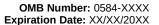
### F11. Menu Survey







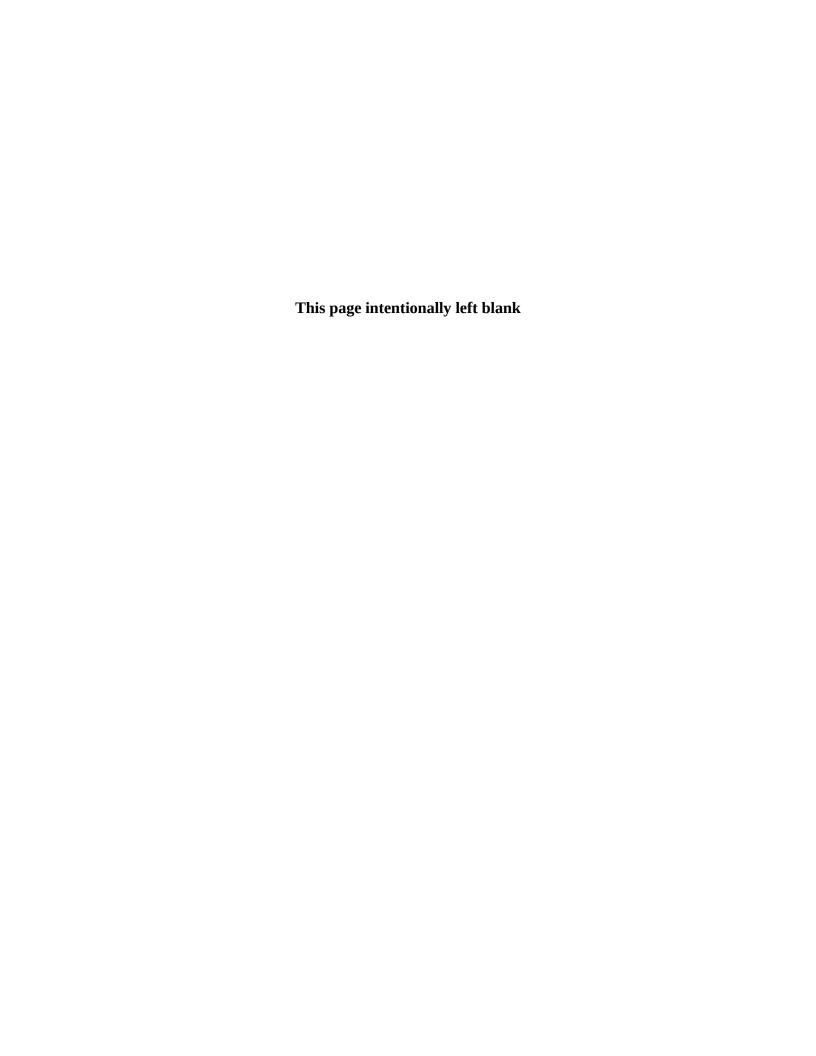
## Study of Nutrition and Activity in Child Care Settings II (SNACS-II)

### **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.



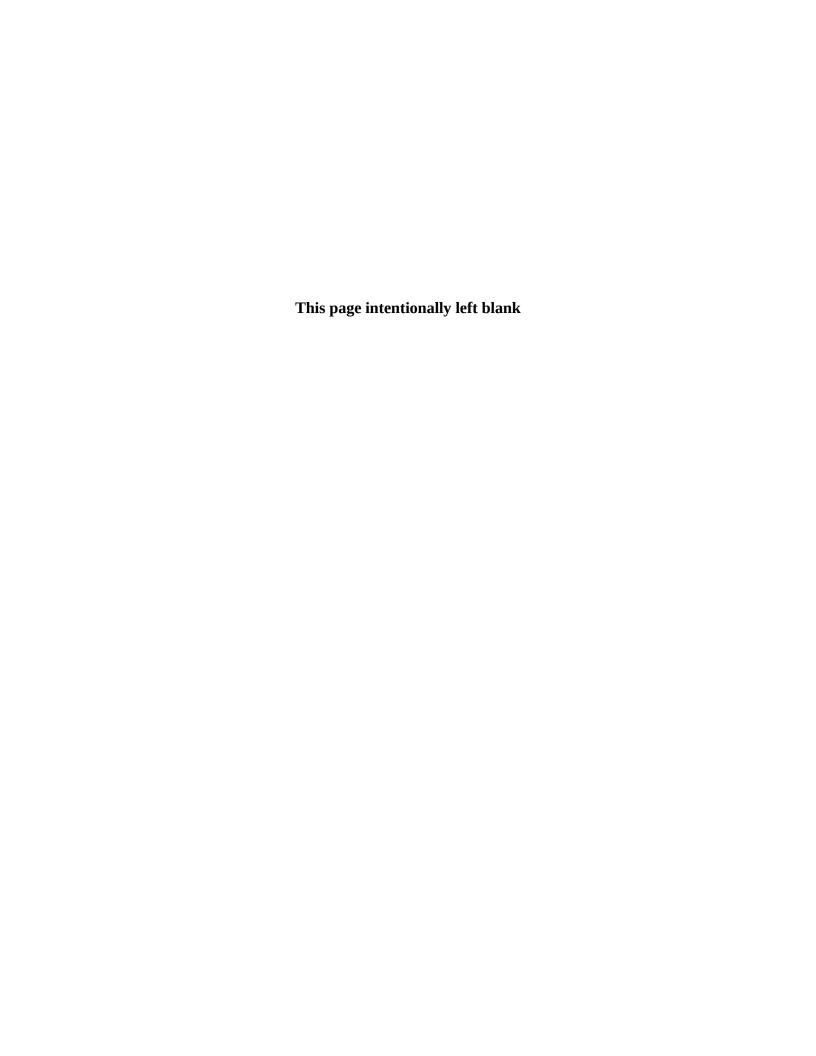
About the Study. The second Study of Nutrition and Activity in Child Care Settings (SNACS-II) will look at the nutrition and wellness policies and activities in child care centers, family child care homes, and before and after school programs across the country. This important study will help providers, 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.

