



# Study of Nutrition and Activity in Child Care Settings



## *Appendix I. Data Collection Instruments*

October 2021

USDA is an equal opportunity provider, employer, and lender

## **Appendix I. Data Collection Instruments**

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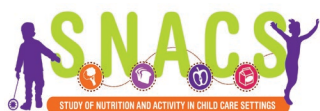
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## ***I.1 Provider Survey***

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**Study of Nutrition and Activity in Child Care Setting  
Provider Web Survey**

Child Care Center ID

Interviewer ID #:

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 0584-0615. The time required to complete this information collection is estimated to average 56 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**About the Study.** The Study of Nutrition and Activity in Child Care Settings is intended to study nutrition and activity in child care centers, family day care homes, afterschool programs, and at-risk programs participating in the Child and Adult Care Food Program (CACFP). More than 1,500 child care providers in over 20 states were selected to be part of the study. Abt Associates is conducting this study for the USDA Food and Nutrition Service (FNS). Participation in the study by selected sponsors and child care providers who receive CACFP funds is required under Section 305 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA).

**Data Collection Activity.** The Provider Survey will gather information about foods served by the provider, types of foods served, wellness policies, menu planning practices, food purchasing practices, food service practices, and additional program characteristics. The Provider Survey is divided into eleven sections. The survey will take approximately 56 minutes to complete.

**Protecting Privacy.** All information gathered from child care sponsors, child care centers, family day care homes, child care administrators and staff, and families participating in this study is for research purposes only and will be kept private to the full extent allowed by law except for your general community location. Responses will be grouped with those of other study participants, and no individual participants, program administrators, program staff, parents, or children will be identified in any study report.

**Questions.** If you have any questions about the study please call our toll-free study number at 1-866-890-6950 or email [snacs@srbi.com](mailto:snacs@srbi.com). We will be happy to answer your questions and to help you in any way we can.

**Thank you for participating in the Study of Nutrition and Activity in Child Care Settings.**

**PROGRAMMER NOTE: SAMPLE VARIABLE CALLED PROGTYPE; 1=DAYCARE, 2=AFTERSCHOOL**

## Online Provider Survey Instructions

Thank you for taking part in our important study. The purpose of this survey is to learn about food and physical activity practices at child care facilities. Each section in the survey deals with a specific topic:

- 1) [IF PROGTYPE=1:Center Directors/Family Child Care Owner; IF PROGTYPE=2:Afterschool Program Directors]
- 2) Menu Planning
- 3) Food Purchasing
- 4) Food Preparation and Food Safety
- 5) Food/Beverage Serving Practices
- 6) Food Allergies and Food Intolerances
- 7) Water
- 8) Physical Activity
- 9) Infant Feeding and Infant Physical Activity Section(if applicable)
- 10) Nutrition and physical activity promotion/education practices
- 11) Barriers to CACFP participation and recent program changes

The survey can be accessed by more than one person at your program, and you can save portions of the survey to return to it later. After Section 1 is completed, the remaining sections do not have to be completed in order. Please have the person at your program most familiar with a given topic respond to the section on that topic.. If more than one person will be working on the survey, please close out of the web browser and forward the link to those people. Make sure that each respondent (person working on the survey) enters his/her name, title, email address, and phone number when prompted. Only one person may be in the survey at a time. Click here if you would like a copy of the survey you can print [LINK TO PDF VERSION OF QX]. **A few instructions before you begin...**

- The preferred web browser for this survey is Internet Explorer (version 6 and above) or Mozilla Firefox (version 3.5 and above).
- If you need to exit this survey for any reason, you may return by logging in with your same PIN. If you need to go back to change an answer use the “BACK” button at the bottom of the screen. Do NOT use your browser’s back button.
- To leave a question blank, you may select “CONTINUE” to move forward. For questions that are check all that apply, please click on the check box you have selected again to unselect your response. For questions that are single answer, please select clear my response to unselect your answer. [PROGRAMMING: IF “CONTINUE” IS SELECTED WITHOUT A RESPONSE, RESPONDENTS SHOULD BE PROMPTED TO ANSWER. ON SECOND ATTEMPT TO GO FORWARD WITHOUT RESPONSE, ALLOW NO ANSWER AND CODE REFUSED.]

If you have any questions about the study or this survey, please feel free to call our toll-free number at 1-866-890-6950 or email [snacs@srbi.com](mailto:snacs@srbi.com).

## Online Survey of Providers

**Section 1**

**[IF PROGTYPE=1: Center Directors/Family Child Care Owner; IF PROGTYPE=2: Afterschool Program Directors]**

The questions in this section ask about the number and ages of children you serve, and whether you participate in federal food programs. Please have the person most familiar with these topics at your program respond to this section.

Resp1. Please provide the name, title, phone number, and email address of the person completing this section.

NAME:

TITLE:

PHONE NUMBER:

EMAIL ADDRESS:

**[PROGRAMMER: SOFT PROMPT ON NEXT SCREEN IF RESPONDENT DOES NOT ENTER ALL INFORMATION. "This survey is voluntary but it is very important we have your contact information as we would like to be able to contact you with any follow-up questions." THEN DISPLAY RESPONDENT INFORMATION BOX AGAIN]**

**[PROGRAMMER: IF RESPONDENT EXITS SURVEY (ANYWHERE), UPON RE-ENTRY, CONFIRM IDENTITY OF RESPONDENT]**

ID1. Are you a returning or new respondent (person completing the survey)? Please select the appropriate option below.

[FILL W/ RESP 1 NAME] ..... 1

[FILL W/ RESP 2 NAME, ETC] ..... 2

New Respondent ..... 3

**[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, START AT SECTION SELECTION BOX.]**

M1.1. Does your program participate in CACFP\* (Child and Adult Care Food Program), which provides reimbursement for foods served that meet specific meal pattern requirements?

Yes ..... 1      **[GO TO M1.1a]**

No ..... 2      **[GO TO M1.1b]**

**[HOVER DEFINITION]** *\*The CACFP provides a variety of public or private nonprofit child care centers, Head Start programs, outside-school-hours care centers, and other licensed day care providers with cash reimbursement for eligible meals and snacks served to enrolled children. Snacks and meals must meet Federal guidelines.*

**[ASK IF M1.1=1]**

M1.1a. Does your program participate in the CACFP as an independent center or as a sponsored center/provider?

Independent center ..... 1 **[GO TO M1.2]**

Sponsored center/provider ..... 2 **[GO TO M1.2]**

**HOVER DEFINITIONS**

**Independent centers:** Any single child care center, at-risk afterschool center, or outside-school-hours care center which enters into an agreement with the State agency to assume final administrative and financial responsibility for CACFP operations.

**Sponsored centers/providers:** Sponsored centers or providers use a sponsoring organization to participate in the CACFP. A sponsoring organization can be any public, private non-profit, or for-profit organization which enters into an agreement with the State agency to assume final administrative and financial responsibility for CACFP operations in two or more sponsored facilities.

**[ASK IF M1.1=2]**

M1.1b. Why do you no longer participate in CACFP?

I no longer provide child care ..... 1 **[SCREEN-OUT, NON CACFP]**

My sponsor no longer participates in CACFP ..... 2 **[SCREEN-OUT, NON CACFP]**

I chose to stop participating in CACFP ..... 3 **[SCREEN-OUT, NON CACFP]**

Other, specify ..... 4 **[SCREEN-OUT, NON CACFP]**

I never participated in CACFP ..... 5 **[SCREEN-OUT, NON CACFP]**

M1.2 . Does your [IF PROGTYPE=1: child care; IF PROGTYPE=2: afterschool] site participate in the School Breakfast Program (SBP)\*?

Yes ..... 1

No..... 2

**[HOVER DEFINITION]** *\*The School Breakfast Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. Participating school districts and schools offer free or reduced price lunches to eligible children, and receive cash subsidies from the USDA for each meal served that meets Federal requirements.*

M1.3 Does your [IF PROGTYP=1: child care; IF PROGTYP=2: afterschool] site participate in the National School Lunch Program (NSLP)\*?

