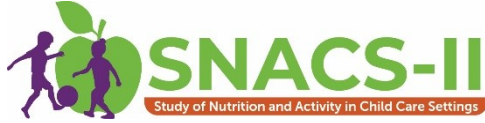


F15. Infant Menu Survey

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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 not 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 5084-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.

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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.

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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:** **Infant Menu Survey Instructions** – 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.

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Infant Menu Survey Instructions

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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: _____	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 any items before 10 am.	
Please use this form to record all food served <i>before 10 am</i> to children under 1 year old.	

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 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.

<input checked="" type="checkbox"/> 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 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	Food Preparation	Age Group(s) Served Select the age group(s) of infants that are served the food or drink			
		Foods You Prepared*	0-3 months	4-5 months	6-7 months	8-11 months

- List each food or drink under the category it belongs to:
 - Breastmilk and Formula
 - Infant Cereal (include what it is mixed with)
 - Fruits and Vegetables
 - Grains and Bread
 - Meat/Meat Alternate and Mixed Component Foods
 - 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 column, please refer to the Food Description Guide
Breastmilk and Formula (RTF = ready to feed; Liquid Conc. = liquid concentrate)	
Breastmilk	
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder	<i>Similac, Advance</i>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder	<i>Gerber Good Start, Gentle - milk-based with iron</i>

- **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 (include milk and water here)	
<i>Water</i>	<i>Served in Sippy cups</i>

- **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, please refer to the Food Description Guide	Food Preparation
		Foods You Prepared*
Infant Cereal (please include what it is mixed with)		
<i>Infant Banana Oatmeal</i>	<i>Homemade</i>	<input checked="" type="checkbox"/>

- 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 **DO NOT** 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.

<u>Use the Foods You Prepared Form</u>	<u>DO NOT Use the Foods You Prepared Form</u>
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

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	Food Preparation	Age Group(s) Served Select the age group(s) of infants that are served the food or drink.			
			0-3 months	4-5 months	6-7 months	8-11 months
		Foods You Prepared*				

then select the age group receiving the specified type of food.

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

Daily Infant Menu Forms

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Monday

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

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Example of Completed Infant Menu Form for Before 10 am

Today's Date: 2/7/23

Day of Week: Monday Tuesday Wednesday Thursday Friday

Check this box if you did not serve any items before 10 am.

Please use this form to record all food served **before 10 am** 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 refer to the Food Description Guide	Food Preparation Foods You Prepared*	Age Group(s) Served Select the age group(s) of infants that are served the food or drink			
			0-3 months	4-5 months	6-7 months	8-11 months
Breastmilk and Formula (RTF = ready to feed; Liquid Conc. = liquid concentrate)						
Breastmilk		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder	Similac, Advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input type="checkbox"/> Powder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input type="checkbox"/> Powder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Cereal (please include what it is mixed with)						
Infant Banana Oatmeal	Homemade	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
Fruits and Vegetables						
Strawberry, banana pouch	Gerber	<input type="checkbox"/>	<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"/>
Grains and Bread						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/Meat Alternate and Mixed Component Foods						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other food and beverage items (include milk and water here)						
Tap water	Served in Sippy cups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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: _____

Day of Week: Monday Tuesday Wednesday Thursday Friday

Check this box if you did not serve any items before 10 am.

Please use this form to record all food served **before 10 am** 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 refer to the Food Description Guide	Food Preparation	Age Group(s) Served Select the age group(s) of infants that are served the 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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input type="checkbox"/> Powder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input type="checkbox"/> Powder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input type="checkbox"/> Powder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Cereal (please include what it is mixed with)						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits and 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"/>
Grains and Bread						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/Meat Alternate and Mixed Component Foods						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other food and beverage items (include milk and water here)						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Infant Menu Survey. (Formulas and infant cereals do not require a separate form if package directions are followed.)

Example of Completed Infant Menu Form for Between 10 am and 1 pm

Today's Date: 2/7/23

Day of Week: Monday Tuesday Wednesday Thursday Friday

Check this box if you did not serve any items between 10 am and 1 pm.

Please use this form to record all food served **between 10 am and 1 pm** 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 refer to the Food Description Guide	Food Preparation Foods You Prepared*	Age Group(s) Served Select the age group(s) of infants that are served the food or drink			
			0-3 months	4-5 months	6-7 months	8-11 months
Breastmilk and Formula (RTF = ready to feed; Liquid Conc. = liquid concentrate)						
Breastmilk		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder	Similac, Advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder	Gerber Good Start, Gentle - milk-based with iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input type="checkbox"/> Powder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Cereal (please include what it is mixed with)						
Infant oatmeal	Gerber, Single Grain, added water	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
Fruits and Vegetables						
Carrots	Gerber - jar	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
Grains and Bread						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/Meat Alternate and Mixed Component Foods						
Pureed chicken	Gerber - jar	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
Other food and beverage items (include milk and water here)						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Infant Menu Survey.
(Formulas and infant cereals do not require a separate form if package directions are followed.)

Infant Menu Form for Between 10 am and 1 pm

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

Check this box if you did not serve any items between 10 am and 1 pm.

Please use this form to record all food served **between 10 am and 1 pm** to children under 1 year old.