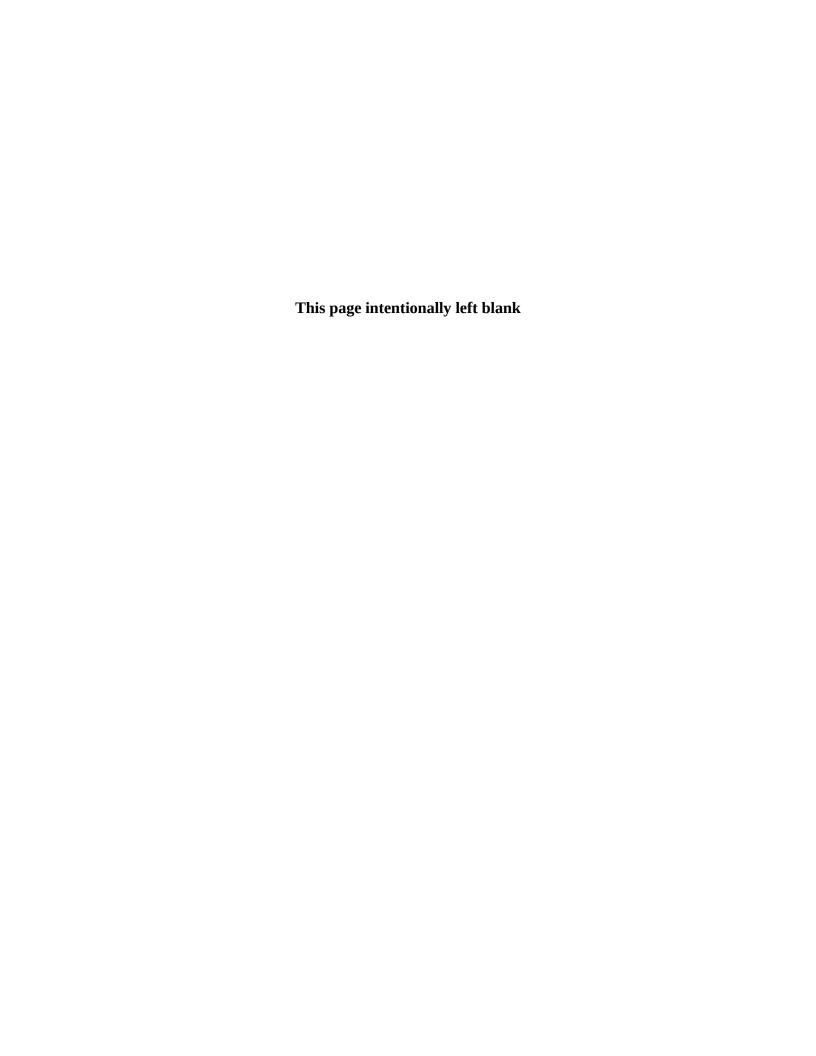


### **Menu Survey Overview**

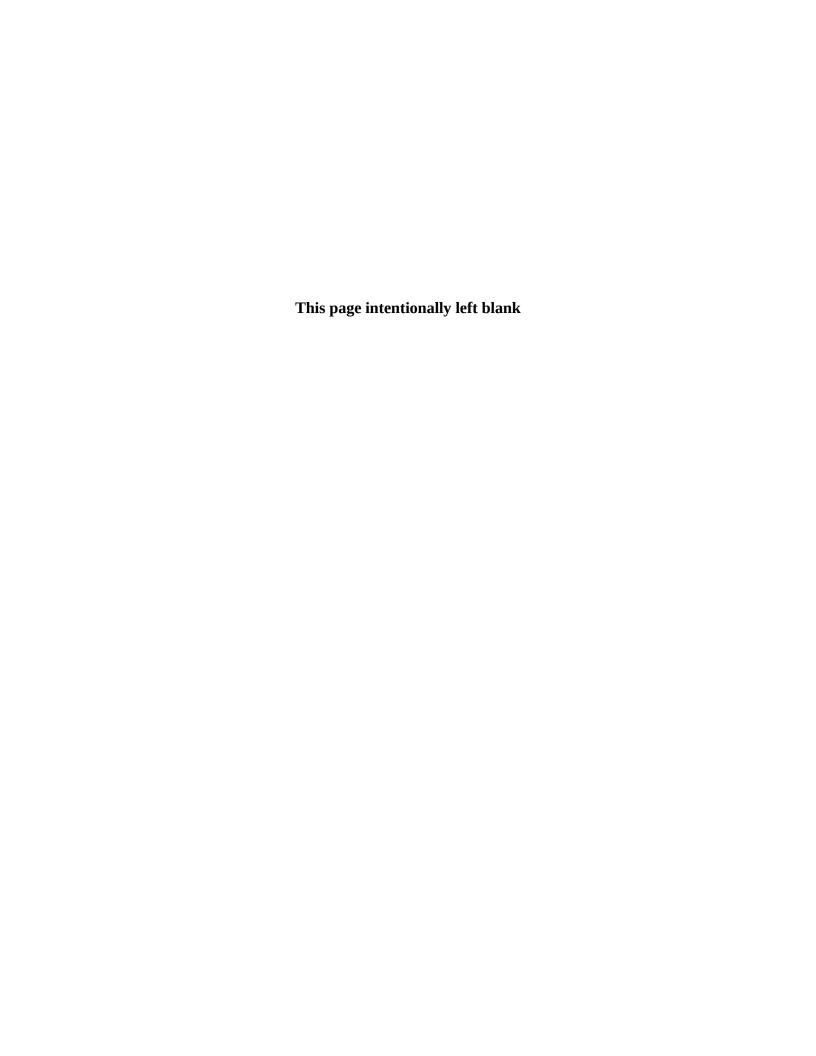
This survey should be completed by the person most familiar with food preparation at your child care center or home. In some child care settings, there is one person who prepares the food and a different person who provides care for the children. We would like the food preparer to complete the Menu Survey 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:** <u>Daily Menu Forms</u> 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**: <u>Foods You Prepared Forms</u> 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.



## **Menu Survey Instructions**



### **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 preaddressed 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: ☐ Monday	☐ Tuesday ☐ Wednesday	☐ Thursday	☐ Friday			
☐ Check this box if you did not serve breakfast							
<b>Type of Meal Service:</b> □ Delivered in bu	lk and portioned by staff 💢 🗆	Individually pre-portioned plates	$\square$ Family Style	$\square$ Other (describe):			

- 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 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.

☑ 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

<b>Type of Meal Service:</b> $\square$ Delivered in bulk and portioned by staff	☐ Individually pre-portioned plates	☐ Family Style	□ Other (describe):

- 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 <u>first</u> 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.

	Served at This Meal including brand, type, and preparation method, please refer to	Food Preparation	Age Group(s) Se Select the age group(s) of children the drink	
V		Foods You Prepared*	1-2 years	3-5 6-12 13-18 years years years

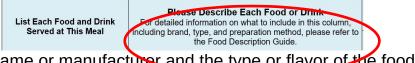
- List each food or drink under the category it belongs to:
  - o Milk
  - o Fruits
  - o Vegetables
  - o Separate Grains/Bread
  - o Meat/Meat Alternates and Mixed Component Foods
  - o Other
- If you are unsure of which category a food you served belongs to, write it in the "Other" category.
- List 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:
  - o 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).
  - o 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



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

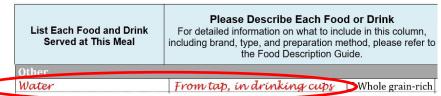


different type of milk (for example, soy), you can check the box for "Other type" and list the type next to the checkbox.

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



 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

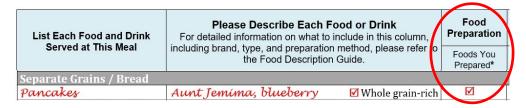


under the "Other" category and describe now it was provided.

 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 <u>combining two</u> <u>or more ingredients</u>, 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.
 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	DO NOT 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	Cold cereal served with milk
from scratch	

### **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	Tor detailed information on what to include in this column,	Food Preparation	Select the age group(e) of children th	e Group(s) Served s) of children that are served the food or drink		
Served at This Meal	including brand, type, and preparation method, please refer to the Food Description Guide.	Foods You Prepared*	1-2 years	3-5 years	6-12	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 2year-olds.

List Each Food and Drink	For detailed info	rmation on wha	ch Food or Drink at to include in this column,	Food Preparation	Age Group(s) Served Select the age group(s) of children that are served the for drink				
Served at This Meal		uding brand, type, and preparation method, please refer to the Food Description Guide.			1-2 years		3-5 years	6-12 years	13-18 years
Milk									
Milk	□ Skim □ 1%	□ 2% ☑ Whole	☐ Flavor: ☐ Other type:		☑ 1 year	☐ 2 years			
Milk	☑ Skim □ 1%	□ 2% □ Whole	☐ Flavor: ☐ Other type:		□ 1 year	☑ 2 years			

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.).							
Name of Food: Pancakes (Please use same name you used on the Daily Menus)	When Was Food Served?  Check all that apply and indicate day(s) served:  Meal(s)/Snack(s): Day(s):  ☑ Breakfast Monday						
Number of Servings Prepared:	☐ Morning Snack ☐ Lunch ☐ Afternoon Snack ☐						
Size of each serving: One 4-inch pancake (Examples: ½ cup, 4 fl. oz., 1 cup, 3 tbsp)	☐ Supper						

### 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,  $\frac{1}{2}$  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.)
Pancake míx	1 cup	Aunt Jemima Whole Wheat Blend
Mílk	1 cup	Skim
Vegetable Oil	1 TB	
Eggs	1	Fresh eggs
Blueberries	1/4 cup	Fresh eggs Frozen

### 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.)

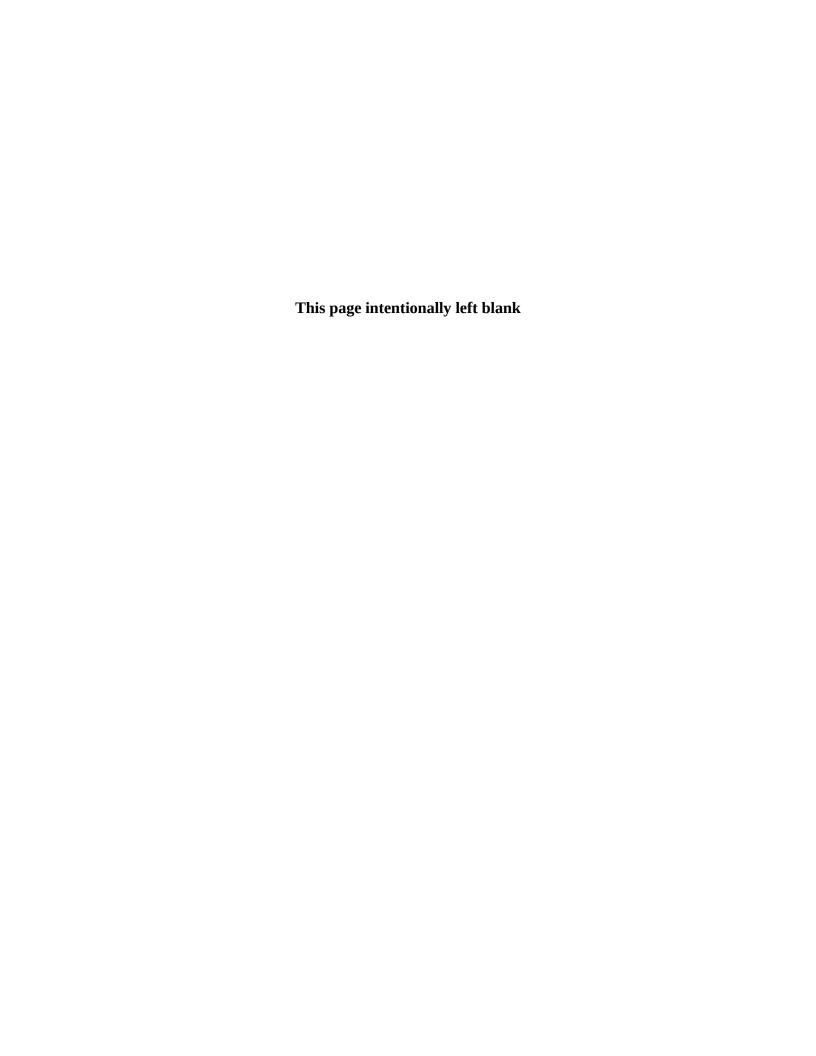
### Fill out the bottom portion of the form as follows:

### **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.

Pr	epa	ration and/or Cooking Meth	od (If Ap	plicable):				
1.	If (	cooked:	- A					
	a.	What cooking method did you	use? (che	ck one)				
		Bake/Roast ☐ Broil/Grill ☐ I	Pan Fry/S	auté 🗆 Stir Fr	y 🗆 Deep F	ry □Boil/Parboil 🗹 O	other (specify): griddle	
	b. What fat was added during the cooking process? (check one)							
	M	Vegetable Oil ☐ Olive Oil	□ Butter	☐ Margarine	□ Other	(specify)	□ None	
2.	lf i	meat (chicken, beef, pork, etc	.) was an	ingredient, di	d 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 i	ngredient	, did you:				
	a.	Peel the fruit or vegetable?		☐ Yes	□ No	☑ No peel to remo	ove	
	b. Mash or blend the fruit or vegetable? ☐ Yes ☑ No							
4.	W	as salt added during the cooking	process?		Yes	✓ No		

## **Daily Menu Forms**

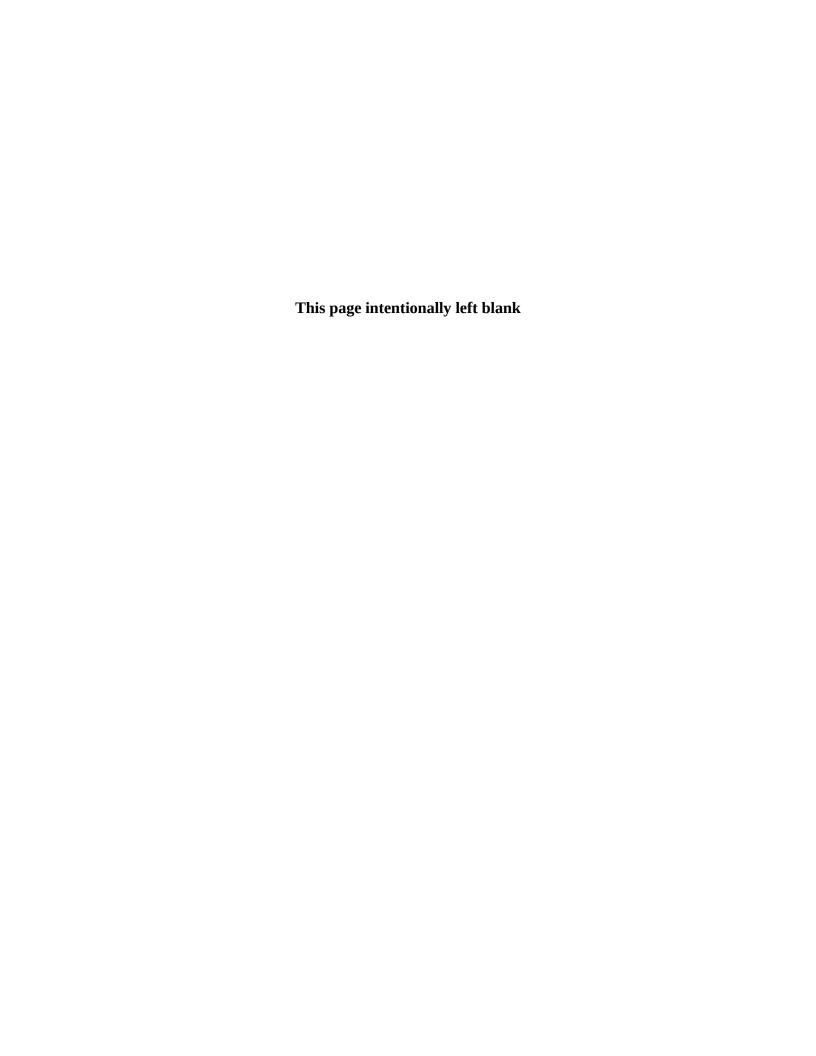


# Outside Vendor Representative: Contact Information

(If applicable)

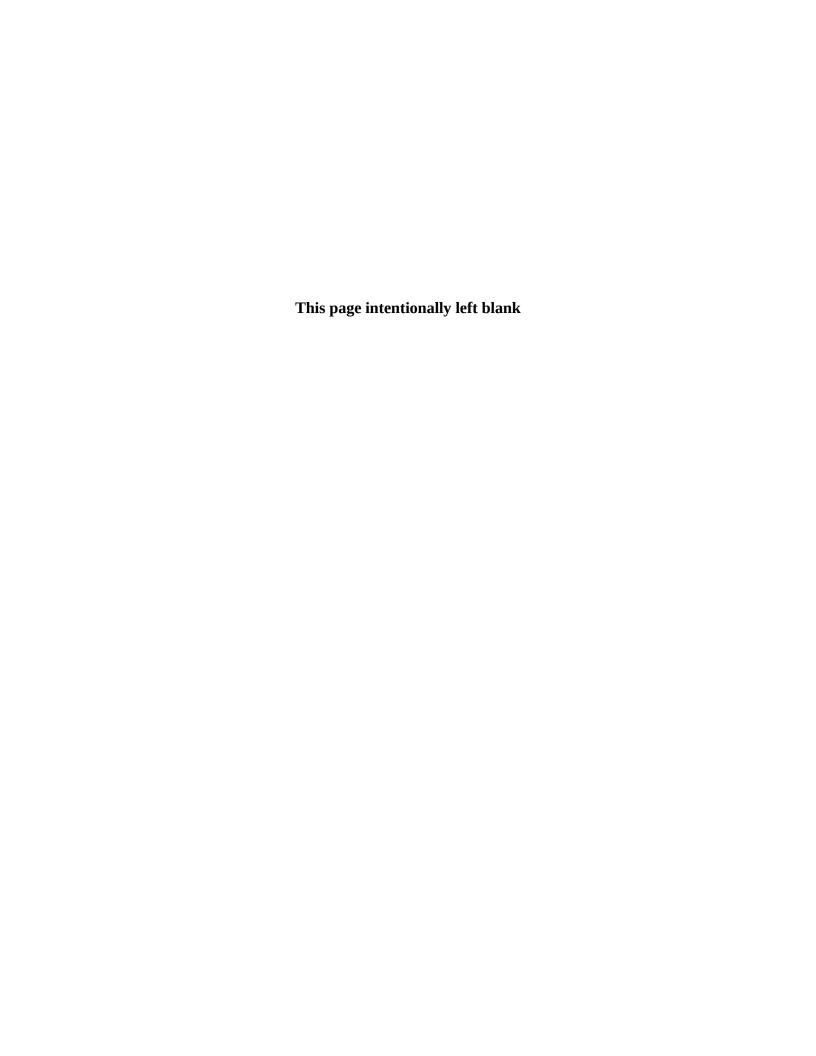
If you receive foods that are prepared off-site (such as from a vendor or school district), please provide the vendor representative's contact information below. We would like to collect their contact information in case our study team needs further information during the processing of the data.