Yes ..... 1

No..... 2

**[HOVER DEFINITION]** *\*The National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions. Participating school districts and schools offer free or reduced price breakfasts to eligible children, and receive cash subsidies from the USDA for each meal served that meets Federal requirements. School districts and schools may also receive cash subsidies for snacks served to children in afterschool educational or enrichment programs.*

M1.4. Which of the following describes your program? (Choose all that apply)

Child Care Center or Preschool ..... 1

Head Start Center..... 2

Family Day Care Home ..... 3

Outside of school hours program ..... 4

At Risk Afterschool program..... 5

Other ..... 6

M1.4b. What type of organization is the [SAMPLED CHILD CARE SITE]? Is it a...

Private non-profit organization..... 1

Public school or other part of a public school district..... 2

Local government such as town, city, or county ..... 3

For-profit corporation ..... 4

Other (describe)\_\_\_\_\_ ..... 5

M1.5 How would you describe the area in which your program is located – urban, suburban, small town, rural, or tribal community?

Urban ..... 1

Suburban ..... 2

Small town..... 3

Rural..... 4

Tribal community..... 5



M1.6 How long has your [IF PROGTYPE=1: child care; IF PROGTYPE=2: afterschool] program been open for operation?

- Less than 6 months ..... 1
- 6 months up to 1 year..... 2
- 1 year up to 3 years ..... 3
- 3 years up to 5 years ..... 4
- 5 or more years..... 5

**[ASK IF M1.4. NE 3]**

M1.7a What is your job title or role? If your job title is not included on the list, please select the title that most closely matches your current role. (Please answer this question for the person who answered most of the questions in this survey.)

- Director or Site Supervisor/Manager\* ..... 1
- Assistant Director\* ..... 2
- Food Service Director or Manager/Cook\* ..... 3
- Teacher\* ..... 4
- Graduate Assistant\* ..... 5
- Teacher Aid or Volunteer\* ..... 6
- None of the above ..... 7

[HOVER DEFINITION] *Director or Site Supervisor/Manager: The person responsible for running a childcare program or a site.*

[HOVER DEFINITION] *Assistant Director: The person who is second in command running a childcare program or site.*

[HOVER DEFINITION] *Food Service Director or Manager/Cook: The person responsible for the meal program at your child care or afterschool facility. Responsibilities can include menu planning and meal preparation, as well as purchase and inventory of foods, food quality, nutrition, productivity standards, management of food service staff, food safety, and managing the food service budget.*

[HOVER DEFINITION] *Teacher: The person who works directly with children at your child care center or afterschool program, and also plans curriculum and activities, and has daily management/oversight of the classroom.*

[HOVER DEFINITION] *Graduate Assistant: A person completing their graduate degree in education who is gaining practical experience in the classroom through working with children or in a classroom at your site.*

[HOVER DEFINITION] *Teacher Aid or Volunteer: A person who helps the main teacher or staff person in the classroom, may work directly with children, set up activities, clean up, etc.*

**[ASK IF M1.4.=3; FAMILY DAY CARE HOME]**

M1.7b What is your job title or role? If your job title is not included on the list, please select the title that most closely matches your current role. (Please answer this question for the person who answered most of the questions in this survey.)

- Owner/Co-Owner/Operator ..... 1
- Assistant.....2
- Teacher.....3
- Volunteer .....4
- None of the above .....5

**[ASK IF PROGTYPE=1:]**

M1.8. Does your program offer full-day child care for at least nine months out of the year?

- Yes ..... 1
- No..... 2

**[ASK IF PROGTYPE=1:]**

M1.9. Does your program offer half-day child care for at least nine months out of the year?

- Yes ..... 1
- No..... 2

**[ASK ALL:]**

M1.10. Do you serve children who are in kindergarten or older?

- Yes ..... 1
- No..... 2

**[GO TO M1.11]**

**[ASK IF M1.10=1; OTHERWISE SKIP TO M1.11]**

M1.10.a. Do you offer before school care?

- Yes..... 1
- No .....2

**[ASK IF M1.10=1; OTHERWISE SKIP TO M1.11]**

M1.10.b. Do you offer afterschool care?

- Yes..... 1
- No .....2

**[ASK IF M1.10.b=1; OTHERWISE SKIP TO M1.11]**

M1.10.b.i. Do you participate in the CACFP Afterschool Meal Program?

- Yes..... 1
- No .....2

**[ASK IF M1.10.b=1; OTHERWISE SKIP TO M1.11]**

M.1.10.b.ii. Do you participate in the CACFP *At-Risk* Afterschool Meal Program\*?

Yes..... 1

No ..... 2

**[HOVER DEFINITION]** \* *The at-risk afterschool meals component of the Child and Adult Care Food Program (CACFP) offers Federal funding (reimbursement) to afterschool programs that serve a meal or snack to children up to age 18 in low- income areas. Snacks and meals must meet Federal guidelines and may be served after school, on weekends, and during vacations.*

M1.11. What was your total enrollment as of September 30, 2016 for children of each of the following ages? (Choose all that apply)

**[PROGRAMMING: ALLOW NUMERIC RESPONSE FROM 0 – 500; IF OPTION IS NOT SELECTED, PROGRAM AS 0]**

[DISPLAY IF PROGTYPE=1:]0-5 months: number of children:\_\_\_\_\_ (GAVE NUMBER) 1

[DISPLAY IF PROGTYPE=1:]6-11 months: number of children: \_\_\_\_\_ (GAVE NUMBER) 2

[DISPLAY IF PROGTYPE=1:]12-17 months: number of children: \_\_\_\_\_ (GAVE NUMBER) 3

[DISPLAY IF PROGTYPE=1:]18-23 months: number of children: \_\_\_\_\_ (GAVE NUMBER)4

[DISPLAY IF PROGTYPE=1:]24-35 months: number of children:\_\_\_\_\_ (GAVE NUMBER)5

[DISPLAY IF PROGTYPE=1:]3-5 years: number of children:\_\_\_\_\_ (GAVE NUMBER)6

[DISPLAY IF PROGTYPE=1:] Older than 5 years: number of children:(GAVE NUMBER) 7

[DISPLAY IF PROGTYPE=2:] 5-12 years: number of children:\_\_\_\_\_8

[DISPLAY IF PROGTYPE=2:] Older than 12 years: number of children:\_\_\_\_\_9

**[PROGRAMMING NOTE:**

**CREATE VARIABLE INFANTNUMBER SUMMING RESPONSE FROM 0-5 MONTHS AND 6-11 MONTHS**

**CREATE VARIABLE TODDLERNUMBER SUMMING RESPONSE 12-17 MONTHS AND 18-23 MONTHS**

**CREATE VARIABLE PRESCHOOLNUMBER SUMMING 24-35 MONTHS AND 3-5 YEARS**

**CREATE VARIABLE SCHOOLNUMBER SUMMING 5-12 YEARS AND OLDER THAN 12 YEARS]**

## Navigation within the Survey – DISPLAY AFTER SECTION M1 IS COMPLETED

The survey includes several sections, shown in the Navigation Table below. To begin entering information in each section, click on the 'Action' column next to the section name. Some things to remember as you complete the survey:

- You do not need to complete sections in any particular order.
- You do not need to complete an entire section in one sitting; you may exit the survey and come back at a later time. Your responses will be automatically saved.

Each time you enter or leave a section, the Navigation Table will display the current status ('Completed' or 'Not Completed') of each section.

- If you enter information but do not fully complete the section, the 'Status' will show as 'Not Completed'. If you exit a section that is not fully completed, when you re-enter that section, you will need to click through the responses already entered to get to the screen where you previously stopped.
- When you complete a section, upon clicking on 'Continue' you will be brought back to this Navigation Table to select the next section to complete. Once the section has been completed in full, the 'Status' will show as 'Completed.'

