checkbox"/> Skim <input type="checkbox"/> 2% <input type="checkbox"/> Flavor: _____ <input type="checkbox"/> 1% <input type="checkbox"/> Whole <input type="checkbox"/> Other type: _____	<input type="checkbox"/>	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input type="checkbox"/> Skim <input type="checkbox"/> 2% <input type="checkbox"/> Flavor: _____ <input type="checkbox"/> 1% <input type="checkbox"/> Whole <input type="checkbox"/> Other type: _____	<input type="checkbox"/>	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits							
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables							
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Grains / Bread							
	<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"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/Meat Alternates and Mixed Component Foods							
	<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"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other							
	<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"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For foods or drinks selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

*For foods or drinks selected as “**Foods You Prepared**”, please complete a “**Foods You Prepared**” form, found at the end of this Menu Survey.

Example of Completed Menu for Afternoon Snack

Today's Date: 2/6/23

Day of Week: Monday Tuesday Wednesday Thursday Friday

Check this box if you did not serve an afternoon snack

Type of Meal Service: Delivered in bulk and portioned by staff Individually pre-portioned plates Family Style Other (describe): _____

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink <small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small>	Food Preparation <small>Foods You Prepared*</small>	Age Group(s) Served <small>Select the age group(s) of children that are served the food or drink</small>				
			1-2 years	3-5 years	6-12 years	13-18 years	
Milk							
Milk	<input type="checkbox"/> Skim <input type="checkbox"/> 2% <input type="checkbox"/> Flavor: _____ <input type="checkbox"/> 1% <input type="checkbox"/> Whole <input type="checkbox"/> Other type: _____	<input type="checkbox"/>	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input type="checkbox"/> Skim <input type="checkbox"/> 2% <input type="checkbox"/> Flavor: _____ <input type="checkbox"/> 1% <input type="checkbox"/> Whole <input type="checkbox"/> Other type: _____	<input type="checkbox"/>	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits							
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables							
Carrots	Baby carrots, fresh, lightly steamed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Grains / Bread							
Goldfish	Pepperidge Farm, cheddar	<input checked="" type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/Meat Alternates and Mixed Component Foods							
		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other							
Ranch dip	Kraft reduced fat	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For foods or drinks selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

Water	From tap, in drinking cups	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Example

*For foods or drinks selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

Menu for Afternoon Snack

Today's Date: _____

Day of Week: Monday Tuesday Wednesday Thursday Friday

Check this box if you did not serve an afternoon snack

Type of Meal Service: Delivered in bulk and portioned by staff Individually pre-portioned plates Family Style Other (describe): _____

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink <small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small>	Food Preparation	Age Group(s) Served <small>Select the age group(s) of children that are served the food or drink</small>			
		Foods You Prepared*	1-2 years	3-5 years	6-12 years	13-18 years
Milk						
Milk	<input type="checkbox"/> Skim <input type="checkbox"/> 2% <input type="checkbox"/> Flavor: _____ <input type="checkbox"/> 1% <input type="checkbox"/> Whole <input type="checkbox"/> Other type: _____	<input type="checkbox"/>	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input type="checkbox"/> Skim <input type="checkbox"/> 2% <input type="checkbox"/> Flavor: _____ <input type="checkbox"/> 1% <input type="checkbox"/> Whole <input type="checkbox"/> Other type: _____	<input type="checkbox"/>	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/>	<input type="checkbox"/>
Fruits						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Grains / Bread						
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/Meat Alternates and Mixed Component Foods						
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other						
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For foods or drinks selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

Example of Completed Menu for Supper

Today's Date: 2/6/23

Day of Week: Monday Tuesday Wednesday Thursday Friday

Check this box if you did not serve supper

Type of Meal Service: Delivered in bulk and portioned by staff Individually pre-portioned plates Family Style Other (describe): _____

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.	Food Preparation Foods You Prepared*	Age Group(s) Served Select the age group(s) of children that are served the food or drink				
			1-2 years	3-5 years	6-12 years	13-18 years	
Milk							
Milk	<input type="checkbox"/> Skim Flavor: _____ <input type="checkbox"/> 1% type: _____ <input checked="" type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole <input type="checkbox"/> Other	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input checked="" type="checkbox"/> Skim Flavor: _____ <input type="checkbox"/> 1% type: _____ <input type="checkbox"/> 2% <input type="checkbox"/> Whole <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> 1 year	<input checked="" type="checkbox"/> 2 years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits							
Grapes	Red grapes, sliced, fresh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pear	Diced, peeled, fresh	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables							
Mixed vegetables	Canned, mix of carrots, peas, cauliflower	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Grains / Bread							
Dinner roll	Bake Crafters, split top, wheat <input checked="" type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/Meat Alternates and Mixed Component Foods							
Chicken nuggets	Tyson: Home-Style, baked <input checked="" type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other							
BBQ sauce	Kraft Original, served with nuggets <input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For foods or drinks selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

