### F15. Infant Menu Survey





OMB Number: 5084-XXXX Expiration Date: XX/XX/20XX

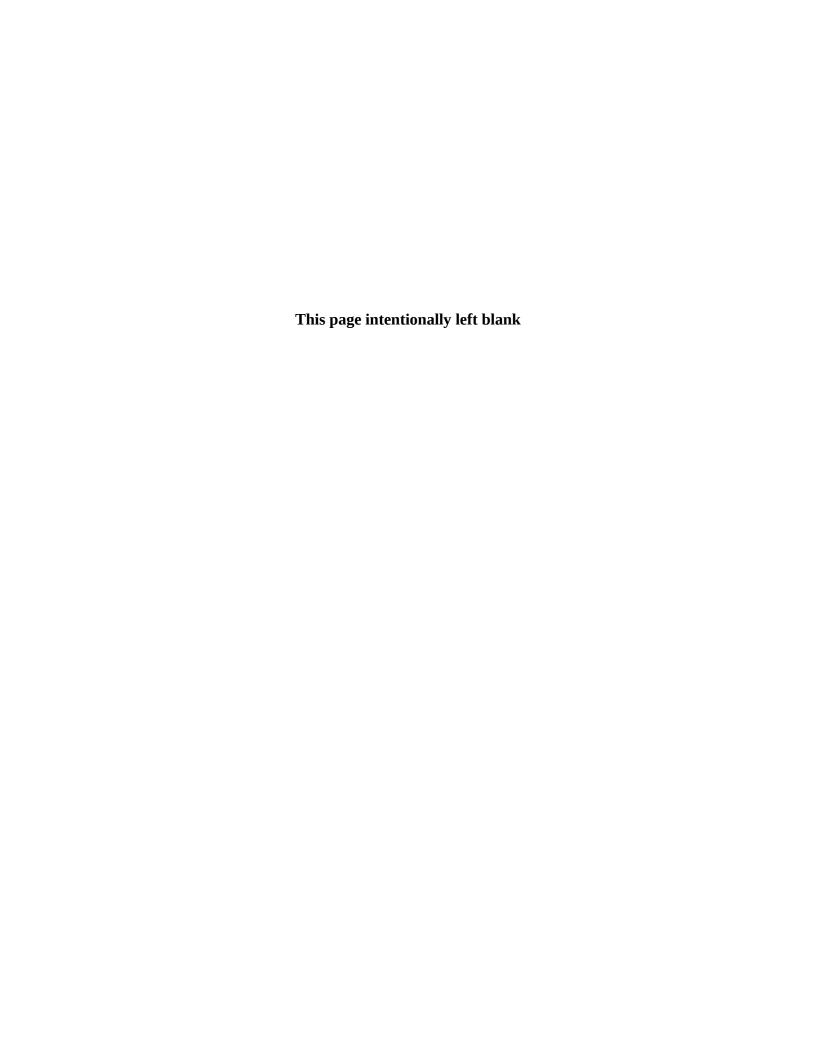
## Study of Nutrition and Activity in Child Care Settings II (SNACS-II)

### **Infant 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 1.835 hours (110 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.



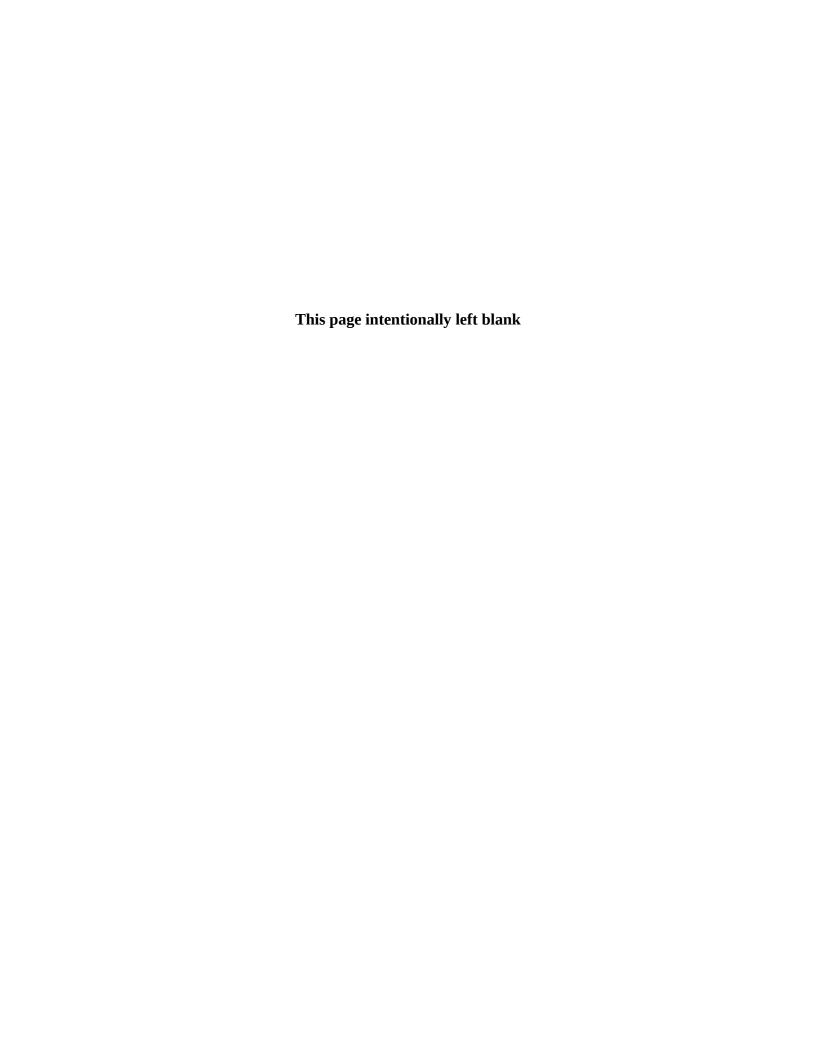
About the Study. The second Study of Nutrition and Activity in Child Care Settings (SNACS-II) will look at the nutrition and wellness policies and activities in child care centers, family child care homes, and before and after school programs across the country. This important study will help providers, 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 Infant Menu Survey is to collect information about all of the foods served to infants less than 12 months in your child care program during the assigned target week.