If another respondent will complete sections of the survey, simply forward the email containing the link to the survey.

### Navigation Table

Click on the section you wish to complete.

| Section                                             | Status                                         | Action                              |
|-----------------------------------------------------|------------------------------------------------|-------------------------------------|
| Center Director                                     | (Completed by [RESPONDENT NAME]/Not completed) | (Click to complete/Click to review) |
| Menu planning                                       | (Completed by [RESPONDENT NAME]/Not completed) | (Click to complete/Click to review) |
| Food purchasing                                     |                                                |                                     |
| Food Preparation and Food Safety                    |                                                |                                     |
| Food/Beverage Serving Practices                     |                                                |                                     |
| Food Allergies and Food Intolerances                |                                                |                                     |
| Water                                               |                                                |                                     |
| Physical Activity                                   |                                                |                                     |
| Infant Feeding and Infant Physical Activity Section |                                                |                                     |

|                                                               |  |  |
|---------------------------------------------------------------|--|--|
| Nutrition and physical activity promotion/education practices |  |  |
| Barriers to CACFP participation                               |  |  |

## Section 2

### Menu Planning

The questions in this section ask about menu planning and menu cycling. Please have the person most familiar with menu planning/menu cycling at your program help to respond to this section.

RESP2. Are you a returning or new respondent (person completing the survey)? Please select the appropriate option below.

- Returning respondent [FILL W/ RESP 1 NAME]..... 1      [GO TO M2.1]  
Returning respondent [FILL W/ RESP 2 NAME], ETC ..... 2      [GO TO M2.1]  
New Respondent ..... 3      [CONTINUE TO RESP2a]

**[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M2.1.]**

Resp2a. Please provide the name, title, phone number, and email address of the person completing this section.

NAME:

TITLE:

PHONE NUMBER:

EMAIL ADDRESS:

M2.1. Are the meals/snacks you serve analyzed for their nutritional content (for example: calories, protein, fat, sodium)?

- Yes ..... 1  
No..... 2      [GO TO M2.5]  
Don't know ..... 3      [GO TO M2.5]

**[ASK IF M2.1=1; OTHERWISE SKIP TO M2.5]**

M2.2. Who is responsible for analyzing the nutritional content of menus? (Choose all that apply)

- Sponsoring agency[HOVER DEFINITION]..... 1  
Center [DISPLAY IF PROGTYPE=1]:or home child care]provider [HOVER DEFINITION] 2  
Director or Site Supervisor [HOVER DEFINITION] ..... 3

[DISPLAY IF PROGTYPE=1:Child care center]; [DISPLAY IF PROGTYPE=2:Center ]corporate office [HOVER DEFINITION] ..... 4

- Cook or Chef [HOVER DEFINITION] ..... 5  
Dietitian/Nutritionist [HOVER DEFINITION]..... 6  
Independent food service company/vendor/caterer/other contractor 7

Other (*specify*): ..... 8  
Don't know ..... 9

**[ASK IF M2.1=1; OTHERWISE SKIP TO M2.5]**

M2.3. How often is the nutritional analysis of menus completed?

3 times or more per year ..... 1  
Once or twice each year ..... 2  
Once every other year ..... 3  
Less than once every other year ..... 4  
Don't know ..... 5

**[ASK IF M2.1=1; OTHERWISE SKIP TO M2.5]**

M2.4. How are the menus analyzed for the nutritional content? (Choose all that apply)

Software ..... 1  
Other (*specify*) ..... 2  
Don't know ..... 3

[DISPLAY M2.4A IF M2.4=1]

M2.4a Name of software: \_\_\_\_ .... 1

Don't know ..... 2

M2.5. Do you use cycle menus, such as menus that repeat every week or month?

Yes ..... 1  
No ..... 2  
Don't know ..... 3

**[ASK IF M2.5=1; OTHERWISE SKIP TO M2.7]**

M2.6. What is the frequency of the cycle?

- 1 week cycle (same menu repeated weekly) ..... 1
- 2 week cycle (same menu repeated every two weeks)..... 2
- 3 week cycle (same menu repeated every three weeks)..... 3
- 4 week cycle (same menu repeated every four weeks) ..... 4
- 5 week cycle (same menu repeated every five weeks) ..... 5
- 6 week cycle (same menu repeated every six weeks)..... 6
- 7 week cycle (same menu repeated every seven weeks)..... 7
- 8 week cycle (same menu repeated every eight weeks)..... 8
- Longer than 8-week cycle ..... 9
- Don't know ..... 10

M2.7. When planning your menus, which of the following factors do you consider? (Choose all that apply)

- Access to sample menus or menus used in the past.....1
- Ease of preparing menu items ..... 2
- Time needed to prepare menu items ..... 3
- Access to foods / beverages ..... 4
- Prices of foods / beverages ..... 5
- Seasonality of produce (e.g. more fruit in summer)..... 6
- Availability of preparation equipment ..... 7
- Cooking or food preparation skills of food preparer / cook..... 8
- Kitchen/food preparation space ..... 9
- Food storage capacity (e.g. freezer space or pantry space)..... 10
- Menu planning software ..... 11
- Child preferences (including allergies) ..... 12
- Parent preferences..... 13
- CACFP meal patterns ..... 14
- Nutritional quality of food ..... 15



Other (please describe) ..... 16

Don't know [**DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION.**]..17

[ASK ONLY IF MORE THAN THREE OPTIONS SELECTED IN M2.7; AND NOT "DON'T KNOW"]

M2.7a. Of the responses selected above, what are the top three factors you consider when planning your menu?

[**PROGRAMMING NOTE: DISPLAY ALL OPTIONS FROM M2.7 AND ALLOW RESPONDENT TO SELECT 3.**]

PROGRAMMING NOTE: If RESPONDENT CHOSE 3 OR FEWER OPTIONS (NOT "DON'T KNOW") IN M2.7, THOSE RESPONSES ARE PULLED IN AS THE M2.7a RESPONSES.

Ease of preparing menu items ..... 1

Time needed to prepare menu items ..... 2

Access to foods / beverages ..... 3

Prices of foods / beverages ..... 4

Seasonality of produce (e.g. more fruit in summer)..... 5

Availability of preparation equipment ..... 6

Cooking or food preparation skills of food preparer / cook..... 7

Kitchen/food preparation space ..... 8

Food storage capacity (e.g. freezer space or pantry space)..... 9

Menu planning software ..... 10

Child preferences (including allergies) ..... 11

Parent preferences..... 12

CACFP meal patterns ..... 13

Nutritional quality of food ..... 14

Other (please describe) ..... 15

Don't know [**DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION.**]..16

M2.8. Who plans the menus for your program? (Choose all that apply)

Sponsoring agency [**HOVER DEFINITION**]..... 1

Center [**DISPLAY IF PROGTYPE=1: or home child care**] provider [**HOVER DEFINITION**] 2

Director or Site Supervisor [**HOVER DEFINITION**] ..... 3

[**DISPLAY IF PROGTYPE=1:Child care center**]; [**DISPLAY IF PROGTYPE=2:Center**] corporate office [**HOVER DEFINITION**] ..... 4

|                                                                    |    |
|--------------------------------------------------------------------|----|
| Cook or Chef <b>[HOVER DEFINITION]</b> .....                       | 5  |
| Dietitian/Nutritionist <b>[HOVER DEFINITION]</b> .....             | 6  |
| Teacher.....                                                       | 7  |
| Independent food service company/vendor/caterer/other contractor.. | 8  |
| Other ( <i>specify</i> ).....                                      | 9  |
| Don't know .....                                                   | 10 |

M2.9 Are you the person who plans menus for your program?

|           |   |               |
|-----------|---|---------------|
| Yes ..... | 1 |               |
| No.....   | 2 | [GO TO RESP3] |