Water	From tap, in drinking cups	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Example

*For foods or drinks selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

Menu for Supper

Today's Date: _____

Day of Week: Monday Tuesday Wednesday Thursday Friday

Check this box if you did not serve supper

Type of Meal Service: Delivered in bulk and portioned by staff Individually pre-portioned plates Family Style Other (describe): _____

List Each Food and Drink Served at This Meal	Please Describe Each Food or Drink <small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small>	Food Preparation	Age Group(s) Served <small>Select the age group(s) of children that are served the food or drink</small>				
		Foods You Prepared*	1-2 years	3-5 years	6-12 years	13-18 years	
Milk							
Milk	<input type="checkbox"/> Skim <input type="checkbox"/> 2% <input type="checkbox"/> Flavor: _____ <input type="checkbox"/> 1% <input type="checkbox"/> Whole <input type="checkbox"/> Other type: _____	<input type="checkbox"/>	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input type="checkbox"/> Skim <input type="checkbox"/> 2% <input type="checkbox"/> Flavor: _____ <input type="checkbox"/> 1% <input type="checkbox"/> Whole <input type="checkbox"/> Other type: _____	<input type="checkbox"/>	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits							
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables							
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate Grains / Bread							
	<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"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/Meat Alternates and Mixed Component Foods							
	<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"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other							
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For foods or drinks selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Whole grain-rich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For foods or drinks selected as “**Foods You Prepared**”, please complete a “**Foods You Prepared**” form, found at the end of this Menu Survey.

Tuesday

This page intentionally left blank

Wednesday

This page intentionally left blank

Thursday

This page intentionally left blank

Friday

This page intentionally left blank

Foods You Prepared Forms

Please fill out a **Foods You Prepared Form** for any food items where you placed a check mark in the “Food Preparation” column on your **Daily Menu Forms**. See the Menu Survey Instructions for more information.

Note: If have a **printed copy of the recipe**, you can provide that instead of completing the Foods You Prepared Form. Please make sure the recipe includes all of the information requested on the Foods You Prepared Form. If it does not, add notes to your copy of the recipe so we have all the information that we need. If you make any changes to the recipe, write them directly on the recipe.

This page intentionally left blank

Foods You Prepared Form - Example

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

Name of Food: Pancakes
 (Please use same name you used on the Daily Menu Forms)

When Was Food Served?

Check all that apply and indicate day(s) served:

Meal(s)/Snack(s): _____ Day(s): Monday
 Breakfast _____
 Morning Snack _____
 Lunch _____
 Afternoon Snack _____
 Supper _____

Number of Servings Prepared: 12

Size of each serving: One 4-inch pancake
 (Examples: ½ cup, 4 fl. oz., 1 cup, 3 tbsp)

What Ingredients or Foods Did You Use? (List all ingredients and foods.)	How Much Did You Use? (Examples: 2 tsp, ½ cup, 1 pound, 4 fl. oz., etc.)	Please Describe Each Ingredient or Food. (Provide as much detail as possible. Check the Food Description Guide.)
Pancake mix	1 cup	Aunt Jemima Whole Wheat Blend
Milk	1 cup	Skim
Vegetable Oil	1 TB	
Eggs	1	Fresh eggs
Blueberries	1/4 cup	Frozen

Preparation and/or Cooking Method (If Applicable):
1. If cooked: a. What cooking method did you use? (check one) <input type="checkbox"/> Bake/Roast <input type="checkbox"/> Broil/Grill <input type="checkbox"/> Pan Fry/Sauté <input type="checkbox"/> Stir Fry <input type="checkbox"/> Deep Fry <input type="checkbox"/> Boil/Parboil <input checked="" type="checkbox"/> Other (specify): <u>griddle</u> b. What fat was added during the cooking process? (check one) <input checked="" type="checkbox"/> Vegetable Oil <input type="checkbox"/> Olive Oil <input type="checkbox"/> Butter <input type="checkbox"/> Margarine <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None
2. If meat (chicken, beef, pork, etc.) was an ingredient, did you: a. Trim the visible fat? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No visible fat to trim b. Drain the fat after cooking? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No fat to drain
3. If fruits or vegetables were an ingredient, did you: a. Peel the fruit or vegetable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No peel to remove b. Mash or blend the fruit or vegetable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Was salt added during the cooking process? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Foods You Prepared Form - Example

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

Name of Food: Oatmeal
 (Please use same name you used on the Daily Menu Forms)

When Was Food Served?