Representative Name:	
Representative Title:	
Name of Company/Site/District:	
Phone Number:	
Email	Address:
	-



## **Monday**

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



### **Example of Completed Menu Form for Breakfast**

'oday's Date: <u>2/6/23</u>	Day of Week: E		□ Tuesday □ Wednes		ırsday 🛭	🛘 Friday				
			is box if you did not serve b							
ype of Meal Service: ☐ Deliver	ed in bulk and porti	oned by staff	☐ Individually pre-porti	oned plates	☑ Family Sty	yle 🗆 Other (	describ	e):		
List Each Food and Drink Served	For detailed infor	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 children that are served the food or drink				
at This Meal		e Food Descrip	ation method, please refer to tion Guide.	Foods You Prepared*		1-2 ears	3-5 years	6-12 years	13-18 years	
Milk								·	·	
Milk	□ Skim □ 1%	□ 2% ☑ Whole	□ Flavor: □ Other type:		☑ 1 year	□ 2 years				
Milk	✓ Skim  □ 1%	□ 2% □ Whole	□ Flavor: □ Other type:		□ 1 year	☑ 2 years	☑			
Fruits										
Applesauce	Motts: unsweet	ened				<b>7</b>	☑			
Orange	Fresh, slices					<b>☑</b>	<u> </u>			
Vegetables										
vegetables										
Separate Grains / Bread										
Oatmeal	Quick oats,		☑ Whole grain-rich	<u> </u>		<u> </u>	☑			
Pancakes	Aunt Jemim	a, blueberry				<u> </u>	<b></b> ✓			
			☐ Whole grain-rich							
Meat/Meat Alternates and M	ixed Component	Foods	□ TA71 1 1							
			□ Whole grain-rich							
			□ Whole grain-rich □ Whole grain-rich							
			□ Whole grain-rich							
Other			- whole grain field	_		_				
			☐ Whole grain-rich							
			☐ Whole grain-rich							
			☐ Whole grain-rich							

<sup>\*</sup>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**

oday's Date:	Day		Monday Li Tuesday Li this box if you did not serve		□ Thursd	ay 🗀 Frid	ay		
<b>'ype of Meal Service:</b> □ Deliv	vered in bulk and	portioned by sta	$\Box$ Individually pre-po	rtioned plates	☐ Family Sty	yle 🛮 Other (	describ	e):	
List Each Food and Drink	Please Describe Each Food or Drink For detailed information on what to include in this column,			Food Preparation	Select the ag	Served dren that are served the ink			
Served at This Meal	including brand,	type, and prepar the Food Descrip	ation method, please refer to otion Guide.	Foods You Prepared*	1 ye	3-5 years	6-12 years	13-18 years	
Milk				•	-				<u> </u>
Milk	□ Skim Flavor: □ 1%	□ 2% □ Whole	□ □ Other type:		□ 1 year	□ 2 years			
Milk	□ Skim Flavor: □ 1%	□ 2% 	□  Other type:		□ 1 year	□ 2 years			
Fruits						_			
						<u> </u>			
Vegetables									
					L	]			
Separate Grains / Bread							<u>:</u>	<u>:</u>	<u>:</u>
			□ Whole grain-rich		[				
			□ Whole grain-rich						
Nr. / Nr. / A1/	W: 10	4 P. 1	☐ Whole grain-rich						
Meat/Meat Alternates and	Mixed Compo	nent Foods	☐ Whole grain-rich		Γ				
			□ Whole grain-rich		[				
			☐ Whole grain-rich						
			□ Whole grain-rich						
Other									
			□ Whole grain-rich			] 			
			□ Whole grain-rich □ Whole grain-rich		<u>.</u>	<u> </u>			
*For foods or drinks	selected as "Food	s Vou Prenared"	please complete a "Foods Yo				<u> </u>	<u> </u>	

### **Example of Completed Menu for Morning Snack**

Today's Date: <u>2/6/23</u>	Day o		Monday □ Tuesday □			y 🗆 Frida	ay			
			s box if you did not serve a			<b></b>		`		
Type of Meal Service: ☐ Deli	ivered in bulk and po	ortioned by sta	iff $\square$ Individually pre-po	rtioned plates	✓ Family Styl	le 🗀 Other (d	lescribe	:):		
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 or drink					
Serveu at This Mean				Foods You Prepared*	1-2 yea		3-5 years	6-12 years	13-18 years	
Milk										
Milk	□ Skim □ 1%	□ 2% ☑ Whole	□ Flavor: □ Other type:		☑ 1 year	□ 2 years				
Milk	✓ Skim Flavor: □ 1%	□ 2% □ Whole	□ Other type:	П	□ 1 year	☑ 2 years	☑			
Fruits	170	- Whole	in other type				<u>:</u>	<u>:</u>	<u>:</u>	
Banana	Fresh, sliced				₹		☑			
Vegetables										
Separate Grains / Bread										
			□ Whole grain-rich							
			☐ Whole grain-rich							
			□ Whole grain-rich							
Meat/Meat Alternates and							<u></u> _	<u> </u>	<u> </u>	
Yogurt	Stonyfield – v	vhole milk, pl			✓		☑			
			□ Whole grain-rich							
			□ Whole grain-rich							
Other			□ Whole grain-rich							
Other			☐ Whole grain-rich							
			□ Whole grain-rich							
			□ Whole grain-rich							

<sup>\*</sup>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

Гoday's Date:			Monday □ Tuesday ais box if you did not serve a			lay ⊔ Frida	y		
<b>Гуре of Meal Service:</b> □ Del	livered in bulk a		-	_		yle 🛮 Other (d	escribe)	:	
List Each Food and Drink	, , , , , , , , , , , , , , , , , , , ,			Food Preparation	Select the age gr	rved the	ved the food or		
Served at This Meal	including brar	ing brand, type, and preparation method, please refer to the Food Description Guide.			1 ye	3-5 years	6-12 years	13-18 years	
Milk									
	□ Skim	□ 2%							
Milk	Flavor:	□ Whole	□ Other		□ 1 year	□ 2 years			
	type:	 □ 2%							
Milk	Flavor: 1%	□ Whole	□ Other		□ 1 year	□ 2 years			
Fruits	type:	_							
Fruits									
					[				
Vegetables									
					[				
					ו				
					]				
Separate Grains / Bread									
			□ Whole grain-rich						
			☐ Whole grain-rich						
			☐ Whole grain-rich						
Meat/Meat Alternates and	Mixed Comp	onent Foods				_			
			□ Whole grain-rich						
			☐ Whole grain-rich						
			□ Whole grain-rich						
O4le en			□ Whole grain-rich						
Other			TAThe 1 - and 1 1						
			□ Whole grain-rich	Ш	L		Ш	Ш	
*For foods or drinks	s selected as " <b>Fo</b>	ods You Prepared'	, please complete a " <b>Foods \</b>	ou Prepared"	form, found at tl	he end of this Me	nu Surve	ey.	

□ Whole grain-rich			
☐ Whole grain-rich			

### **Example of Completed Menu for Lunch**

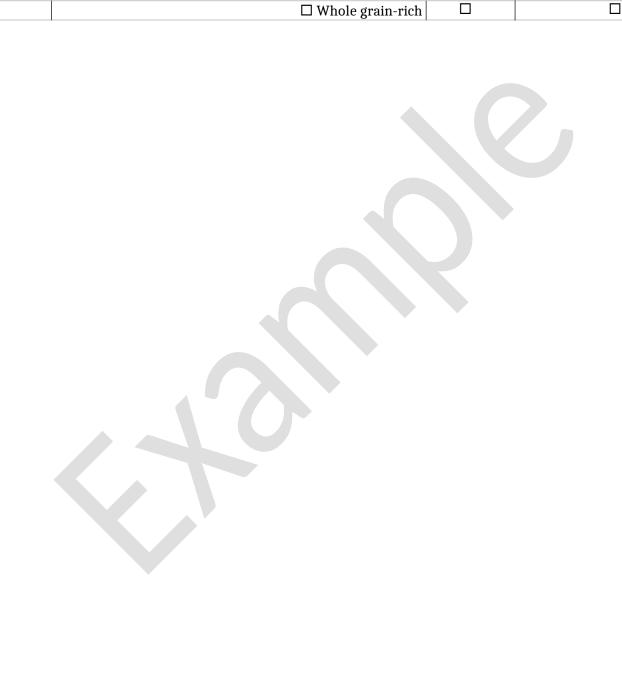
**Day of Week:** ✓ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday

☐ Friday

Today's Date: \_\_2/6/23\_\_\_\_\_

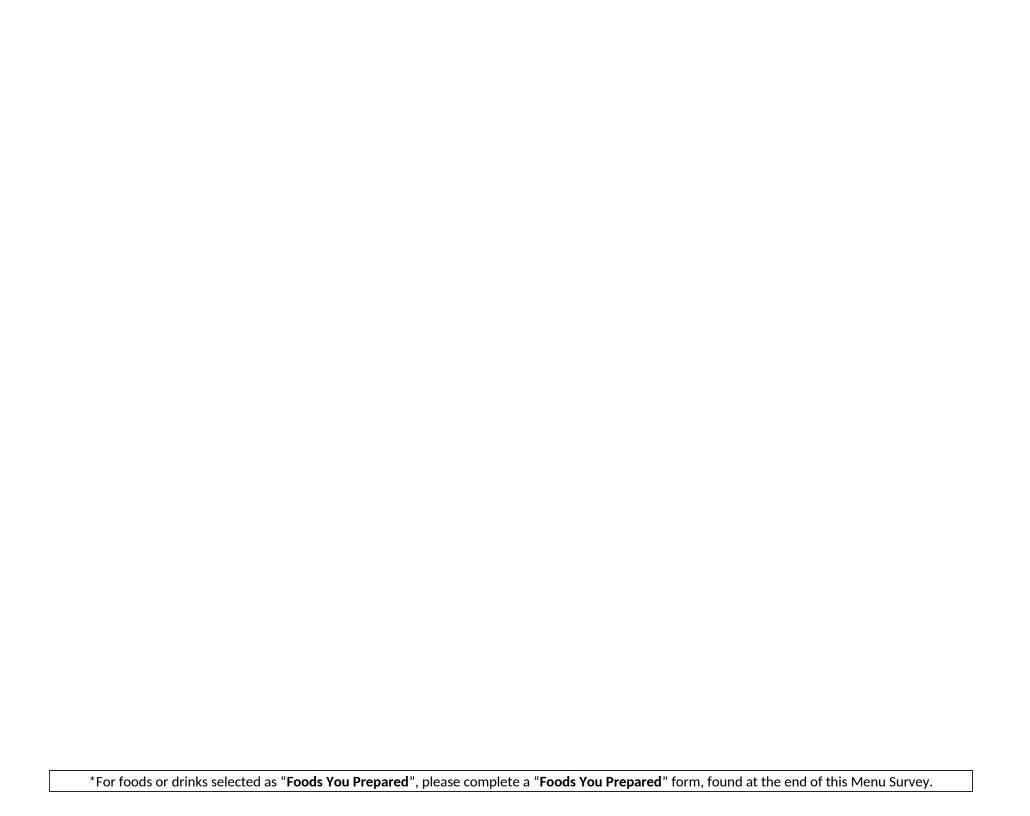
		Check this box if you did not s	erve lunch		·	•			
<b>Гуре of Meal Service: 🗹</b> De	livered in bulk and portioned by	$v$ staff $\Box$ Individually pre-p	ortioned plate	es 🛘 Family Sty	rle 🛮 Other (d	escribe)	<b>:</b>		
List Each Food and Drink	Please Describe Ea	Food Preparation							
Served at This Meal	including brand, type, and prepa the Food Desc		Foods You Prepared*	1- yea	-2 ars	3-5 years	6-12 years	13-18 years	
Milk						·			
Milk	☐ Skim ☐ 2% Flavor: ☐ 1% ☑ Whole	□ □ Other type:		☑ 1 year	□ 2 years				
Milk	✓ Skim □ 2% Flavor: □ 1% □ Whole	□ Other type:		□ 1 year	☑ 2 years	Ø			
Fruits								:	
Apple	Granny Smith, sliced				]				
Vegetables			_						
Broccoli	Spears, steamed								
Separate Grains / Bread									
		□ Whole grain-rich □ Whole grain-rich □ Whole grain-rich							
Meat/Meat Alternates and	Mixed Component Foods								
Quesadilla	Black bean and cheese	☑ Whole grain-rich □ Whole grain-rich □ Whole grain-rich □ Whole grain-rich							
Other									
Water	From tap, in drinking	Cups ☐ Whole grain-rich ☐ Whole grain-rich		<u> </u>	<u>1</u>	<b>☑</b>			

<sup>\*</sup>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		Monday $\square$ Tuesday $\square$ eck this box if you did not so		y L Thursda	ay L Frida	y			
<b>Type of Meal Service:</b> □ Del	ivered in bulk and		· ·		es 🛮 Family Sty	rle 🗆 Other (de	escribe)	:		
List Each Food and Drink	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 children that are so				erved the food or	
Served at This Meal		ype, and prepara he Food Descrip	ation method, please refer to otion Guide.	Foods You Prepared*	1- yea	3-5 years	6-12 years	13-18 years		
Milk										
Milk	□ Skim Flavor: □ 1%	□ 2% □ Whole	□  □ Other type:		□ 1 year	□ 2 years				
Milk	☐ Skim Flavor: ☐ 1%	□ 2% □ Whole	□  □ Other type:		□ 1 year	□ 2 years				
Fruits										
						]				
Vegetables	1									
						]				
Separate Grains / Bread										
			□ Whole grain-rich □ Whole grain-rich □ Whole grain-rich							
Meat/Meat Alternates and	Mixed Compone	ent Foods								
			□ Whole grain-rich □ Whole grain-rich □ Whole grain-rich □ Whole grain-rich			]				
Other			3							
			□ Whole grain-rich □ Whole grain-rich □ Whole grain-rich							
*For foods or drinks	selected as "Foods	s You Prepared'	', please complete a " <b>Foods Y</b>		form, found at th	e end of this Me	nu Surve	y.	<u></u>	



#### **Example of Completed Menu for Afternoon Snack**

Today's Date: <u>2/6/23</u>	Day of Week: ☑ Mor				lay 🛭 Frida	y		
Type of Mool Sorvice:	Check this boy livered in bulk and portioned by staff	x if you did not serve ar ✓ Individually pre			vlo □Othon(d	ocariba)		
List Each Food and Drink	Please Describe Each For For detailed information on what to in	Food Preparation		Age Group(s) Soup(s) of children t	Served		food or	
Served at This Meal	including brand, type, and preparation the Food Description		Foods You Prepared*		-2 ars	3-5 years	6-12 years	13-18 years
Milk								
Milk	□ Skim □ 2% □ Flavor: □ 1% □ Whole □ type:	Other		□ 1 year	□ 2 years			
Milk	☐ Skim ☐ 2% ☐ Flavor:	Other		□ 1 year	□ 2 years			
Fruits								
				]				
Vegetables					_			
Carrots	Baby carrots, fresh, lightly stea	amed		]	<b>Z</b>			
Separate Grains / Bread			<u></u>		4			
Goldfish	Pepperidge Farm, cheddar	☑ Whole grain-rich ☐ Whole grain-rich ☐ Whole grain-rich		Ι				
Meat/Meat Alternates and	Mixed Component Foods					<u> </u>		
Other		□ Whole grain-rich □ Whole grain-rich □ Whole grain-rich □ Whole grain-rich		]				
Other Ranch dip	Kraft reduced fat	☐ Whole grain-rich			<u>√</u>	✓		
Г	s selected as " <b>Foods You Prepared</b> ", ple		ou Prepared"			i	<u>⊹</u> ≘y.	.i

Water	From tap, in drinking cups	☐ Whole grain-rich	☑	E	<b></b> ✓	]	
		☐ Whole grain-rich				]	



### **Menu for Afternoon Snack**

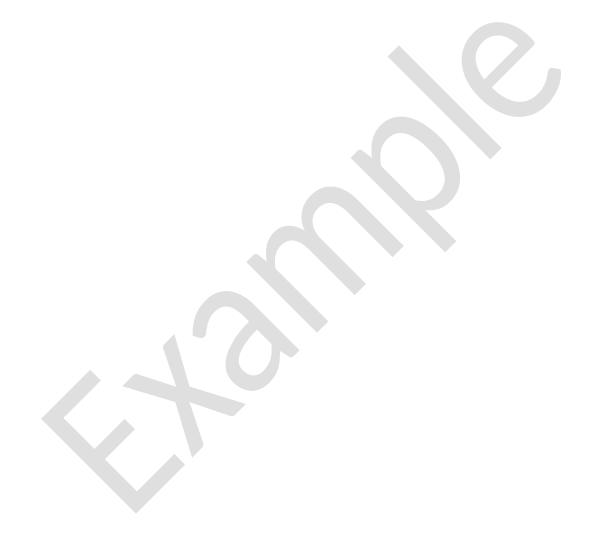
Today's Date:	Da		Monday ☐ Tuesday L			ay ⊔ Frida	У		
Type of Meal Service: ☐ Deli	ivered in bulk an		s box if you did not serve an taff			rle □ Other (d	escribe)	:	
List Each Food and Drink	Please Describe Each Food or Drink For detailed information on what to include in this column,			Food Preparation	Select the age gr	Age Group(s) soup(s) of children drink	Served that are se	erved the	food or
Served at This Meal		type, and prepara the Food Descrip	ation method, please refer to otion Guide.	Foods You Prepared*		-2 ars	3-5 years	6-12 years	13-18 years
Milk									
Milk	□ Skim □ 1%	□ 2% □ Whole	□ Flavor: □ Other type:		□ 1 year	□ 2 years			
Milk	□ Skim □ 1%	□ 2% □ Whole	□ Flavor: □ Other type:		□ 1 year	□ 2 years			
Fruits							<u> </u>		<u> </u>
						<del>_</del>			
						]			
Vegetables									
						]			
Separate Grains / Bread									<u>:                                      </u>
			□ Whole grain-rich						
			□ Whole grain-rich		[				
	25. 10		☐ Whole grain-rich						
Meat/Meat Alternates and	Mixed Compon	nent Foods	□ ₹A711tii1-			7			
			□ Whole grain-rich □ Whole grain-rich						
			□ Whole grain-rich						
			☐ Whole grain-rich		С				
Other			5						
			□ Whole grain-rich			]			
			□ Whole grain-rich						
			□ Whole grain-rich		Γ				