**[ASK M2.10 – M2.12 IF M2.9=1]**

M2.10. How many years of menu planning experience to do you have?

|                         |   |
|-------------------------|---|
| less than 2 years ..... | 1 |
| 2-5 years.....          | 2 |
| 6-10 years.....         | 3 |
| More than 10 years..... | 4 |

M2.11. Do you have any of the following degrees or certifications? (Choose all that apply)

|                                  |   |               |
|----------------------------------|---|---------------|
| High school diploma or GED.....  | 1 | [GO TO RESP3] |
| Associate degree .....           | 2 |               |
| Baccalaureate degree .....       | 3 |               |
| Master's degree.....             | 4 |               |
| Doctoral degree.....             | 5 |               |
| Registered dietitian .....       | 6 | [GO TO RESP3] |
| Other ( <i>specify</i> ).....    | 7 | [GO TO RESP3] |
| No degree or certification ..... | 8 | [GO TO RESP3] |

**[ASK IF M2.11=2 THRU 5]**

M2.12. What was the area of study? (Choose all that apply)

|                                 |   |
|---------------------------------|---|
| Early childhood education ..... | 1 |
| Family child studies .....      | 2 |
| Child development.....          | 3 |

|                                    |   |
|------------------------------------|---|
| Business administration .....      | 4 |
| Food service management.....       | 5 |
| Food and nutrition/dietetics ..... | 6 |
| Other ( <i>specify</i> ).....      | 7 |

### Section 3

#### Food Purchasing

The questions in this section ask where and how often you purchase various types of food for your [IF PROGTYPE=1: **child care**; IF PROGTYPE=2: **afterschool**] **program, and how you keep track of food purchases.** Please have the person most familiar with food purchasing at your program help to respond to this section.

RESP3. Are you a returning or new respondent (person completing the survey)? Please select the appropriate option below.

- Returning respondent [FILL W/ RESP 1 NAME]..... 1 [GO TO M3.1]  
Returning respondent [FILL W/ RESP 2 NAME], ETC ..... 2 [GO TO M3.1]  
New Respondent ..... 3 CONTINUE TO RESP3a

**[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M3.1.]**

Resp3a. Please provide the name, title, phone number, and email address of the person completing this section.

NAME:

TITLE:

PHONE NUMBER:

EMAIL ADDRESS:

M3.1. Who purchases the foods and beverages for your program? (Choose all that apply)

- Sponsoring agency [HOVER DEFINITION]..... 1  
Center [IF PROGTYPE=1:or Home Child Care] Provider [HOVER DEFINITION] 2  
Director or Site Supervisor [HOVER DEFINITION] ..... 3  
Cook or Chef [HOVER DEFINITION] ..... 4  
Dietitian/Nutritionist [HOVER DEFINITION]..... 5  
Teacher..... 6  
Parent Volunteer ..... 7  
Independent food service company/vendor/caterer/other contractor.....8  
Other (*specify*)..... 9  
Don't know [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION.]....10

**[PROGRAMMING NOTE: SHOW INITIAL QUESTION (WHERE DO YOU BUY FOOD/BEVERAGES...)IF OPTION IS SELECTED, SHOW SUBSEQUENT QUESTIONS]**

M3.2. The next few questions ask about how and where you purchase food/beverages for your [IF PROGTYPE=1: child care; IF PROGTYPE=2: afterschool] program.

.

| <b>M3.2 Where do you buy food/beverages for your program? (choose all that apply)</b> | <b>M3.2.a How do you order your foods/beverages from the...? (choose all that apply)</b> | <b>M3.2b How does the food arrive at your site from the...? (choose all that apply)</b> | <b>M3.2c Which of the following types of items do you purchase at the ...? (choose all that apply)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>M3.2d How often do you buy any foods/beverages from the...?</b>                                                                 |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Grocery store or Supermarket...1                                                      | In person.....1<br>Online.....2<br>Phone.....3<br>Other: _____..4                        | In a staff vehicle.....1<br>Delivery service.....2<br>Other: _____..3                   | Fruit.....1<br>Vegetables.....2<br>Meat/Meat alternate (e.g. chicken, beef, nuts, beans)..3<br>Pre-made meals (e.g. chili, lasagna, taco)..4<br>Cereal.....5<br>Grain/Bread (e.g. rice, pasta, roll).....6<br>Milk...7<br>Dairy (e.g. cheese, yogurt)..8<br>100% juice...9<br>Water.....10<br>[DISPLAY IF PROGTYPE=1: Infant formula]...11<br>Other beverages....12<br>[DISPLY IF PROGTYPE=1: Jarred/packaged baby food..13<br>Packaged salty snack (e.g. chips, crackers)...14<br>Packaged sweet snack/ dessert (e.g. cookies, cakes, candy)...15<br>Condiments/spices...16 | More than once per week.....1<br>Once per week.....2<br>Twice per month..3<br>Once per month...4<br>Less than once per month.....5 |

| <b>M3.2 Where do you buy food/beverages for your program? (choose all that apply)</b> | <b>M3.2.a How do you order your foods/beverages from the...? (choose all that apply)</b> | <b>M3.2b How does the food arrive at your site from the...? (choose all that apply)</b> | <b>M3.2c Which of the following types of items do you purchase at the ...? (choose all that apply)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>M3.2d How often do you buy any foods/beverages from the...?</b>                                                              |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Wholesale store (Sam's Club; Costco).....2                                            | In person.....1<br>Online.....2<br>Phone.....3<br>Other _____<br>( )..4                  | In a staff vehicle.....1<br>Delivery service.....2<br>Other _____<br>(..3               | Fruit.....1<br>Vegetables.....2<br>Meat/Meat alternate (e.g. chicken, beef, nuts, beans)..3<br>Pre-made meals (e.g. chili, lasagna, taco)..4<br>Cereal.....5<br>Grain/Bread (e.g. rice, pasta, roll).....6<br>Milk....7<br>Dairy (e.g. cheese, yogurt)..8<br>100% juice...9<br>Water.....10<br>[DISPLAY IF<br>PROGTYPE=1: Infant formula...11<br>Other beverages....12<br>[DISPLY IF<br>PROGTYPE=1:<br>Jarred/packaged baby food..13<br>Packaged salty snack (e.g. chips, crackers)...14<br>Packaged sweet snack/ dessert (e.g. cookies, cakes, candy)...15<br>Condiments/spices...16 | More than once per week.....1<br>Once per week.....2<br>Twice per month<br>Once per month...4<br>Less than once per month.....5 |

| M3.2 Where do you buy food/beverages for your program? (choose all that apply) | M32.a How do you order your foods/beverages from the...? (choose all that apply) | M3.2b How does the food arrive at your site from the...? (choose all that apply) | M3.2c Which of the following types of items do you purchase at the ...? (choose all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | M3.2d How often do you buy any foods/beverages from the...?                                                                        |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Farmers Market.....3                                                           | In person.....1<br>Online.....2<br>Phone.....3<br>Other: _____(4                 | In a staff vehicle.....1<br>Delivery service.....2<br>Other _____()..3           | Fruit.....1<br>Vegetables.....2<br>Meat/Meat alternate (e.g. chicken, beef, nuts, beans)..3<br>Pre-made meals (e.g. chili, lasagna, taco)..4<br>Cereal.....5<br>Grain/Bread (e.g. rice, pasta, roll).....6<br>Milk....7<br>Dairy (e.g. cheese, yogurt)..8<br>100% juice...9<br>Water.....10<br>[DISPLAY IF PROGTYPE=1: Infant formula]...11<br>Other beverages....12<br>[DISPLY IF PROGTYPE=1: Jarred/packaged baby food..13<br>Packaged salty snack (e.g. chips, crackers)...14<br>Packaged sweet snack/ dessert (e.g. cookies, cakes, candy)...15<br>Condiments/spices...16 | More than once per week.....1<br>Once per week.....2<br>Twice per month..3<br>Once per month...4<br>Less than once per month.....5 |