**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.



### **Infant Menu Survey Overview**

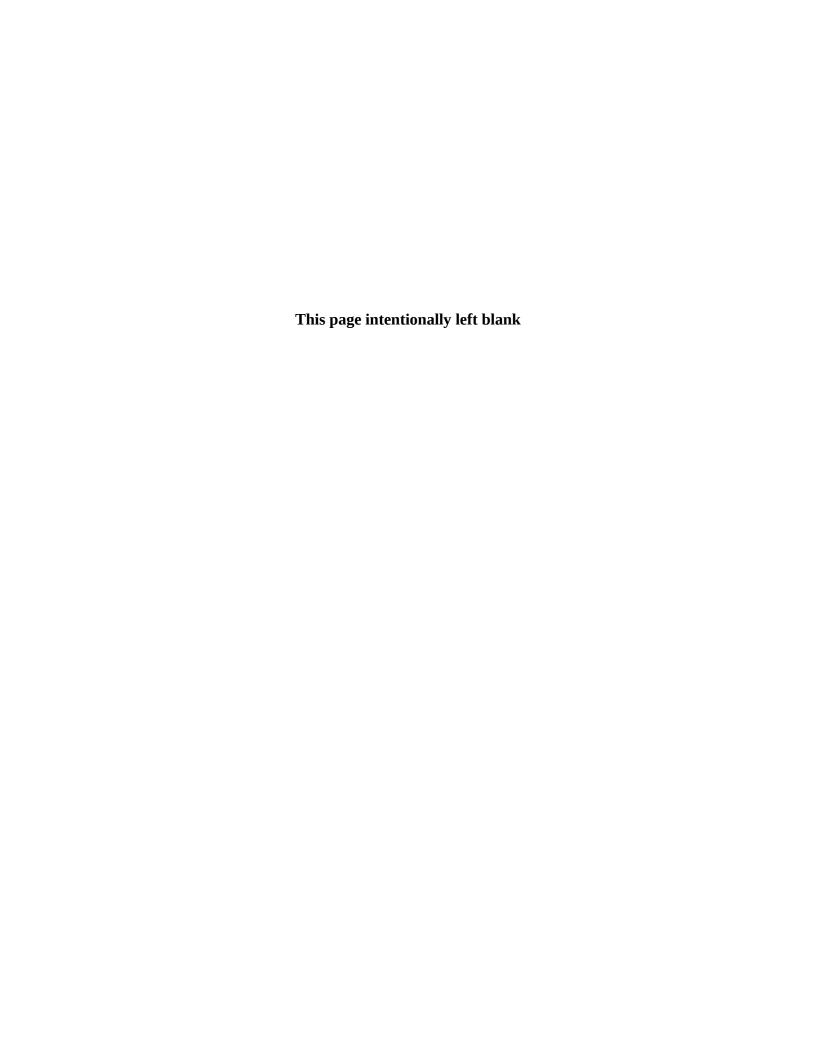
This survey should be completed by the person most familiar with infant food preparation at your child care center or home. In some child care settings, there is one person who prepares foods for infants and a different person who provides care for the infants. We would like the infant food preparer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

**NOTE:** The Infant Menu Survey is very similar to the Menu Survey that you are completing for children 1 year and older.

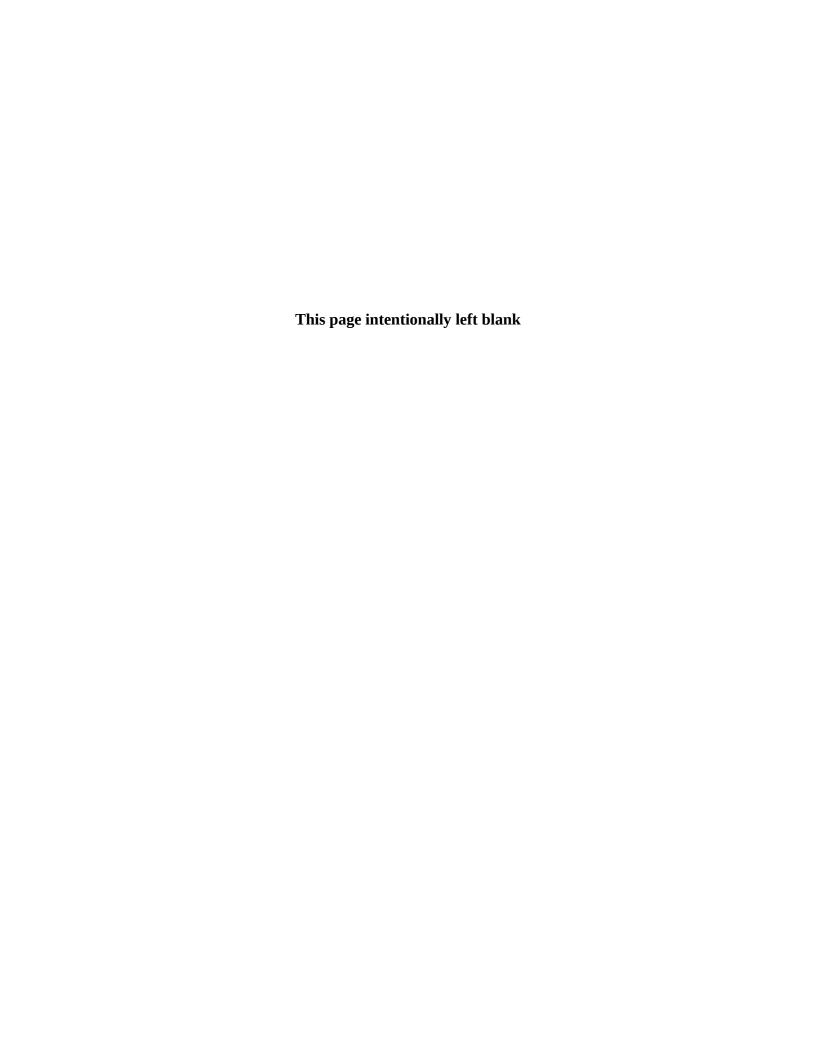
#### This booklet is divided into the following sections:

- **Tab 1:** <u>Infant Menu Survey Instructions</u> Please read all the instructions before you begin completing the forms. These instructions focus on aspects of the Infant Menu Survey that are slightly different from the other Menu Survey that you are completing.
- Tab 2: Infant 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 four Infant Menu Forms that you will use for recording information for feeding periods throughout the day. Monday's section also includes sample completed forms that may be useful to review before completing your own forms.
- **Tab 3**: Food You Prepared Forms —You will use these forms to tell us more about foods you prepare by combining two or more ingredients.

In **Tab 4** of the Menu Survey that you are completing for children 1 year and older, you will find the "**Food Description Guide**". Please review this guidance for what details to include about each food you list on the Infant Menu Forms each day.



## **Infant Menu Survey Instructions**



### **Infant Menu Survey Instructions**

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

You will complete the **Infant Menu Forms each day of your target week** to describe all foods and drinks that you serve to **infants under 12 months old (or under 1 year).** 

Instructions for completing the Infant Menu Survey are given below. Looking at the **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. Note that the Infant Menu Survey is very similar to the Menu Survey that you are completing for children 1 year and older. These instructions focus on aspects of the Infant Menu Survey that are slightly different from the other Menu Survey that you are completing.

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 if you have one for infants. Please include this when you return your completed Infant Menu Survey.