\*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**

oday's Date: _ <u>Z/O/Z5</u>		nis box if you did not ser	ve supper	•	·		`	
List Each Food and Drink	Please Describe Each For detailed information on what to i	Food Preparation		Age Group(s) s group(s) of childrer or drink	Served		ne food	
Served at This Meal	including brand, type, and preparation the Food Description		Foods You Prepared*		-2 ars	3-5 years	6-12 years	13-18 years
Milk								
Milk	□ Skim □ 2% □ Flavor: □ 1% ☑ Whole □ type:	l Other		☑ 1 year	□ 2 years			
Milk	☑ Skim □ 2% □ Flavor:	l Other		□ 1 year	☑ 2 years	Ø		
Fruits	VI						:	
Grapes Pear	Red grapes, sliced, fresh Diced, peeled, fresh			<u>[</u>	<b>Z</b> <b>Z</b> 	<b>☑</b>		
			Ш					
Mixed vegetables	Canned, mix of carrots, peas, o	cauliflower		] ]				
Separate Grains / Bread						<u> </u>	<u>:</u>	
Dinner roll	Bake Crafters, split top, wheat	☑ Whole grain-rich ☐ Whole grain-rich ☐ Whole grain-rich						
Meat/Meat Alternates and	l Mixed Component Foods							
Chicken nuggets	Tyson: Home-Style, baked	<ul><li>✓ Whole grain-rich</li><li>☐ Whole grain-rich</li><li>☐ Whole grain-rich</li><li>☐ Whole grain-rich</li></ul>		[ ]				
Other	_	-						
BBQ sauce	Kraft Original, served with nugge	ets □ Whole grain-rich		<u> </u>	<b>7</b>	☑		
*For foods or drinks	s selected as "Foods You Prepared", plea	ase complete a " <b>Foods Y</b> o	ou Prepared" f	orm, found at th	ne end of this Me	enu Surv	ey.	

Water	From tap, in drinking cups	☐ Whole grain-rich	☑	✓	
		□ Whole grain-rich			



Menu for Supper

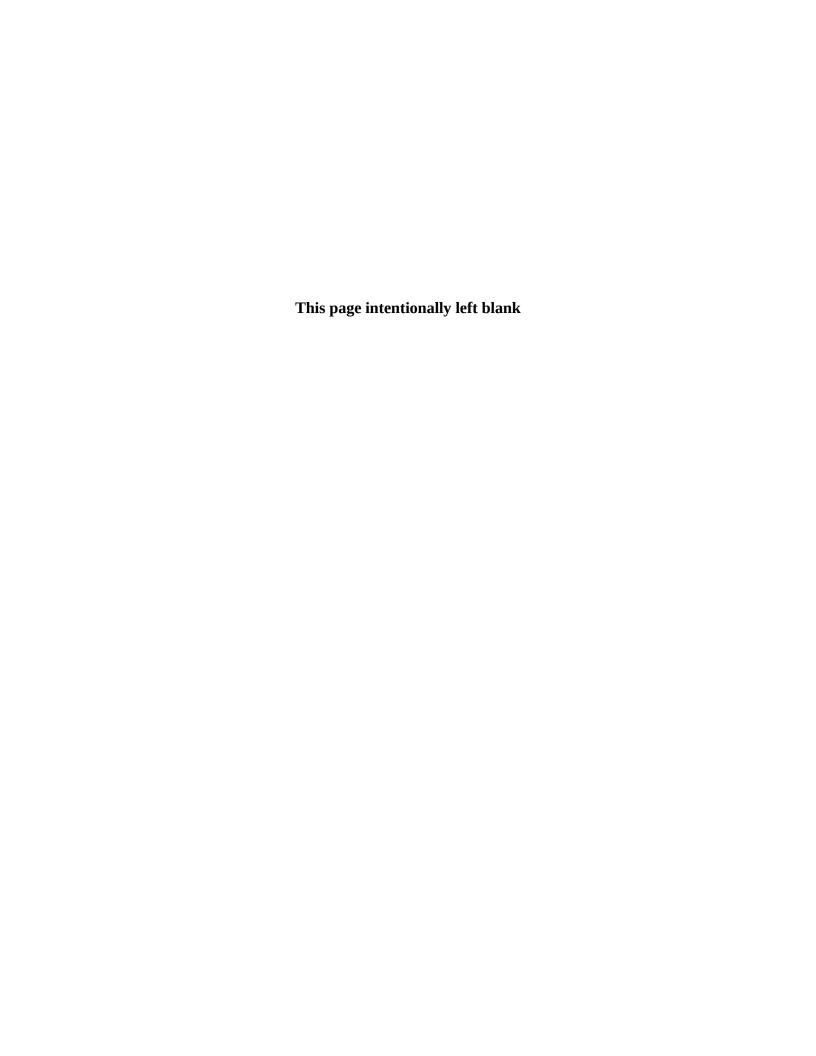
Гoday's Date:	Da		Monday 🏻 Tuesday 🛭 ck this box if you did not sei		y 🛘 Thursd	ay 🗆 Frida	ıy		
Type of Meal Service: ☐ Deli	vered in bulk an		•		s □ Family Sty	yle 🗆 Other (d	lescribe	):	
List Each Food and Drink	Please Describe Each Food or Drink For detailed information on what to include in this column,			Food Preparation	Select the age g	Age Group(s) roup(s) of children or drink		served th	ne food
Served at This Meal	including brand,	, type, and prepara the Food Descrip	ation method, please refer to tion Guide.	Foods You Prepared*		-2 ars	3-5 years	6-12 years	13-18 years
Milk									
Milk	☐ Skim Flavor: ☐ 1% type:	□ 2% □ Whole	□ □ Other		□ 1 year	□ 2 years			
Milk	Skim Flavor:  1% type:	□ 2%	□ □ Other		□ 1 year	□ 2 years			
Fruits									<u> </u>
					] [ ]	]			
Vegetables									
					]				
					Ε				
					Γ	]			
Separate Grains / Bread			T 7471 1 1			7			
			□ Whole grain-rich □ Whole grain-rich						
			☐ Whole grain-rich						
Meat/Meat Alternates and	Mixed Compo	nent Foods	□ Whole grain rich			7			
			□ Whole grain-rich □ Whole grain-rich						
			□ Whole grain-rich □ Whole grain-rich			] ]			
Other			□ whole grain-fich			_			
- Circi			□ Whole grain-rich		Г	]			

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

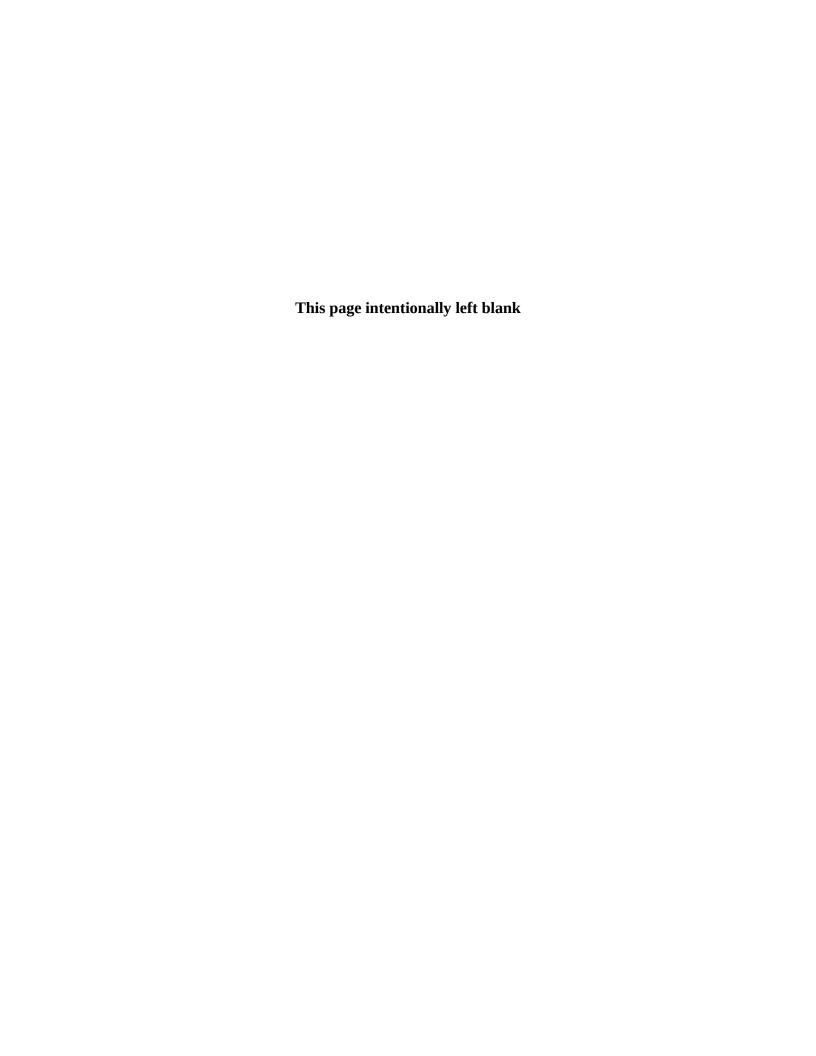
	□ Whole grain-rich		
	□ Whole grain-rich		