Check all that apply and indicate day(s) served:

- Meal(s)/Snack(s): _____ Day(s): Monday
 Breakfast _____
 Morning Snack _____
 Lunch _____
 Afternoon Snack _____
 Supper _____

Number of Servings Prepared: 12

Size of each serving: 1/4 cup
 (Examples: 1/2 cup, 4 fl. oz., 1 cup, 3 tbsp)

What Ingredients or Foods Did You Use? (List all ingredients and foods.)	How Much Did You Use? (Examples: 2 tsp, 1/2 cup, 1 pound, 4 fl. oz., etc.)	Please Describe Each Ingredient or Food. (Provide as much detail as possible. Check the Food Description Guide.)
Whole grain oats	1 1/2 cups	Quaker Oats - Old Fashioned Oats
Water	3 cups	
Salt	1/4 tsp	
Banana	1 medium	Fresh, mashed

Preparation and/or Cooking Method (If Applicable):

1. If cooked:
 a. What cooking method did you use? (check one)
 Bake/Roast Broil/Grill Pan Fry/Sauté Stir Fry Deep Fry Boil/Parboil Other (specify): _____
 b. What fat was added during the cooking process? (check one)
 Vegetable Oil Olive Oil Butter Margarine Other (specify) _____ None

2. If meat (chicken, beef, pork, etc.) was an ingredient, did you:
 a. Trim the visible fat? Yes No No visible fat to trim
 b. Drain the fat after cooking? Yes No No fat to drain

3. If fruits or vegetables were an ingredient, did you:
 a. Peel the fruit or vegetable? Yes No No peel to remove
 b. Mash or blend the fruit or vegetable? Yes No

4. Was salt added during the cooking process? Yes No

Foods You Prepared Form - Example

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

Name of Food: Quesadilla
 (Please use same name you used on the Daily Menu Forms)

When Was Food Served?

Check all that apply and indicate day(s) served:

Meal(s)/Snack(s): _____ Day(s): Monday
 Breakfast _____
 Morning Snack _____
 Lunch _____
 Afternoon Snack _____
 Supper _____

Number of Servings Prepared: 24

Size of each serving: 1/2 of a 9-inch tortilla
 (Examples: 1/2 cup, 4 fl. oz., 1 cup, 3 tbsp)

What Ingredients or Foods Did You Use? (List all ingredients and foods.)	How Much Did You Use? (Examples: 2 tsp, 1/2 cup, 1 pound, 4 fl. oz., etc.)	Please Describe Each Ingredient or Food. (Provide as much detail as possible. Check the Food Description Guide.)
Tortillas	12 9-inch	Mission - whole wheat original
Cheddar cheese	2 1/2 cups	Kraft - natural cheese, Mexican style
Black beans	1 can (15 oz.)	Goya - low sodium, drained, rinsed

Preparation and/or Cooking Method (If Applicable):
1. If cooked: a. What cooking method did you use? (check one) <input type="checkbox"/> Bake/Roast <input type="checkbox"/> Broil/Grill <input checked="" type="checkbox"/> Pan Fry/Sauté <input type="checkbox"/> Stir Fry <input type="checkbox"/> Deep Fry <input type="checkbox"/> Boil/Parboil <input type="checkbox"/> Other (specify): _____ b. What fat was added during the cooking process? (check one) <input checked="" type="checkbox"/> Vegetable Oil <input type="checkbox"/> Olive Oil <input type="checkbox"/> Butter <input type="checkbox"/> Margarine <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None
2. If meat (chicken, beef, pork, etc.) was an ingredient, did you: a. Trim the visible fat? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No visible fat to trim b. Drain the fat after cooking? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No fat to drain
3. If fruits or vegetables were an ingredient, did you: a. Peel the fruit or vegetable? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No peel to remove b. Mash or blend the fruit or vegetable? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Was salt added during the cooking process? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Foods You Prepared Form

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

Name of Food: _____
(Please use same name you used on the Daily Menu Forms)

When Was Food Served?

Check all that apply and indicate day(s) served:

- | | |
|--|---------|
| Meal(s)/Snack(s): | Day(s): |
| <input type="checkbox"/> Breakfast | _____ |
| <input type="checkbox"/> Morning Snack | _____ |
| <input type="checkbox"/> Lunch | _____ |
| <input type="checkbox"/> Afternoon Snack | _____ |
| <input type="checkbox"/> Supper | _____ |

Number of Servings Prepared: _____

Size of each serving: _____
 (Examples: ½ cup, 4 fl. oz., 1 cup, 3 tbsp)

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

Preparation and Cooking Method (If Applicable):

1. If cooked:

a. What cooking method did you use? (*check one*)

Bake/Roast
 Broil/Grill
 Pan Fry/Sauté
 Stir Fry
 Deep Fry
 Boil/Parboil
 Other (specify): _____

b. What fat was added during the cooking process? (check one)

Vegetable Oil
 Olive Oil
 Butter
 Margarine
 Other (specify) _____
 None

2. If meat (chicken, beef, pork, etc.) was an ingredient, did you:

a. Trim the visible fat? Yes No No visible fat to trim

b. Drain the fat after cooking? Yes No No fat to drain

3. If fruits or vegetables were an ingredient, did you:

a. Peel the fruit or vegetable? Yes No No peel to remove

b. Mash or blend the fruit or vegetable? Yes No

4. Was salt added during the cooking process? Yes No