| M3.2 Where do you buy food/beverages for your program? (choose all that apply)  | M3.2.a How do you order your foods/beverages from the...? (choose all that apply) | M3.2b How does the food arrive at your site from the...? (choose all that apply) | M3.2c Which of the following types of items do you purchase at the ...? (choose all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | M3.2d How often do you buy any foods/beverages from the...?                                                                        |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Corner store, convenience store, bodega, mini-market, mom-and-pop Market.....44 | In person.....1<br>Online.....2<br>Phone.....3<br>Other: .....4                   | In a staff vehicle.....1<br>Delivery service.....2<br>Other: .....(3             | Fruit.....1<br>Vegetables.....2<br>Meat/Meat alternate (e.g. chicken, beef, nuts, beans)..3<br>Pre-made meals (e.g. chili, lasagna, taco)..4<br>Cereal.....5<br>Grain/Bread (e.g. rice, pasta, roll).....6<br>Milk....7<br>Dairy (e.g. cheese, yogurt)..8<br>100% juice...9<br>Water.....10<br>[DISPLAY IF PROGTYPE=1: Infant formula]...11<br>Other beverages....12<br>[DISPLY IF PROGTYPE=1: Jarred/packaged baby food..13<br>Packaged salty snack (e.g. chips, crackers)...14<br>Packaged sweet snack/ dessert (e.g. cookies, cakes, candy)...15<br>Condiments/spices...16 | More than once per week.....1<br>Once per week.....2<br>Twice per month..3<br>Once per month...4<br>Less than once per month.....5 |



| M3.2 Where do you buy food/beverages for your program? (choose all that apply) | M3.2.a How do you order your foods/beverages from the...? (choose all that apply) | M3.2b How does the food arrive at your site from the...? (choose all that apply) | M3.2c Which of the following types of items do you purchase at the ...? (choose all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | M3.2d How often do you buy any foods/beverages from the...?                                                                        |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Food buying Cooperative (Co-op) or Community Supported Agriculture (CSA)....5  | In person.....1<br>Online.....2<br>Phone.....3<br>Other: .....4                   | In a staff vehicle.....1<br>Delivery service.....2<br>Other: .....3              | Fruit.....1<br>Vegetables.....2<br>Meat/Meat alternate (e.g. chicken, beef, nuts, beans)..3<br>Pre-made meals (e.g. chili, lasagna, taco)..4<br>Cereal.....5<br>Grain/Bread (e.g. rice, pasta, roll).....6<br>Milk....7<br>Dairy (e.g. cheese, yogurt)..8<br>100% juice...9<br>Water.....10<br>[DISPLAY IF PROGTYPE=1: Infant formula]...11<br>Other beverages....12<br>[DISPLY IF PROGTYPE=1: Jarred/packaged baby food..13<br>Packaged salty snack (e.g. chips, crackers)...14<br>Packaged sweet snack/ dessert (e.g. cookies, cakes, candy)...15<br>Condiments/spices...16 | More than once per week.....1<br>Once per week.....2<br>Twice per month..3<br>Once per month...4<br>Less than once per month.....5 |

| M3.2 Where do you buy food/beverages for your program? (choose all that apply)                                                                                                        | M32.a How do you order your foods/beverages from the...? (choose all that apply) | M3.2b How does the food arrive at your site from the...? (choose all that apply) | M3.2c Which of the following types of items do you purchase at the ...? (choose all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | M3.2d How often do you buy any foods/beverages from the...?                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| USDA Foods (USDA Foods provides agricultural foods or cash (instead of agricultural foods) to sites participating in the CACFP, in addition to the per meal/snack reimbursement.)...6 | In person.....1<br>Online.....2<br>Phone.....3<br>Other: .....4                  | In a staff vehicle.....1<br>Delivery service.....2<br>Other: .....3              | Fruit.....1<br>Vegetables.....2<br>Meat/Meat alternate (e.g. chicken, beef, nuts, beans)..3<br>Pre-made meals (e.g. chili, lasagna, taco)..4<br>Cereal.....5<br>Grain/Bread (e.g. rice, pasta, roll).....6<br>Milk....7<br>Dairy (e.g. cheese, yogurt)..8<br>100% juice...9<br>Water.....10<br>[DISPLAY IF PROGTYPE=1: Infant formula]...11<br>Other beverages....12<br>[DISPLY IF PROGTYPE=1: Jarred/packaged baby food..13<br>Packaged salty snack (e.g. chips, crackers)...14<br>Packaged sweet snack/dessert (e.g. cookies, cakes, candy)...15<br>Condiments/spices...1<br>6 | More than once per week.....1<br>Once per week.....2<br>Twice per month..3<br>Once per month...4<br>Less than once per month.....5 |

| M3.2 Where do you buy food/beverages for your program? (choose all that apply) | M32.a How do you order your foods/beverages from the...? (choose all that apply) | M3.2b How does the food arrive at your site from the...? (choose all that apply) | M3.2c Which of the following types of items do you purchase at the ...? (choose all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | M3.2d How often do you buy any foods/beverages from the...?                                                                       |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| School District.....7                                                          | In person.....1<br>Online.....2<br>Phone.....3<br>Other: _____).4                | In a staff vehicle.....1<br>Delivery service.....2<br>Other.....3                | Fruit.....1<br>Vegetables.....2<br>Meat/Meat alternate (e.g. chicken, beef, nuts, beans)..3<br>Pre-made meals (e.g. chili, lasagna, taco)..4<br>Cereal.....5<br>Grain/Bread (e.g. rice, pasta, roll).....6<br>Milk....7<br>Dairy (e.g. cheese, yogurt)..8<br>100% juice...9<br>Water.....10<br>[DISPLAY IF PROGTYPE=1: Infant formula]...11<br>Other beverages....12<br>[DISPLY IF PROGTYPE=1: Jarred/packaged baby food].13<br>Packaged salty snack (e.g. chips, crackers)...14<br>Packaged sweet snack/ dessert (e.g. cookies, cakes, candy)...15<br>Condiments/spices...16 | More than once per week.....1<br>Once per week.....2<br>Twice per month..3<br>Once per month...4<br>Less than once per month..... |

| M3.2 Where do you buy food/beverages for your program? (choose all that apply) | M3.2.a How do you order your foods/beverages from the...? (choose all that apply) | M3.2b How does the food arrive at your site from the...? (choose all that apply) | M3.2c Which of the following types of items do you purchase at the ...? (choose all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | M3.2d How often do you buy any foods/beverages from the...?                                                                       |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Vended Foods.....8                                                             | In person.....1<br>Online.....2<br>Phone.....3<br>Other: _____                    | In a staff vehicle.....1<br>Delivery service.....2<br>Other: _____).3            | Fruit.....1<br>Vegetables.....2<br>Meat/Meat alternate (e.g. chicken, beef, nuts, beans)..3<br>Pre-made meals (e.g. chili, lasagna, taco)..4<br>Cereal.....5<br>Grain/Bread (e.g. rice, pasta, roll).....6<br>Milk....7<br>Dairy (e.g. cheese, yogurt)..8<br>100% juice...9<br>Water.....10<br>[DISPLAY IF PROGTYPE=1: Infant formula...11<br>Other beverages....12<br>[DISPLY IF PROGTYPE=1: Jarred/packaged baby food]..13<br>Packaged salty snack (e.g. chips, crackers)...14<br>Packaged sweet snack/ dessert (e.g. cookies, cakes, candy)...15<br>Condiments/spices...16 | More than once per week.....1<br>Once per week.....2<br>Twice per month..3<br>Once per month...4<br>Less than once per month..... |