List Each Food and Drink Served During This Time	Please Describe Each Food or Drink <small>For detailed information on what to include in this column, please refer to the Food Description Guide</small>	Food Preparation	Age Group(s) Served <small>Select the age group(s) of infants that are served the food or drink</small>			
		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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input type="checkbox"/> Powder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input type="checkbox"/> Powder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input type="checkbox"/> Powder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Cereal (please include what it is mixed with)						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits and 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"/>
Grains and Bread						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/Meat Alternate and Mixed Component Foods						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other food and beverage items (include milk and water here)						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Infant Menu Survey.
(Formulas and infant cereals do not require a separate form if package directions are followed.)

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

Today's Date: 2/7/23

Day of Week: Monday Tuesday Wednesday Thursday Friday

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 **between 1 pm and 4 pm** 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 refer to the Food Description Guide	Food Preparation Foods You Prepared*	Age Group(s) Served Select the age group(s) of infants that are served the food or drink			
			0-3 months	4-5 months	6-7 months	8-11 months
Breastmilk and Formula (RTF = ready to feed; Liquid Conc. = liquid concentrate)						
Breastmilk		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder	Similac, Advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input type="checkbox"/> Powder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input type="checkbox"/> Powder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Cereal (please include what it is mixed with)						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits and Vegetables						
Avocado	Fresh	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
Grains and Bread						
Cheerios	Plain, General Mills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/Meat Alternate and Mixed Component Foods						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other food and beverage items (include milk and water here)						
Tap water	Served in Sippy cups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Infant Menu Survey. (Formulas and infant cereals do not require a separate form if package directions are followed.)

Infant Menu Form for Between 1 pm and 4 pm

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

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 **between 1 pm and 4 pm** to children under 1 year old.

List Each Food and Drink Served During This Time	Please Describe Each Food or Drink <small>For detailed information on what to include in this column, please refer to the Food Description Guide</small>	Food Preparation	Age Group(s) Served <small>Select the age group(s) of infants that are served the food or drink</small>			
		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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input type="checkbox"/> Powder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input type="checkbox"/> Powder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input type="checkbox"/> Powder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Cereal (please include what it is mixed with)						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits and 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"/>
Grains and Bread						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/Meat Alternate and Mixed Component Foods						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other food and beverage items (include milk and water here)						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Infant Menu Survey.
(Formulas and infant cereals do not require a separate form if package directions are followed.)

Example of Completed Infant Menu Form for After 4 pm

Today's Date: 2/7/23

Day of Week: Monday Tuesday Wednesday Thursday 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.

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	Food Preparation Foods You Prepared*	Age Group(s) Served Select the age group(s) of infants that are served the food or drink			
			0-3 months	4-5 months	6-7 months	8-11 months
Breastmilk and Formula (RTF = ready to feed; Liquid Conc. = liquid concentrate)						
Breastmilk		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder	Similac, Advance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder	Gerber Good Start, Gentle - milk-based with iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input type="checkbox"/> Powder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Cereal (please include what it is mixed with)						
Infant oatmeal	Gerber, Single Grain, added water	<input type="checkbox"/>	<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"/>	
Fruits and Vegetables						
Pear, spinach pouch	Gerber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pear, carrot, pea pouch	Gerber	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grains and Bread						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/Meat Alternate and Mixed Component Foods						
Yogurt	Stonyfield - plain, whole milk	<input type="checkbox"/>	<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"/>
Other food and beverage items (include milk and water here)						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Infant Menu Survey.
(Formulas and infant cereals do not require a separate form if package directions are followed.)

Infant Menu Form for After 4 pm

Today's Date: _____

Day of Week: Monday Tuesday Wednesday Thursday 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.

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	Food Preparation	Age Group(s) Served Select the age group(s) of infants that are served the 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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input type="checkbox"/> Powder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input type="checkbox"/> Powder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formula <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input type="checkbox"/> Powder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant Cereal (please include what it is mixed with)						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruits and 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"/>
Grains and Bread						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat/Meat Alternate and Mixed Component Foods						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other food and beverage items (include milk and water here)						
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Infant Menu Survey.
(Formulas and infant cereals do not require a separate form if package directions are followed.)

Tuesday

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Wednesday

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Thursday

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Friday

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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.

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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: Infant Banana Oatmeal (Homemade)
 (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:

Time(s) Served: _____ Day(s) Served: Monday
 Before 10 am _____
 Between 10 am-1 pm _____
 Between 1-4 pm _____
 After 4 pm _____

Number of Servings Prepared: 4

Size of each serving: 4 tbsp
 (Examples: ½ cup, 4 fl. oz., 2 tsp, 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.)
Infant oatmeal	1 cup	Gerber, Single Grain Cereal
Water	3 cups	
Banana	1 whole	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

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: _____
 (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:

Time(s) Served:	Day(s) Served:
<input type="checkbox"/> Before 10 am _____	
<input type="checkbox"/> Between 10 am-1 pm _____	
<input type="checkbox"/> Between 1-4 pm _____	
<input type="checkbox"/> After 4 pm _____	

Number of Servings Prepared: _____

Size of each serving: _____
 (Examples: ½ cup, 4 fl. oz., 2 tsp, 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, 4fl 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? <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 type="checkbox"/> Other (specify): _____			
b. What fat was added during the cooking process? (check one)			
<input 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 type="checkbox"/> No
4. Was salt added during the cooking process?			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