When you have completed your Infant Menu Survey, please double-check your work to make sure you have provided all necessary information. Then, place your completed Menu Survey forms and completed Infant Menu Survey 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 Infant 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 four Infant Menu Forms, one per time frame:

- Before 10 am
- 10 am 1 pm
- 1 pm 4 pm
- After 4 pm
- 2. The top of each form will look like the example below, with the time frame listed at the top. This example is for foods served before 10 am.

Infant Menu Form for Before 10 am					
Today's Date:	<b>Day of Week:</b> □ Monday	$\square$ Tuesday $\square$ Wednesday	☐ Thursday	☐ Friday	
	☐ Check this box if you di-	d not serve any items before 10 an	n.		
Please use this form to record all food serve	Please use this form to record all food served <b>before 10 am</b> to children under 1 year old.				

- 3. On each form, please provide the <u>Date</u> and check the box for the corresponding <u>Day of the Week</u>.
- 4. There is also an option to check off a box if you did not serve any foods or drinks during that time frame. In the example above, if you did not serve anything before 10 am that day, you would select this box and leave the rest of the form blank.

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

Checking this box will show us that you did not overlook filling in the Menu Form for that time frame.

### Filling Out The Rest Of The Infant Menu Form:

On each Infant Menu Form, please record all foods and drinks that you provided to infants under 12 months old in your care. Follow the instructions at the top of each column:

#### 1. List Each Food and Drink Served During This Time.

In this column, list each food or drink you served during the timeframe.



- List each food or drink under the category it belongs to:
  - Breastmilk and Formula
  - o Infant Cereal (include what it is mixed with)
  - o Fruits and Vegetables
  - o Grains and Bread
  - Meat/Meat Alternate and Mixed Component Foods
  - o Other food and beverage items (include milk and water here)
- If you are unsure of which category a food you served belongs to, write it in the "Other food and beverage items" category.

#### **Important to Note:**

- If infants are fed breastmilk, please include it on the Infant Menu Forms, but do **not** include any other items parents bring from home.
- If you prepare alternate foods or meals for infants with dietary restrictions, do not include these items on the Infant Menu Forms.

#### 2. Please Describe Each Food or Drink

- In this column, describe each food and drink in detail. Include details such as brand name or manufacturer and the type or flavor of the food.
- In Tab 4 of the Menu Survey that you are completing for children 1 year and older, you will find the "Food Description Guide", which lists the types of details that we need you to write down in this column. There is a section specifically for infant foods, named "Infant Specific Foods".
- Breastmilk and Formula: Under the breastmilk and formula category, you
  will see pre-filled rows with checkboxes for how the formula is prepared (see
  example below). If you provide formula to infants in your care, please include
  the brand name or manufacturer and select the checkbox which describes
  how the formula is prepared:

o RTF: Ready to Feed

o Liquid Conc: Liquid Concentrate

o Powder: Powder mixed with water

List Each Food and Drink Served During This Time	Please Describe Each Food or Drink For detailed information on what to include in this colum please refer to the Food Description Guide		
Breastmilk and Formula (RTF = rea	ndy to feed; Liquid Conc. = liquid concentrate)		
Breastmilk			
Formula □ RTF □ Liquid Conc. ☑ Powder	Símílac, Advance		
Formula □ RTF □ Liquid Conc. ☑ Powder	Gerber Good Start, Gentle - milk-based with iron		

Water: If water is served specifically as a beverage as part of a feeding —
rather than just being available in the room—please list it on the form under
the "Other food and beverage items" category, and describe how it was
provided.

List Each Food and Drink Served During This Time	Please Describe Each Food or Drink  For detailed information on what to include in this column, please refer to the Food Description Guide
Other food and beverage items (i	nclude milk and water here)
Water	Served in Sippy cups

• If you receive foods that are prepared off-site (such as a from a vendor or school district), please ask your representative if they can provide the necessary details about the foods you list on the Infant Menu Forms.

#### 3. Food Preparation: Foods You Prepared

	List Each Food and Drink Served During This Time	Please Describe Each Food or Drink For detailed information on what to include in this column,	Food Preparation	
	During This Time	please refer to the Food Description Guide	Foods You Prepared*	
	Infant Cereal (please include what	it is mixed with)		
•	Infant Banana Oatmeal	Homemade	✓	<u> r</u>

more ingredients, check the corresponding box in this column.

For foods where you check off the "Foods You Prepared" column, you
will need to fill out a corresponding Foods You Prepared Form.

**Infant cereal** – you do not need to use the Foods You Prepared Form if you are following the package instructions to prepare the infant cereal. Please list what the infant cereal is mixed with (breastmilk, water, formula) in the food description column.

Please note that you **<u>DO NOT</u>** need to complete the Foods You Prepared Form for the following:

- Any foods that need little or no preparation on your part, or 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.
- Ready to feed, liquid concentrate, or powdered formula as long as you are following the package instructions to prepare the formula.

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

Use the Foods You Prepared Form	<u>DO NOT</u> Use the Foods You Prepared Form
Toast prepared with butter	Commercially prepared applesauce
Baby food you prepared with 2 or more ingredients	Banana slices
Leftover foods mixed with additional foods	Infant formula, if prepared according to package instructions
Infant oatmeal cereal with mashed banana	Infant rice cereal, if prepared according to the package instructions

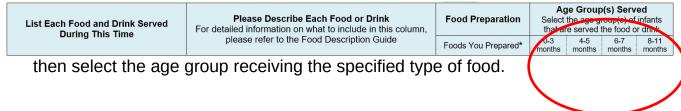
Detailed instructions on how to complete the Foods You Prepared Form can be found in the Menu Survey Instructions.