| M3.2 Where do you buy food/beverages for your program? (choose all that apply) | M3.2.a How do you order your foods/beverages from the...? (choose all that apply) | M3.2b How does the food arrive at your site from the...? (choose all that apply) | M3.2c Which of the following types of items do you purchase at the ...? (choose all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | M3.2d How often do you buy any foods/beverages from the...?                                                                        |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Other:<br>Specify_____9                                                        | In person.....1<br>Online.....2<br>Phone.....3<br>Other:<br>_____).4              | In a staff vehicle.....1<br>Delivery service.....2<br>Other:<br>_____..3         | Fruit.....1<br>Vegetables.....2<br>Meat/Meat alternate (e.g. chicken, beef, nuts, beans)..3<br>Pre-made meals (e.g. chili, lasagna, taco)..4<br>Cereal.....5<br>Grain/Bread (e.g. rice, pasta, roll).....6<br>Milk....7<br>Dairy (e.g. cheese, yogurt)..8<br>100% juice...9<br>Water.....10<br>[DISPLAY IF<br>PROGTYPE=1: Infant formula...11<br>Other beverages....12<br>[DISPLY IF<br>PROGTYPE=1:<br>Jarred/packaged baby food..13<br>Packaged salty snack (e.g. chips, crackers)...14<br>Packaged sweet snack/dessert (e.g. cookies, cakes, candy)...15<br>Condiments/spices...1<br>6 | More than once per week.....1<br>Once per week.....2<br>Twice per month..3<br>Once per month...4<br>Less than once per month.....5 |

M3.3. Who is responsible for tracking or documenting food/beverage purchases? (Choose all that apply)

- Sponsoring agency[**HOVER DEFINITION**]..... 1
- Center [DISPLAY IF PROGTYPE=1: or home child care] provider [**HOVER DEFINITION**] 2
- Director or Site Supervisor [**HOVER DEFINITION**] ..... 3
- [DISPLAY IF PROGTYPE=1: Child care; DISPLAY IF PROGTYPE=2: Center] corporate office [**HOVER DEFINITION**].....4
- Cook or Chef [**HOVER DEFINITION**] ..... 5
- Dietitian/Nutritionist [**HOVER DEFINITION**]..... 6
- Teacher..... 7
- Independent food service company/vendor/caterer/other contractor...8
- Other (*specify*)..... 9
- Don't know ..... 10

[PROGRAMMER NOTE: ONLY DISPLAY FOLLOW UP QUESTION IF OPTION IS SELECTED]

M3.4. How are food/beverage purchases tracked or documented? (Choose all that apply)

- Financial software/program: ..... 1
- Food purchasing software/program ..... 2
- Spreadsheet software (e.g. Microsoft Excel) ..... 3
- Paper records..... 4
- Other (*specify*) ..... 5
- Don't know ..... 6

[ASK IF M3.4.=1]

- M3.4A Name of financial software/program: ..... 1
- Don't know ..... 2

[ASK IF M3.4.=2]

- M3.4b Name of food purchasing software/program: ... 1 ..... 1
- Don't know ..... 2

M3.5. Do you use any tools or resources from any of the following entities to help you in your selection and purchasing of healthier foods? (Choose all that apply)

- Child care corporate office..... 1
- State health department..... 2
- USDA (including online resources or technical assistance from personnel)...3
- Sponsoring agency ..... 4

|                                                     |   |
|-----------------------------------------------------|---|
| Resource & referral agency.....                     | 5 |
| Internet/ online resources ( <i>specify</i> ) ..... | 6 |
| Other ( <i>specify</i> ):.....                      | 7 |
| None of the above .....                             | 8 |

M3.6. What **additional** tools or resources would be helpful in the selection and purchasing of healthier foods for your program? (Choose all that apply)

- Menu planning tools for child care programs ..... 1
- Food Buying Guide calculator for child care programs..... 2
- Healthy standardized recipe resources for child care programs..... 3
- How-to-guide for reading food labels for child care programs..... 4
- Nutritional calculator for child care programs ..... 5
- Model nutrition and food purchasing policies for child care programs.... 6
- Other (*specify*)..... 7
- Don't know ..... 8

M3.7. What are the barriers to purchasing and serving healthier foods for your program? (Choose all that apply)

- Cost of healthier foods ..... 1
- Time needed to prepare healthier meals and snacks ..... 2
- Preference of children in program ..... 3
- Parental preferences, including those related to culture..... 4
- Lack of knowledge about nutrition guidelines..... 5
- Limitations with kitchen space and/or equipment ..... 6
- Lack of staff knowledge/skills required to prepare nutritious meals and snacks... 7
- Lack of staff knowledge on how to read a nutrition facts label ..... 8
- Access to nutritious food and beverage options..... 9
- Convenience of using processed and pre-prepared foods ..... 10
- Staff resistance because of personal food preferences ..... 11
- Other ..... 12
- No barriers to purchasing and serving healthier foods..... 13
- Don't know [**DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION**] 14

[ASK IF MORE THAN THREE OPTIONS SELECTED IN M3.7; AND NOT “DON’T KNOW”]

M3.7.a Of the responses selected above, what are the top three barriers to purchasing and serving healthier foods for your program?

[PROGRAMMING NOTE: DISPLAY ALL OPTIONS FROM M3.7 AND ALLOW RESPONDENT TO SELECT 3.]



[PROGRAMMING NOTE: If RESPONDENT CHOSE 3 OR FEWER OPTIONS (NOT “DON’T KNOW”) IN M3.7, THOSE RESPONSES ARE PULLED IN AS THE M3.7a RESPONSES.

|                                                                                   |    |
|-----------------------------------------------------------------------------------|----|
| Cost of healthier foods .....                                                     | 1  |
| Time needed to prepare healthier meals and snacks .....                           | 2  |
| Preference of children in program .....                                           | 3  |
| Parental preferences, including those related to culture.....                     | 4  |
| Lack of knowledge about nutrition guidelines.....                                 | 5  |
| Limitations with kitchen space and/or equipment .....                             | 6  |
| Lack of staff knowledge/skills required to prepare nutritious meals and snacks... | 7  |
| Lack of staff knowledge on how to read a nutrition facts label .....              | 8  |
| Access to nutritious food and beverage options.....                               | 9  |
| Convenience of using processed and pre-prepared foods .....                       | 10 |
| Staff resistance because of personal food preferences .....                       | 11 |
| Other .....                                                                       | 12 |
| No barriers to purchasing and serving healthier foods.....                        | 13 |

M3.8. How prepared do you think you are to select healthy foods for your program?

|                          |   |
|--------------------------|---|
| Very prepared.....       | 1 |
| Somewhat prepared .....  | 2 |
| Not too prepared .....   | 3 |
| Not at all prepared..... | 4 |
| Don’t know .....         | 5 |

M3.9. How would you rate your knowledge of nutrition?

|                                |   |
|--------------------------------|---|
| Very knowledgeable .....       | 1 |
| Somewhat knowledgeable .....   | 2 |
| Not too knowledgeable .....    | 3 |
| Not at all knowledgeable ..... | 4 |
| Don’t know .....               | 5 |

M3.10. Who is responsible for compiling meal counts for claims for CACFP reimbursement? (Choose all that apply)  
Sponsoring agency[HOVER DEFINITION]..... 1

Center [DISPLAY IF PROGTYPE=1: or Home Child care] Provider [HOVER DEFINITION] 2

Director or Site Supervisor [HOVER DEFINITION] ..... 3  
Cook or Chef [HOVER DEFINITION] ..... 4  
Dietitian/Nutritionist [HOVER DEFINITION]..... 5  
Teacher..... 6  
Independent food service company/vendor/caterer/other contractor... 7  
Other (*specify*)..... 8  
Don't know ..... 9

M3.11. How are meal counts documented? (Choose all that apply)

Meal tracking software: ..... 1  
Microsoft Excel or other spreadsheet..... 2  
Microsoft Access or other database ..... 3  
Paper form..... 4  
Other (*specify*)..... 5

[ASK ONLY IF M3.11.=1]

M3.11a - Name of the meal tracking software:... 1

Don't know..... 2

## Section 4

### Food Preparation and Food Safety

The questions in this section ask about food preparation and food safety. Please have the person most familiar with food preparation and food safety at your program help to respond to this section.