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

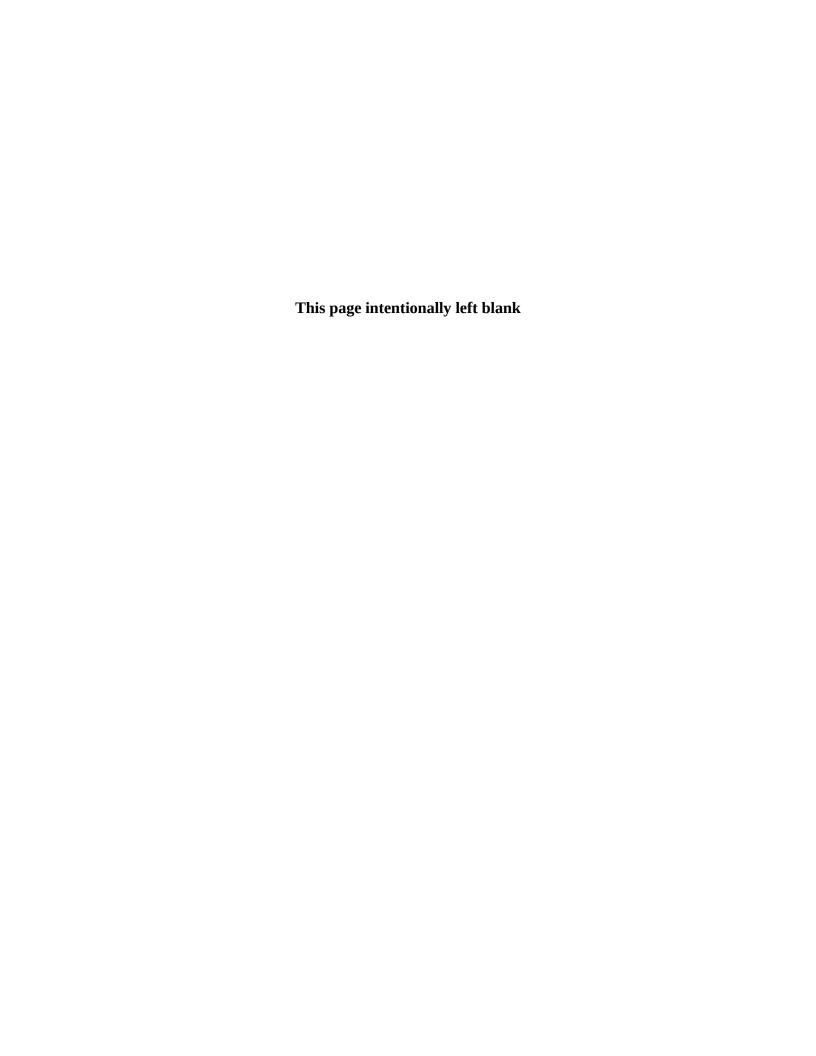
# Tuesday



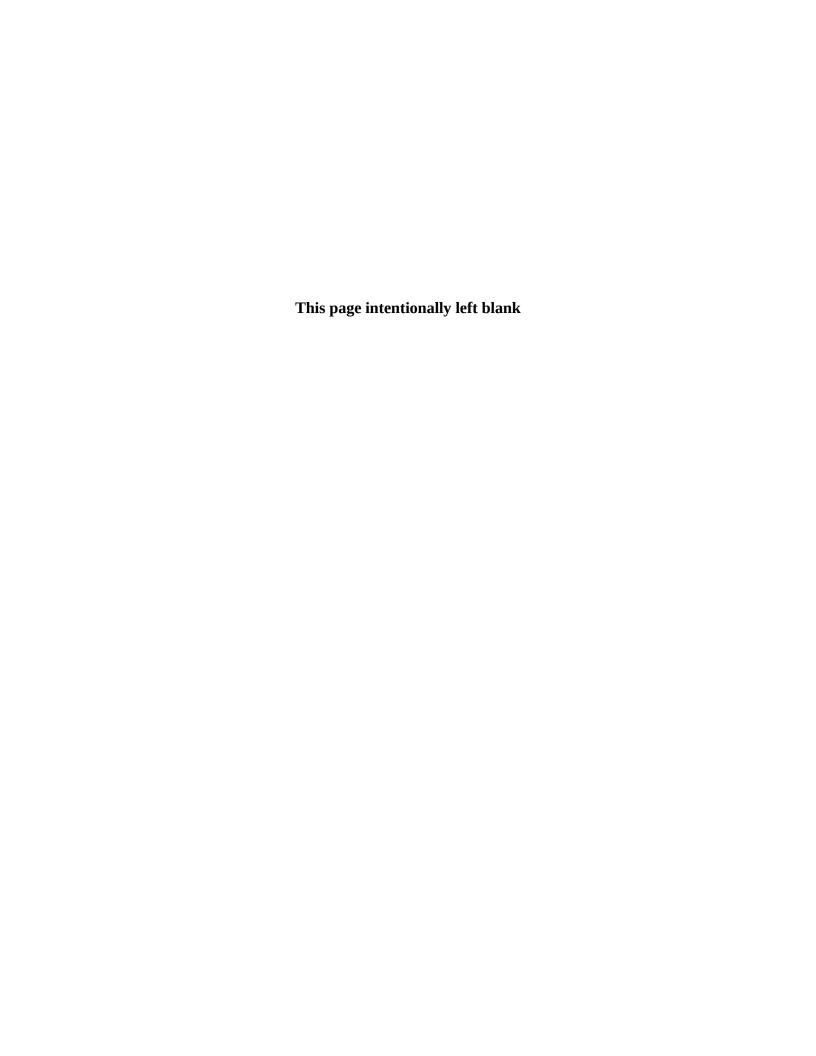
# Wednesday



# **Thursday**



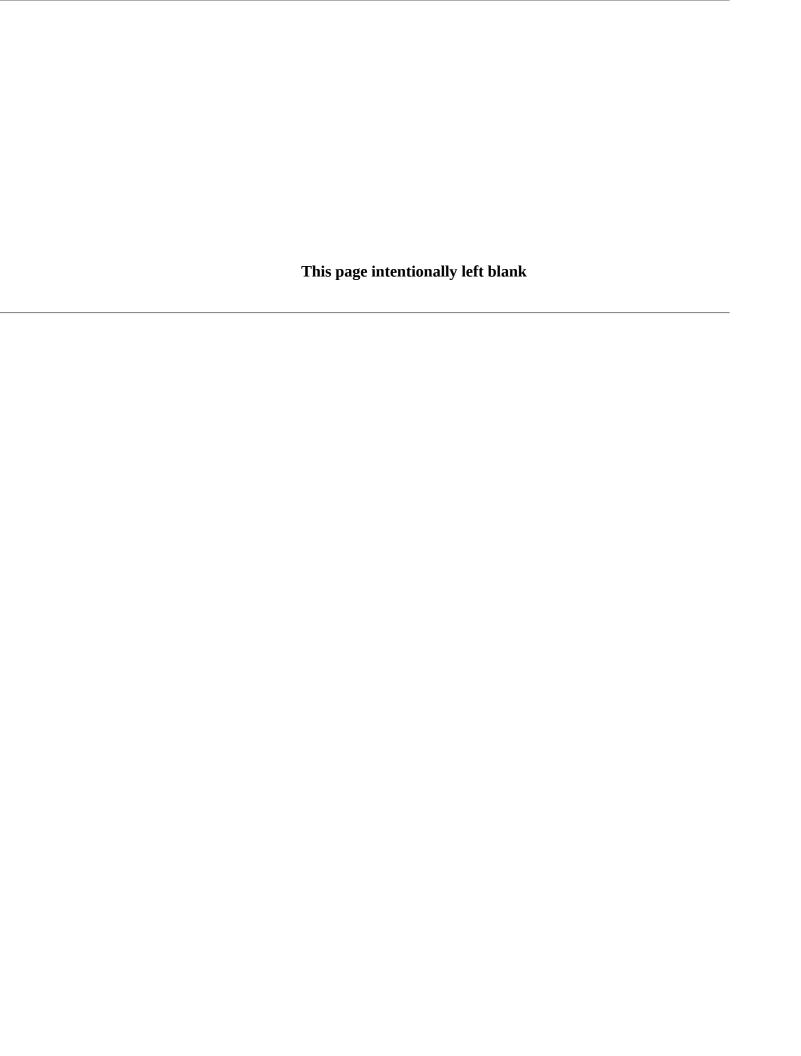
# **Friday**



### **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 **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.



#### **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.).

When Was Food Served?