#### **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.

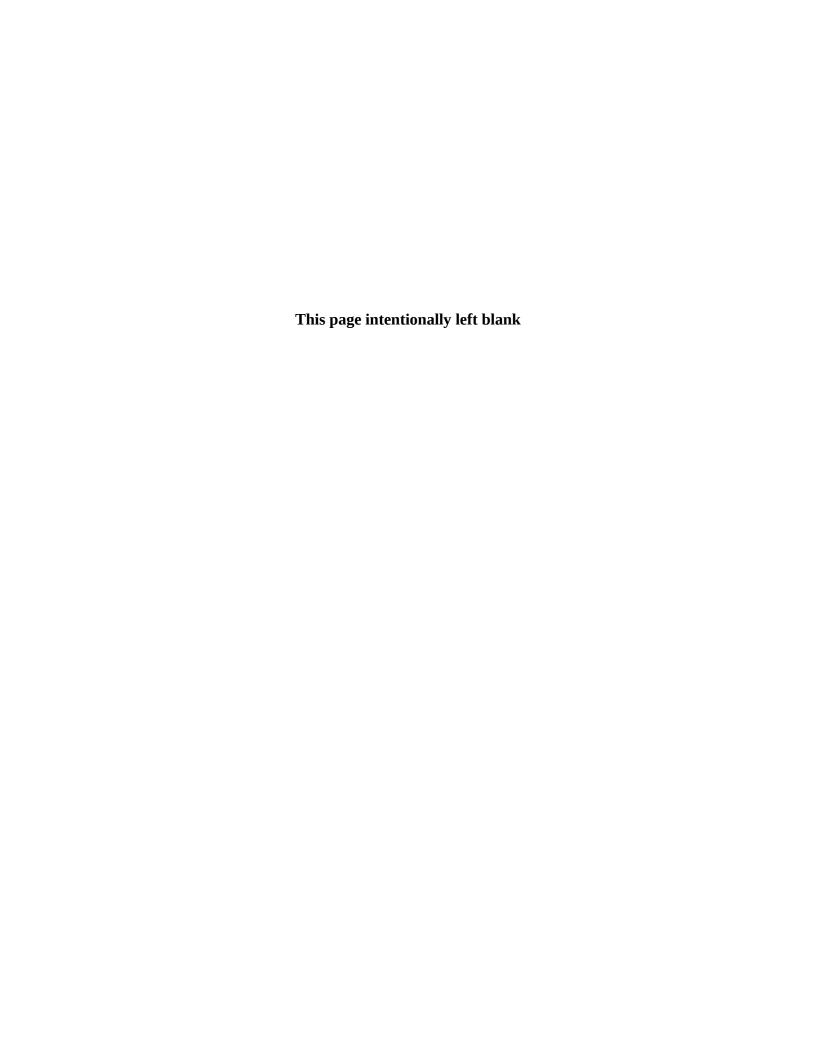
#### 4. Age Group(s) Served

- Use the checkboxes in this column to tell us the age group(s) of infants that are served each food or drink. The age groups on the Infant Menu Survey include 0-3 months, 4-5 months, 6-7 months, and 8-11 months.
- If a food or drink is served to infants in multiple age groups, select all relevant groups that are served that item.
- If breastmilk is served to infants, be sure to select all relevant age groups.
- If different types of the same food were served to infants in different age groups, you should list the different types of the food on separate rows, and



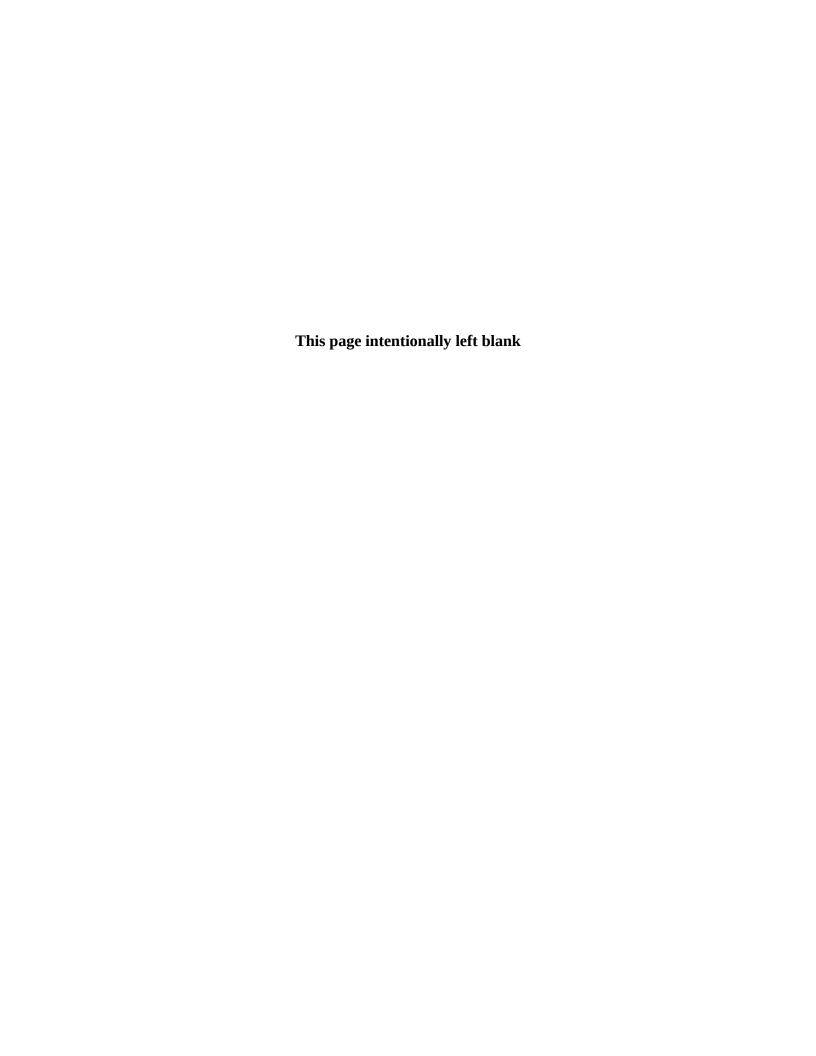
Examples of completed Infant Menu Forms for each timeframe can be found in the section for Monday.

## **Daily Infant Menu Forms**



## **Monday**

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



#### **Example of Completed Infant Menu Form for Before 10 am**

**Day of Week:** ✓ Monday □ Tuesday □ Wednesday □ Thursday □ Friday

Today's Date: \_\_\_\_<u>2/7/23</u>\_

Please use this form to record all food serv	$\Box$ Check this box if you did not serve any items before <b>10</b> am to children under 1 year old.	ore 10 am.	·	, and the second				
List Each Food and Drink Served During This Time	Please Describe Each Food or Drink For detailed information on what to include in this column,	Food Preparation	Age Group(s) Served Select the age group(s) of infants that are served the food or drink					
During This Time	please refer to the Food Description Guide	Foods You Prepared*	0-3 months	4-5 months	6-7 months	8-11 months		
Breastmilk and Formula (RTF = rea	ady to feed; Liquid Conc. = liquid concentrate)							
Breastmilk			☑	☑	☑			
Formula □ RTF □ Liquid Conc. ☑ Powder	Similac, Advance					☑		
Formula □ RTF □ Liquid Conc. □ Powder								
Formula □ RTF □ Liquid Conc. □ Powder								
Infant Cereal (please include what								
Infant Banana Oatmeal	Homemade	<u>7</u>			☑	☑		
Fruits and Vegetables								
Strawberry, banana pouch	Gerber				<b></b> ✓	<u>√</u>		
Grains and Bread								
Grains and Bread								
Meat/Meat Alternate and Mixed Co	mponent Foods							
Michely Michellines Mind Mind Co								
Other food and beverage items (inc	clude milk and water here)							
Tap water	Served in Sippy cups					V		

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

(Formulas and infant cereals do not require a separate form if package directions are followed.)