RESP4. Are you a returning or new respondent (person completing the survey)? Please select the appropriate option below.

- |                                                       |   |              |
|-------------------------------------------------------|---|--------------|
| Returning respondent [FILL W/ RESP 1 NAME].....       | 1 | GO TO M4.1   |
| Returning respondent [FILL W/ RESP 2 NAME], ETC ..... | 2 | GO TO M4.1   |
| New Respondent .....                                  | 3 | GO TO RESP4a |

**[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M4.1.]**

Resp4a. Please provide the name, title, phone number, and email address of the person completing this section.

NAME:

TITLE:

PHONE NUMBER:

EMAIL ADDRESS:

M4.1. Where are the children's meals and snacks you serve produced or prepared? (Choose all that apply)

- |                                                                                            |   |  |
|--------------------------------------------------------------------------------------------|---|--|
| On-site at your child care center .....                                                    | 1 |  |
| Other offsite child care center .....                                                      | 2 |  |
| Offsite caterer/vendor/independent food service company .....                              | 3 |  |
| Offsite school foodservice department .....                                                | 4 |  |
| Offsite central kitchen* [HOVER DEFINITION] operated by sponsor or child care center ..... | 5 |  |
| Other (specify) .....                                                                      | 6 |  |
| Don't Know [DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION] .....                       | 7 |  |

#### [HOVER DEFINITION]

*A central kitchen is a food production facility where food is produced to be served off-site.*

M4.2. Which of the following are available in **your on-site** food preparation area? (Choose all that apply)

- |                                                   |   |
|---------------------------------------------------|---|
| Refrigerator .....                                | 1 |
| Freezer .....                                     | 2 |
| Cabinets, pantry, or shelving for dry goods ..... | 3 |

|                                                                             |    |
|-----------------------------------------------------------------------------|----|
| Microwave .....                                                             | 4  |
| Oven.....                                                                   | 5  |
| Stove .....                                                                 | 6  |
| Hot plate or other alternative heating element .....                        | 7  |
| Toaster oven/ toaster .....                                                 | 8  |
| Blender.....                                                                | 9  |
| Dishwasher.....                                                             | 10 |
| Sink .....                                                                  | 11 |
| Hot water source .....                                                      | 12 |
| No on-site food preparation area available .....                            | 13 |
| Don't know [ <b>DISPLAY ONLY IF RESPONDENT TRIES TO SKIP QUESTION.</b> ]... | 14 |

M4.3. Do you have any policies about food safety (e.g., preparing food safely, preventing choking)?

|                                                                |   |
|----------------------------------------------------------------|---|
| Yes, we have an informal policy (spoken but not written) ..... | 1 |
| Yes, we have a written policy .....                            | 2 |
| No, we do not have a policy.....                               | 3 |
| Don't know .....                                               | 4 |

M4.4. Are any staff required to complete a food safety training course?

|                  |   |
|------------------|---|
| Yes .....        | 1 |
| No.....          | 2 |
| Don't know ..... | 3 |

**[ASK IF M4.4=1; OTHERWISE SKIP TO M4.5]**

M4.4.a Are staff required to be certified for food safety?

- Yes ..... 1
- No..... 2
- Don't know ..... 3

M4.5. Do you have a plan in place to allow for a food product to be identified and removed from your kitchen during a recall?

- Yes ..... 1
- No..... 2
- Don't know ..... 3

M4.6. Who prepares snacks and meals for your program? (Choose all that apply)

Sponsoring agency[**HOVER DEFINITION**]..... 1

Center[**DISPLAY IF PROGTYPE=1: or Home Child care**] Provider [**HOVER DEFINITION**] 2

- Director or Site Supervisor [**HOVER DEFINITION**] ..... 3
- Cook or Chef [**HOVER DEFINITION**] ..... 4
- Dietitian/Nutritionist [**HOVER DEFINITION**]..... 5
- Teacher..... 6
- Independent food service company/vendor/caterer/ other contractor... 7
- Other ..... 8
- Don't know ..... 9

M4.7. Are you the person who prepares snacks and meals for your program?

- Yes ..... 1
- No..... 2

**[ASK M4.8 – M4.10 IF M4.7=1; OTHERWISE SKIP TO M5.1]**

M4.8. How many years of food preparation experience to do you have?

- 0-1 year ..... 1
- 2-5 years..... 2
- 6-10 years..... 3
- More than 10 years..... 4

M4.9. Do you have any of the following degrees or certifications? (Choose all that apply)

- |                                  |   |             |
|----------------------------------|---|-------------|
| High school diploma or GED.....  | 1 | GO TO RESP5 |
| Associate degree .....           | 2 |             |
| Baccalaureate degree .....       | 3 |             |
| Master's degree .....            | 4 |             |
| Doctoral degree.....             | 5 |             |
| Registered dietitian .....       | 6 | GO TO RESP5 |
| Other ( <i>specify</i> ).....    | 7 | GO TO RESP5 |
| No degree or certification ..... | 8 | GO TO RESP5 |

**[ASK IF M4.9=2-5, OTHERWISE SKIP TO RESP5]**

M4.10. What was the area of study? (Choose all that apply)

- Early childhood education ..... 1
- Family child studies ..... 2
- Child development ..... 3
- Food and nutrition/dietetics ..... 4
- Other (*specify*) ..... 5

## Section 5

### Food/Beverage Serving Practices

The questions in this section ask about the types of meals and snacks you serve, and about various practices or policies you have about food eaten by children during the day. Please have the person most familiar with food/beverage serving practices at your program respond to this section.

RESP5. Are you a returning or new respondent (person completing the survey)? Please select the appropriate option below.

- Returning respondent [FILL W/ RESP 1 NAME]..... 1      GO TO M5.1
- Returning respondent [FILL W/ RESP 2 NAME], ETC ..... 2      GO TO M5.1
- New Respondent ..... 3      GO TO RESP5a

**[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M5.1.]**

Resp5a. Please provide the name, title, phone number, and email address of the person completing this section.

NAME:

TITLE:

PHONE NUMBER:

EMAIL ADDRESS:

M5.1. For each of the following meal or snack times, please indicate whether you provide food, require food to be brought from home, and/or allow food to be brought from home. Check all that apply

[If “Not served at our site” is checked, no other response may be checked for that meal or snack. If “We allow parents to send food from home” is checked, then “We do not allow parents to send food from home” cannot be checked]

|                            | <b>We provide food</b> | <b>We allow parents to send food from home</b> | <b>We require parents to send food from home</b> | <b>We do not allow parents to send food from home</b> | <b>Not served at our site at all</b> |
|----------------------------|------------------------|------------------------------------------------|--------------------------------------------------|-------------------------------------------------------|--------------------------------------|
| Breakfast                  | 1                      | 2                                              | 3                                                | 4                                                     | 5                                    |
| Morning snack              | 1                      | 2                                              | 3                                                | 4                                                     | 5                                    |
| Lunch                      | 1                      | 2                                              | 3                                                | 4                                                     | 5                                    |
| Afternoon snack            | 1                      | 2                                              | 3                                                | 4                                                     | 5                                    |
| Dinner/Supper              | 1                      | 2                                              | 3                                                | 4                                                     | 5                                    |
| Evening snack              | 1                      | 2                                              | 3                                                | 4                                                     | 5                                    |
| Other (specify) :<br>_____ | 1                      | 2                                              | 3                                                | 4                                                     | 5                                    |

**[IF M5.1=“Do not allow food from home” FOR ALL RESPONSES (EXCEPT OTHER) SKIP TO M5.3]**

M5.2. Do you have a policy that describes the types of food/beverages that can be brought from home for meals and snacks? (This does not include food allergy or food safety policies)



Yes, we have an informal policy (spoken but not written) ..... 1

Yes, we have a written policy ..... 2

No, we do not have a policy..... 3

Don't know ..... 4

M5.3 Do you have a policy that describes the types of food/beverages that can be brought from home for onsite celebrations that include children? (This does not include food allergy or food safety policies)

Yes, we have an informal policy (spoken but not written) ..... 1

Yes, we have a written policy ..... 2

No, we do not have a policy..... 3

Don't know ..... 4

M5.4 Do you have a policy in place that describes how staff should introduce new foods to children?