Name of Food:	<u>Pancakes</u>				Food Served?
	Please use same name yo	ou used on the Daily	Menu Forms)	Check all that apply and indi Meal(s)/Snack(s):	* * *
	•	_	,	✓ Breakfast	
Number of Serv	vings Prepared: <u>17</u>	2		☐ Morning Snack	
	<u></u> _			☐ Lunch ☐ Afternoon Snack	
Size of each se	rving: One 4-inch panca	ake		☐ Supper	
0.20 0. 00.01. 00	(Examples: ½ cup, 4		sp)		
		How Much Did You Use?			
What Ingred	ients or Foods Did You	(Examples: 2 tsp,	Please De	scribe Each Ingr	edient or Food.
	Use?	½ cup, 1 pound,		nuch detail as possi	ble. Check the Food
•	ngredients and foods.)	4 fl. oz., etc.)	A unh la mai	Description Guid	
Pancake n	nix	1 cup		ma Whole Whe	eat Biend
Milk		1 cup	Skim		
Vegetable	e Oil	1 TB			
Eggs		1	Fresh eg	gs	
Blueberri	es	1/4 cup	Frozen		
<b>Preparation</b>	and/or Cooking Method (	(If Applicable):			
1. If cooked:					
	cooking method did you use?				
☐ Bake/Ro				Boil/Parboil 🗹 Othe	er (specify): griddle
	at was added during the cook	• • • • •	•		
✓ Vegetab	ole Oil	utter   Margarine	☐ Other (spe	Cify) ⊔	None
2. If meat (cl	hicken, beef, pork, etc.) wa	as an ingredient, dic	l you:		
a. Trim th	ne visible fat?	Yes □ No	☐ No visibl	e fat to trim	
b. Drain t	he fat after cooking? $\Box$	Yes □ No	$\square$ No fat to	drain	
3. If fruits or	vegetables were an ingred	dient, did you:			
a. Peel th	e fruit or vegetable?	☐ Yes	□ No ☑	No peel to remove	
b. Mash o	or blend the fruit or vegetable	e? □ Yes	☑ No		
4. Was salt a	added during the cooking r	process?	□ Yes	<b>☑</b> No	

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			When Was Food Served?
(Please use same name yo	u used on the Daily	Menu Forms)	Check all that apply and indicate day(s) served:  Meal(s)/Snack(s):  Day(s):
			☑ Breakfast <u>Monday</u>
Number of Servings Prepared: $12$	)		☐ Morning Snack
			☐ Lunch ☐ Afternoon Snack
Size of each serving 1/4 cup			□ Supper
Size of each serving: $1/4 \text{ cup}$ (Examples: $1/2 \text{ cup}$ ,	4 fl. oz., 1 cup, 3 tbs	<u>sp)</u>	
	1	17	
	How Much Did		
What Ingredients or Foods Did You	You Use? (Examples: 2 tsp,	Please Do	escribe Each Ingredient or Food.
Use?	½ cup, 1 pound,		nuch detail as possible. Check the Food
(List all ingredients and foods.)	4 fl. oz., etc.)		Description Guide.)
Whole grain oats	1 1/2 cups	Quaker O	ats - Old Fashioned Oats
Water	3 cups		
Salt	1/4 tsp		
Banana	1 medium	Fresh, ma	shed
Preparation and/or Cooking Method	(If Applicable):		
1. If cooked:			
a. What cooking method did you use?	(check one)		
☐ Bake/Roast ☐ Broil/Grill ☐ Pan Fr	y/Sauté □ Stir Fry [	🗆 Deep Fry 🗹 E	oil/Parboil 🗆 Other (specify):
b. What fat was added during the cool	king process? (check	one)	
☐ Vegetable Oil ☐ Olive Oil ☐ Br	utter   Margarine	☐ Other (spe	cify) ☑ None
2. If meat (chicken, beef, pork, etc.) wa	as an ingredient, dic	l you:	
	Yes □ No	-	le fat to trim
b. Drain the fat after cooking? $\Box$	Yes □ No	☐ No fat to	o drain
3. If fruits or vegetables were an ingred	dient, did you:		
a. Peel the fruit or vegetable?	✓ Yes	□ No □	No peel to remove
b. Mash or blend the fruit or vegetable		□ No	
4. Was salt added during the cooking p		☐ 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.).

	Quesadilla ease use same name y	ou used on the Da	ily Menu Forms)	When Was F Check all that apply and indice Meal(s)/Snack(s):	nte day(s) served:  Day(s):
Number of Comi	nas Duanavadi 2	1		☐ Breakfast ☐ Morning Snack	
Number of Servi	ngs Prepared: <u>2</u>	<u>4</u>		✓ Lunch	
Size of each sen	ving: <u>1/2 of a 9-inch t</u>	ortilla		☐ Afternoon Snack ☐ Supper	
Size of each serv	(Examples: ½ cup,		rbsp)		
	(=:::::::::::::::::::::::::::::::::::::		.,		
		How Much Di	d		
	ents or Foods Did You Use?	You Use? (Examples: 2 ts ½ cup, 1 pound		escribe Each Ingremuch detail as possib	le. Check the Food
Tortillas	redients and foods.)	4 fl. oz., etc.) 12 9-inch	Mission -	Description Guide wheat	
				ural cheese, Mex	
Cheddar cl		2 1/2 cups			
Black bear	<b>IS</b>	1 can (15 oz.)	Goya – Iow	sodium, drained, ri	nsed
		<del>\</del>			
Drenaration ar	nd/or Cooking Method	(If Applicable):			
1. If cooked:	id/of Cooking Method	(II Applicable).			
	oking method did you use	? (check one)			
☐ Bake/Roa	st □ Broil/Grill ☑ Pan	Fry/Sauté ☐ Stir F	Fry □ Deep Fry □	l Boil/Parboil □ Othe	r (specify):
b. What fat	was added during the cod	oking process? (ched	ck one)		
✓ Vegetable	Oil 🗆 Olive Oil 🗆 E	Butter 🗆 Margarir	ne □ Other (spe	ecify) 🗆 I	None
,	cken, beef, pork, etc.) w	~	did you:		
		l Yes □ No		le fat to trim	
		l Yes □ No	☐ No fat to	o drain	
	egetables were an ingre				
	fruit or vegetable?	☐ Yes		No peel to remove	
	blend the fruit or vegetabl		□ No		
4. Was salt ad	lded during the cooking	process?	☐ Yes	✓ 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.).

ame of Food:				Food Served?
(Please use same name yo		/ Menu Forms	Check all that apply and india Meal(s)/Snack(s):	- · · ·
			☐ Breakfast	
mber of Servings Prepared:			☐ Morning Snack	
			Lunch	
ze of each serving:			☐ Supper	
ze of each serving: (Examples: ½ cup, 4	1 fl. oz., 1 cup, 3 tbs	<del>sp)</del>	ш заррег	
	How Much Did			
What Ingredients or Foods Did You	You Use? (Examples: 2 tsp,	Dlease D	escribe Each Ingred	lient or Eood
Use?	½ cup, 1 pound,		much detail as possible	
(List all ingredients and foods.)	4 fl. oz., etc.)	(i rovide de	Description Guide.	
,	, ,		•	,
		1		
Duamayatian and Caaling Mathad //f	A multipolate			
Preparation and Cooking Method (If and It is a line of the It is a	Applicable):			
	) (ahaali aha)			
a. What cooking method did you use?				, ,,
☐ Bake/Roast ☐ Broil/Grill ☐ Pan F	•	• •	」Boil/Parboil ⊔ Othe	r (specify):
b. What fat was added during the coo	•	•		
□ Vegetable Oil □ Olive Oil □ B	utter $\square$ Margarine	☐ Other (sp	ecify) 🗆 N	lone
2. If meat (chicken, beef, pork, etc.) w	as an ingredient, di	d you:		
a. Trim the visible fat? $\qed$	Yes □ No	☐ No visi	ble fat to trim	
b. Drain the fat after cooking? $\Box$	Yes □ No	☐ No fat	to drain	
3. If fruits or vegetables were an ingre	dient, did vou:			
a. Peel the fruit or vegetable?	□ Yes	□ No	☐ No peel to remove	
•			□ 140 beel to lelliove	
b. Mash or blend the fruit or vegetable		□ No		
4. Was salt added during the cooking	process?	☐ Yes	□ No	