#### Infant Menu Form for Before 10 am

Today's Date:	<b>Day of Week:</b> □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday					
	$\square$ Check this box if you did not serve any items be	fore 10 am.				
Please use this form to record all food ser	ved <b>before 10 am</b> to children under 1 year old.	I				
List Each Food and Drink Served	Please Describe Each Food or Drink For detailed information on what to include in this column,	Food Preparation	Age Group(s) Served Select the age group(s) of infants that are served the food or drink			
·	During This Time  please refer to the Food Description Guide		0-3 months	4-5 months	6-7 month s	8-11 months
`	ady to feed; Liquid Conc. = liquid concentrate)					
Breastmilk						
Formula   RTF   Liquid Conc.   Powder						
Formula					П	
Formula □ RTF □ Liquid Conc. □ Powder Infant Cereal (please include what	it is mived with					
imant cerear (please include what	it is mixed with)					
Fruits and Vegetables						
J						
Grains and Bread						
Meat/Meat Alternate and Mixed Co	omponent Foods					:
,						
Other food and beverage items (in	clude milk and water here)					
		│		. –	. –	. –

#### 

Please use this form to record all food served <b>between 10 am and 1</b>	<b>pm</b> to children under 1 v	vear old.
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List Each Food and Drink Served  During This Time	Please Describe Each Food or Drink For detailed information on what to include in this column,	Food Preparation	Age Group(s) Served Select the age group(s) of infants that are served the food or drink				
-	please refer to the Food Description Guide	Foods You Prepared*	0-3 months	4-5 months	6-7 months	8-11 months	
Breastmilk and Formula (RTF = rea	ndy to feed; Liquid Conc. = liquid concentrate)						
Breastmilk			☑	☑	☑		
Formula □ RTF □ Liquid Conc. ☑ Powder	Similac, Advance					$\overline{\mathbf{V}}$	
Formula □ RTF □ Liquid Conc. ☑ Powder	Gerber Good Start, Gentle - milk-based with iron					V	
Formula $\square$ RTF $\square$ Liquid Conc. $\square$ Powder							
Infant Cereal (please include what	it is mixed with)						
Infant oatmeal	Gerber, Single Grain, added water				☑	V	
Fruits and Vegetables							
Carrots	Gerber - jar					$\overline{\mathbf{V}}$	
Grains and Bread							
Meat/Meat Alternate and Mixed Co	mponent Foods						
Pureed chicken	Gerber - jar				V	V	
Other food and beverage items (inc	clude milk and water here)						
			<u> </u>		<u> </u>		

#### Infant Menu Form for Between 10 am and 1 pm

Today's Date:	<b>Day of Week:</b> □ Monday □ Tuesday □ Wed	nesday 🛭 Thursda	ay 🗆	Friday			
Dl	$\square$ Check this box if you did not serve any items between 1 yed <b>between 10 am and 1 pm</b> to children under 1 year old.	-					
List Each Food and Drink Served  During This Time	Please Describe Each Food or Drink For detailed information on what to include in this column,	Food Preparation	Age Group(s) Select the age group(s are served the foo			(s) of infants that	
Dailing Time Time	please refer to the Food Description Guide	Foods You Prepared*	0-3 months	4-5 months	6-7 months	8-11 months	
Breastmilk and Formula (RTF = rea	ady to feed; Liquid Conc. = liquid concentrate)						
Breastmilk							
Formula □ RTF □ Liquid Conc. □ Powder							
Formula □ RTF □ Liquid Conc. □ Powder							
Formula □ RTF □ Liquid Conc. □ Powder							
Infant Cereal (please include what	it is mixed with)						
Fruits and Vegetables							
Outline and Durand		Ш					
Grains and Bread							
Meat/Meat Alternate and Mixed Co	mnonent Foods					_	
meat/meat Afternate and mixed co	inponent roods						
Other food and beverage items (inc	clude milk and water here)		:				
		•					

#### Example of Completed Infant Menu Form for Between 1 pm and 4 pm

<b>Foday's Date:</b> <mark>2/7/23</mark> <b>Day of Week: ☑</b> Monday □ Tuesday □ Wednesday □ Thursday □ Friday							
	$\square$ Check this box if you did not serve any items betwee	n 1 pm and 4 pm.					
Please use this form to record all food se	rved <b>between 1 pm and 4 pm</b> to children under 1 year old						
List Each Food and Drink Served During This Time	Please Describe Each Food or Drink For detailed information on what to include in this column,	Food Preparation   Select the age of		ne age gro	up(s) Served roup(s) of infants that the food or drink		
please refer to the Food Description Guide		Foods You Prepared*	0-3 months	4-5 months	6-7 months	8-11 months	
·	ady to feed; Liquid Conc. = liquid concentrate)	_					
Breastmilk			Ø	☑	☑		
Formula □ RTF □ Liquid Conc. ☑ Powder	Similac, Advance					☑	
Formula □ RTF □ Liquid Conc. □ Powder							
Formula □ RTF □ Liquid Conc. □ Powder							
Infant Cereal (please include what	it is mixed with)						
				Ш			
Fruits and Vegetables	Fyeah	П			<b></b> ✓	☑	
Avocado	Fresh						
Grains and Bread							
Cheerios	Plain, General Mills					☑	
Circuitos	Train, ocher a trains						
Meat/Meat Alternate and Mixed Co	omponent Foods						
Other food and beverage items (in	,		,				
Tap water	Served in Sippy cups					☑	

#### Infant Menu Form for Between 1 pm and 4 pm

$\square$ Check this box if you did not serve any items between 1 pm and 4 pm.							
Please use this form to record all food served <b>between 1 pm and 4 pm</b> to children under 1 year old.							
List Each Food and Drink Served During This Time  Please Describe Each Food or Drink For detailed information on what to include in this column,  Please Describe Each Food or Drink For detailed information on what to include in this column,  Age Group(s) Served Select the age group(s) of in are served the food or	oup(s) of infants that						
please refer to the Food Description Guide  Foods You Prepared*  0-3  4-5  months  months  foods You Prepared*	8-11 months						
Breastmilk and Formula (RTF = ready to feed; Liquid Conc. = liquid concentrate)							
Breastmilk							
Formula 🗆 RTF 🗆 Liquid Conc. 🗆 Powder							
Formula 🗆 RTF 🗆 Liquid Conc. 🗆 Powder							
Formula □ RTF □ Liquid Conc. □ Powder □ □ □ □							
Infant Cereal (please include what it is mixed with)							
Fruits and Vegetables							
Grains and Bread							
	Ш						
Meat/Meat Alternate and Mixed Component Foods							
Other food and beverage items (include milk and water here)							
Other food and beverage items (include link and water here)							

#### **Example of Completed Infant Menu Form for After 4 pm Day of Week:** ✓ Monday □ Tuesday □ Wednesday □ Thursday Today's Date: \_\_\_\_\_2/7/23\_\_\_\_ ☐ Friday ☐ Check this box if you did not serve any items after 4 pm. Please use this form to record all food served *after 4 pm* to children under 1 year old. Age Group(s) Served **Food Preparation** Select the age group(s) of infants that Please Describe Each Food or Drink List Each Food and Drink Served are served the food or drink For detailed information on what to include in this column. **During This Time** 6-7 please refer to the Food Description Guide 0-3 8-11 Foods You Prepared\* month months months months Breastmilk and Formula (RTF = ready to feed; Liquid Conc. = liquid concentrate) $\overline{\mathbf{V}}$ $\overline{\mathbf{V}}$ $\overline{\mathbf{V}}$ Breastmilk П M Similac, Advance П П Formula □ RTF □ Liquid Conc. ☑ Powder $\overline{\mathbf{M}}$ Gerber Good Start, Gentle - milk-based with iron Formula □ RTF □ Liquid Conc. ☑ Powder П П Formula □ RTF □ Liquid Conc. □ Powder Infant Cereal (please include what it is mixed with) Gerber, Single Grain, added water $\square$ Infant oatmeal П П $\Box$ П П Fruits and Vegetables Pear, spinach pouch $\overline{\mathbf{M}}$ Gerber Pear, carrot, pea pouch Gerber П П П Grains and Bread П П П П $\Box$ П Meat/Meat Alternate and Mixed Component Foods Stonyfield - plain, whole milk M Yogurt П П Other food and beverage items (include milk and water here) П

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

(Formulas and infant cereals do not require a separate form if package directions are followed.)

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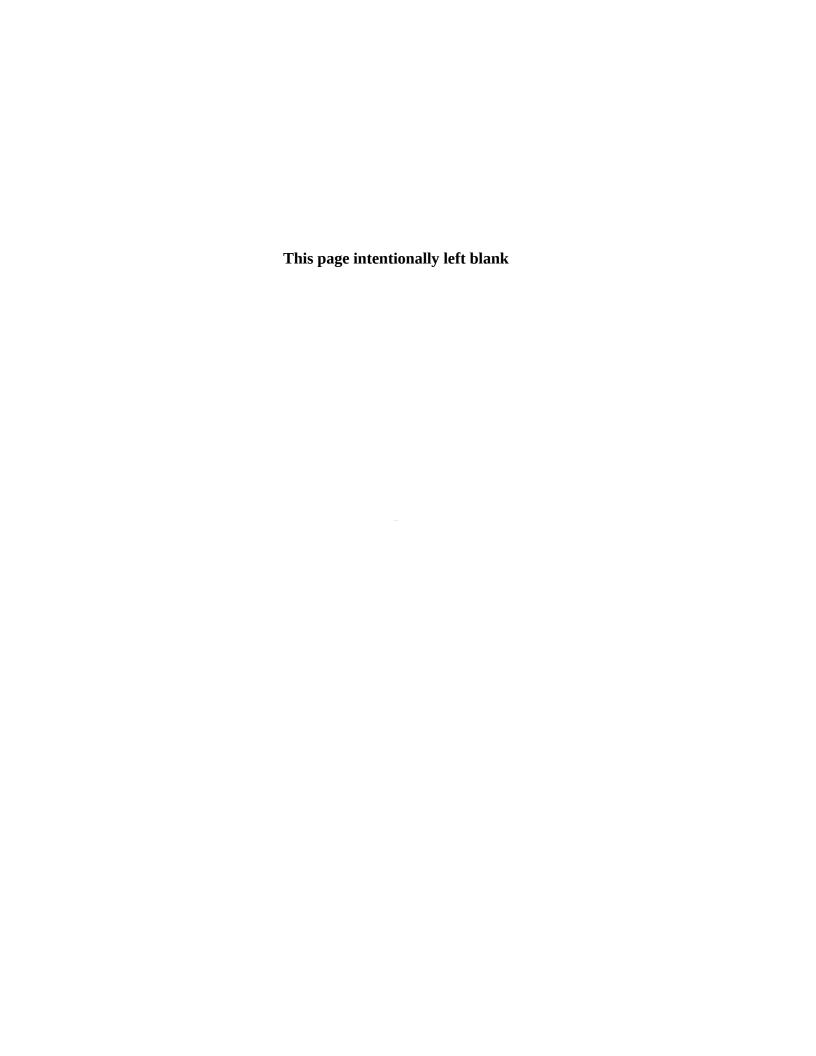
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#### **Infant Menu Form for After 4 pm**

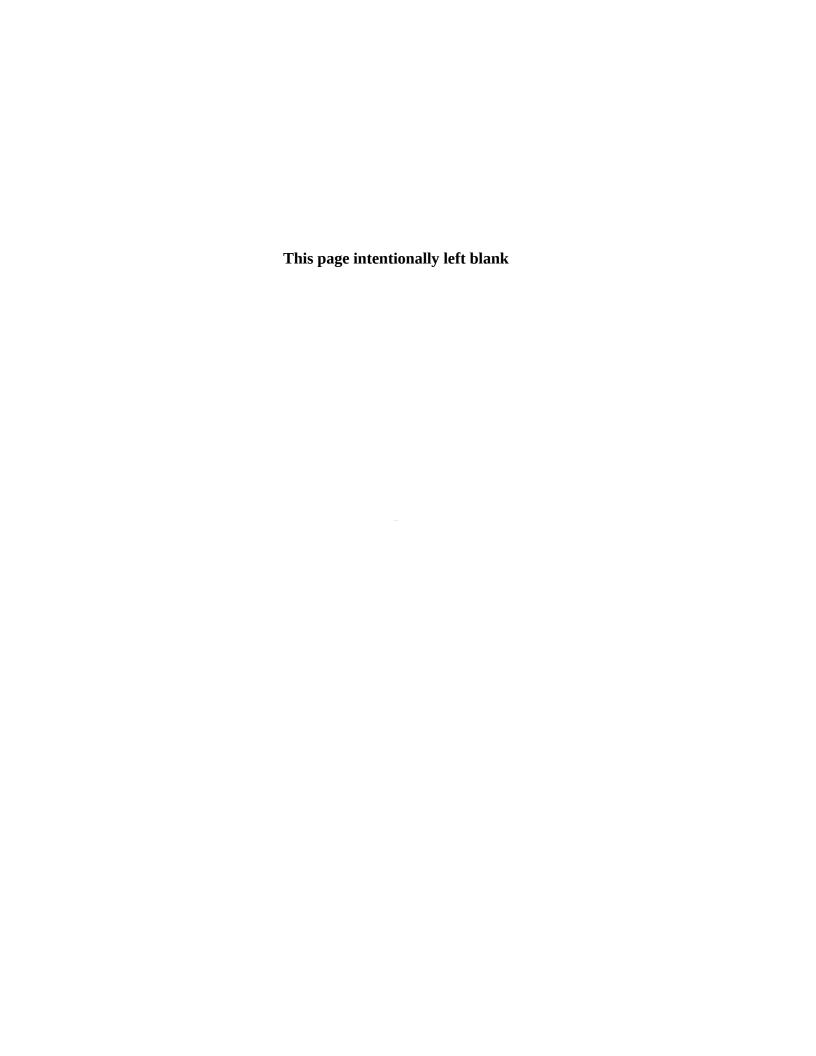
**Day of Week:** □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday

Today's Date:	ay's Date: Day of Week: □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday						
	$\square$ Check this box if you did not serve any items a	fter 4 pm.					
Please use this form to record all food served <i>after 4 pm</i> to children under 1 year old.							
List Each Food and Drink Served During This Time	Please Describe Each Food or Drink For detailed information on what to include in this column,	Food Preparation Select the age group			o(s) Served up(s) of infants that e food or drink		
-	Foods You Prepared*		0-3 months	4-5 months	6-7 months	8-11 months	
Breastmilk and Formula (RTF = ready to feed; Liquid Conc. = liquid concentrate)							
Breastmilk							
Formula □ RTF □ Liquid Conc. □ Powder							
Formula □ RTF □ Liquid Conc. □ Powder							
Formula □ RTF □ Liquid Conc. □ Powder							
Infant Cereal (please include what	it is mixed with)						
Fruits and Vegetables							
Grains and Bread							
Meat/Meat Alternate and Mixed Co	mponent Foods						
Other food and beverage items (in	clude milk and water here)	·					

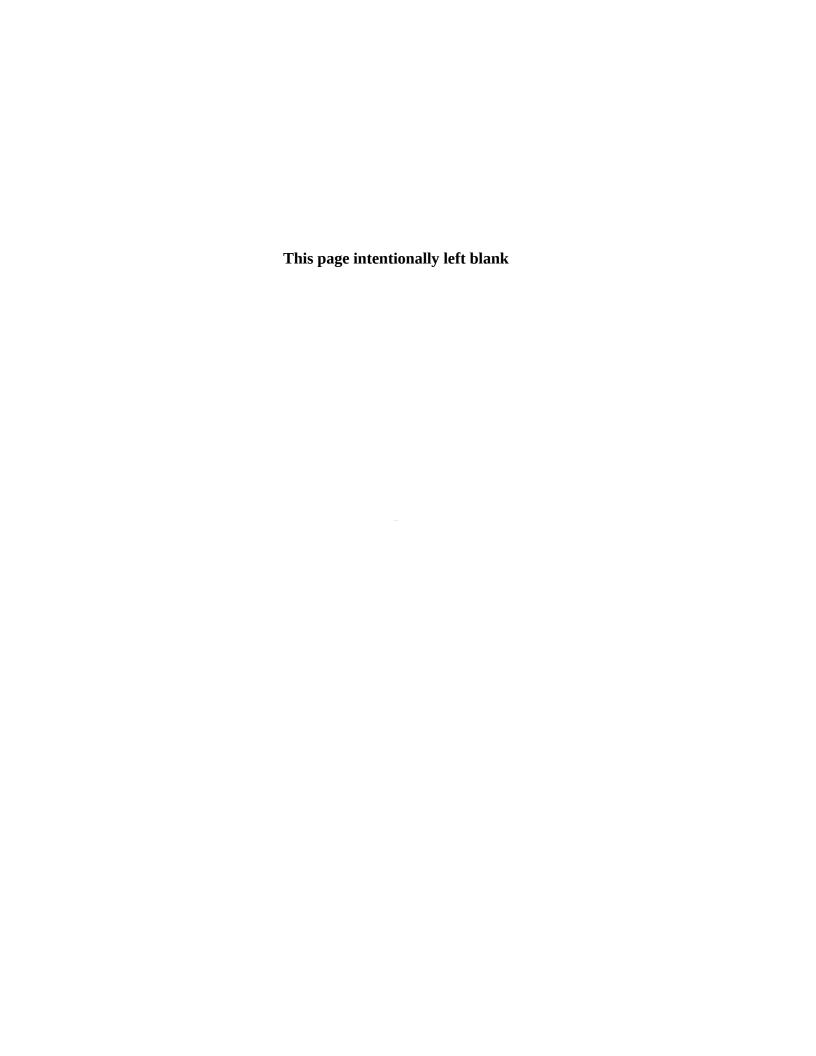
## Tuesday



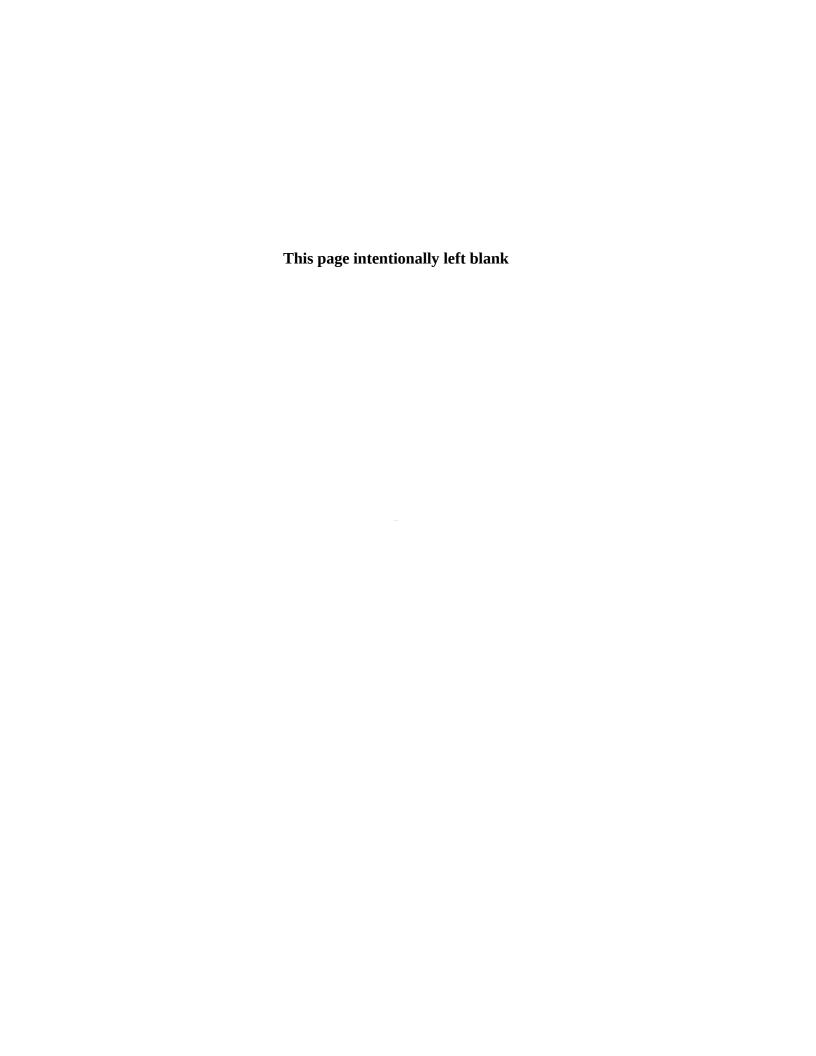
## Wednesday



## **Thursday**



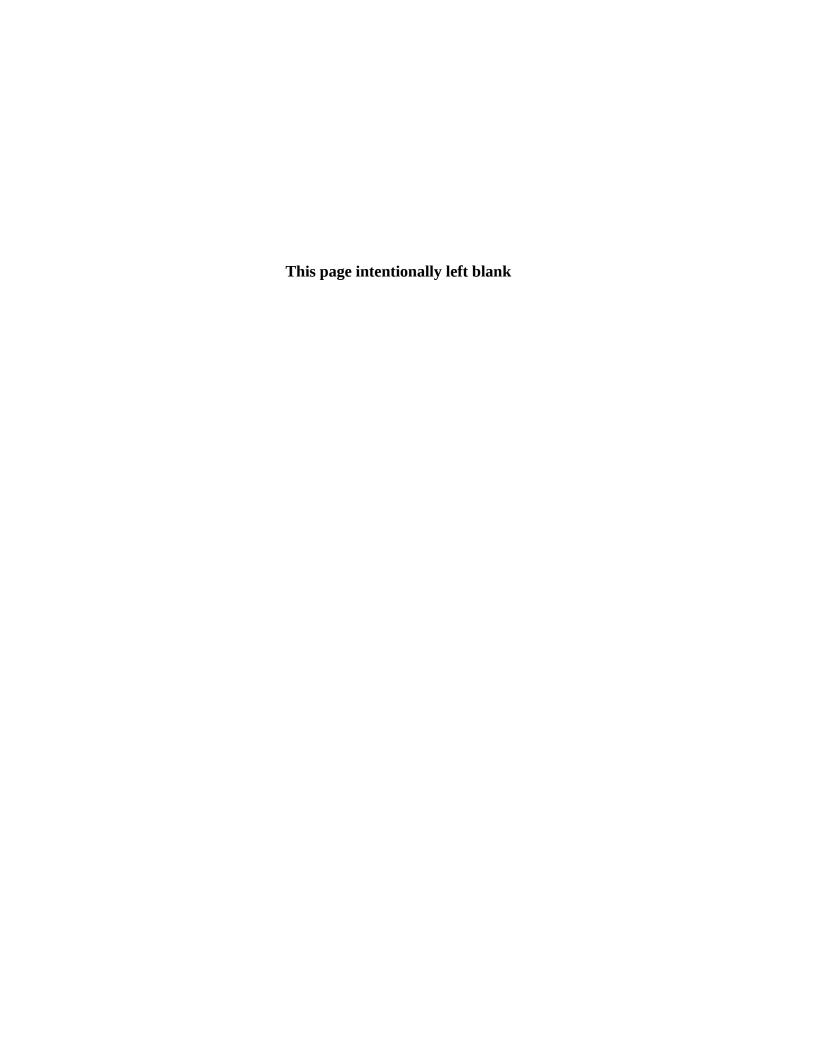
## **Friday**



### **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 **Infant Menu Forms.** See the Infant 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.



### **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: macaroni and cheese, mashed potatoes, pancakes, etc.).

Name of Food: <u>Infant Banana Oatmeal (Homemade)</u> (Please use same name you used on the Infant Menu Forms)			When Was the Food Served?  Check all that apply and indicate day(s) served:			
(Please use same name yo	ou usea on the intan	it Menu ⊢orms)	Time(s) Served: ☑ Before 10 am	Day(s) Served:		
Number of Servings Prepared			☐ Between 10 am-1 pm ☐ Between 1-4 pm			
Number of Servings Frepared	Number of Servings Prepared: <u>4</u>					
Size of each serving: 4 tbsp			☐ After 4 pm			
(Examples: ½ cup, 4 fl.	oz., 2 tsp, 3 tbsp)					
	How Much Did You Use?					
What Ingredients or Foods Did You	(Examples: 2 tsp,	Please Des	cribe Each Ingredient	or Food.		
Use?	½ cup, 1 pound,		ch detail as possible. Che			
(List all ingredients and foods.)	4 fl oz., etc.)		Description Guide.)			
Infant oatmeal	1 cup	Gerber, Si	ngle Grain Cerea	al		
Water	3 cups					
Banana	1 whole	Fresh, ma	shed			
Preparation and/or Cooking Method (	If Applicable):					
1. If cooked:						
a. What cooking method did you use?	` '					
□ Bake/Roast □ Broil/Grill □ Pan F	•	• •	Boil/Parboil Li Other (spe	city):		
b. What fat was added during the cook		•	) — — — — — — — — — — — — — — — — — — —			
□ Vegetable Oil □ Olive Oil □ Bu		☐ Other (specify)	)			
2. If meat (chicken, beef, pork, etc.) wa	•	•	ak ka kuina			
	Yes □ No	□ No visible fa				
	Yes □ No	☐ No fat to dra	nik			
3. If fruits or vegetables were an ingred	-	<b>-</b>				
a. Peel the fruit or vegetable?			peel to remove			
b. Mash or blend the fruit or vegetable?	? 🗹 Yes	□ No				

☐ Yes

☐ No

4. Was salt added during the cooking process?

### **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: macaroni and cheese, mashed potatoes, pancakes, etc.).

Na	me of Food:			When Was the Food Served?  Check all that apply and indicate day(s) served:
(Please use same name you used on the Infant Menu Forms)				Time(s) Served: Day(s) Served
				☐ Before 10 am ☐ Between 10 am-1 pm
Nu	Number of Servings Prepared:			☐ Between 1-4 pm
٥.				☐ After 4 pm
SIZ	e of each serving: (Examples: ½ cup, 4	fl oz 2 tsn 3 thsi	<u></u>	
	( <u></u>	02., 2 top, 0 too,		
		How Much Did You Use?		
W	hat Ingredients or Foods Did You	(Examples: 2 tsp,	Please Desc	ribe Each Ingredient or Food.
	Use?	½ cup, 1 pound,		h detail as possible. Check the Food
	(List all ingredients and foods.)	4fl oz., etc.)		Description Guide.)
	eparation and Cooking Method (If <i>I</i> If cooked:	Applicable):		
1.	a. What cooking method did you use?	(chack ana)		
	□ Bake/Roast □ Broil/Grill □ Pan F	•	□ Deen Erv. □Boi	I/Parhoil D Other (specify):
	b. What fat was added during the cool	•		in about the care (specify).
	□ Vegetable Oil □ Olive Oil □ Bu	•	•	) □ None
2.	If meat (chicken, beef, pork, etc.) wa	as an ingredient, di		<del></del>
	a. Trim the visible fat? $\ \square$	Yes □ No	☐ No visible fa	at to trim
	b. Drain the fat after cooking? $\qed$	Yes □ No	☐ No fat to dra	ain
3.	If fruits or vegetables were an ingred	dient, did you:		
	a. Peel the fruit or vegetable?	☐ Yes		peel to remove
	b. Mash or blend the fruit or vegetable	? □ Yes	□ No	
4.	Was salt added during the cooking p	process?	□ Yes □ N	lo