Yes, we have an informal policy (spoken but not written) ..... 1

Yes, we have a written policy ..... 2

No, we do not have a policy..... 3

Don't know ..... 4

M5.5. Do you have a policy in place that describes what staff should do when children decline food that is served to them?

Yes, we have an informal policy (spoken but not written) ..... 1

Yes, we have a written policy ..... 2

No, we do not have a policy..... 3

Don't know ..... 4

M5.6. Do you have a policy regarding additional or second servings of food or beverages for children?

Yes, we have an informal policy (spoken but not written) ..... 1

Yes, we have a written policy ..... 2

No, we do not have a policy..... 3

Don't know ..... 4

M5.7. For which of the following food/beverages are second servings allowed? (Choose all that apply)

Any food ..... 1

|                                                           |    |
|-----------------------------------------------------------|----|
| Fruit.....                                                | 2  |
| Vegetables.....                                           | 3  |
| Meat/Meat alternate (eg. chicken, beef, beans, nuts)..... | 4  |
| Mixed foods (e.g. chili, lasagna, taco) .....             | 5  |
| Cereal .....                                              | 6  |
| Grain/Bread (e.g. rice, pasta, roll).....                 | 7  |
| Milk.....                                                 | 8  |
| Dairy (e.g. cheese, yogurt).....                          | 9  |
| 100% juice .....                                          | 10 |
| Water.....                                                | 11 |
| Other beverages .....                                     | 12 |
| Salty snack (e.g. chips, crackers) .....                  | 13 |
| Sweet snack/dessert (e.g. cookies, cakes) .....           | 14 |
| Second servings are not allowed.....                      | 15 |
| Don't know .....                                          | 16 |

**[ASK IF PROGTYPE=1 AND TODDLERNUMBER+PRESCHOOLNUMBER>0; OTHERWISE SKIP TO M5.10]**

**M5.8 Do you have a policy on serving juice to children 1 – 5 years old?**

|                                                                |   |
|----------------------------------------------------------------|---|
| Yes, we have an informal policy (spoken but not written) ..... | 1 |
| Yes, we have a written policy .....                            | 2 |
| No, we do not have a policy.....                               | 3 |
| Don't know .....                                               | 4 |

[ASK IF PROGTYPE=1 AND TODDLERNUMBER+PRESCHOOLNUMBER>0]

M5.9 Do you have a policy on serving sugar sweetened beverages to children 1 – 5 years old?

Yes, we have an informal policy (spoken but not written) ..... 1

Yes, we have a written policy ..... 2

No, we do not have a policy..... 3

Don't know ..... 4

[ASK ALL]

M5.10. Does your program follow best practices for nutrition from any of the following organizations?

USDA..... 1

State Agency ..... 2

Sponsoring Agency..... 3

Caring for our Children..... 4

CACFP Sponsor Association..... 5

CACFP Provider Association ..... 6

Other [ALLOW RESPONDENT TO SPECIFY]..... 7

Do not follow any best practices for nutrition ..... 8

Don't know ..... 9

## Section 6

### Food Allergies and Food Intolerances

The questions in this section ask about your practices or policies for children who have allergies or intolerances to specific foods or types of foods. Please have the person most familiar with these topics at your program respond to this section

RESP6. Are you a returning or new respondent (person completing the survey)? Please select the appropriate option below.

- |                                                       |   |              |
|-------------------------------------------------------|---|--------------|
| Returning respondent [FILL W/ RESP 1 NAME].....       | 1 | GO TO M6.1   |
| Returning respondent [FILL W/ RESP 2 NAME], ETC ..... | 2 | GO TO M6.1   |
| New Respondent .....                                  | 3 | GO TO RESP6a |

**[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M6.1.]**

Resp6a. Please provide the name, title, phone number, and email address of the person completing this section.

NAME:

TITLE:

PHONE NUMBER:

EMAIL ADDRESS:

M6.1. Do you have a policy on managing special dietary needs (e.g., food allergies, diabetes)?

- |                                                                |   |
|----------------------------------------------------------------|---|
| Yes, we have an informal policy (spoken but not written) ..... | 1 |
| Yes, we have a written policy .....                            | 2 |
| No, we do not have a policy.....                               | 3 |
| Don't know .....                                               | 4 |

M6.2. Do you require students with food allergies or special dietary needs to bring documentation from a medical provider?

- |                  |   |
|------------------|---|
| Yes .....        | 1 |
| No.....          | 2 |
| Don't know ..... | 3 |

M6.3. How does your program serve meals and snacks to children with food allergies? (Choose all that apply)

Children with an allergy are required to bring their food from home **[GO TO RESP7 ]...1**

Children with an allergy are given meals/snacks at a different time **[GO TO RESP7]..2**

Children with an allergy are given meals/snacks at another table/in another room **[GO TO RESP7]....3**

Children with an allergy are allowed to bring their food from home **[GO TO RESP7]....4**

We provide alternative food/beverages to those children with an allergy **[ASK M6.4]....5**

Other (*specify*):\_\_\_\_\_ **[GO TO RESP7]..... 6**

Don't know **[GO TO RESP7]..... 7**

**[ASK IF M6.3=5; PROVIDE ALTERNATIVE FOOD/BEVERAGES; OTHERWISE SKIP TO M7.1]**

M6.4. Are the alternative foods/beverages your program provides to children with an allergy readily available at your usual shopping venues?

Very available ..... 1

Somewhat available ..... 2

Not too available ..... 3

Not at all available ..... 4

Don't know ..... 5

**[ASK IF M6.3=5; PROVIDE ALTERNATIVE FOOD/BEVERAGES; OTHERWISE SKIP TO RESP7]**

M6.5. Does the purchase of these alternative foods/beverages have an impact on food costs for your program?

Yes, alternative foods are very expensive to purchase. .... 1

Yes, somewhat of an impact, alternative foods are somewhat expensive to purchase....2

Yes, but not too much of an impact, alternative foods are not too expensive to purchase....3

No impact at all, alternative foods do not cost more than regular foods used in meals and snacks....4

Don't know ..... 5

## Section 7

### Water

**The questions in this section ask about water availability to children during the day.** Please have the person most familiar with this topic at your program respond to this section

RESP7. Are you a returning or new respondent (person completing the survey)? Please select the appropriate option below.

- |                                                       |   |              |
|-------------------------------------------------------|---|--------------|
| Returning respondent [FILL W/ RESP 1 NAME].....       | 1 | GO TO M7.1   |
| Returning respondent [FILL W/ RESP 2 NAME], ETC ..... | 2 | GO TO M7.1   |
| New Respondent .....                                  | 3 | GO TO RESP7a |

**[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M7.1.]**

Resp7a. Please provide the name, title, phone number, and email address of the person completing this section.

NAME:

TITLE:

PHONE NUMBER:

EMAIL ADDRESS:

M7.1. Does your [DISPLAY IF PROGTYPE=1: child care; DISPLAY IF PROGTYPE=2: afterschool] program have a policy on the availability and serving of water throughout the day?

- |                                                                |   |
|----------------------------------------------------------------|---|
| Yes, we have an informal policy (spoken but not written) ..... | 1 |
| Yes, we have a written policy .....                            | 2 |
| No, we do not have a policy.....                               | 3 |
| Don't know .....                                               | 4 |

M7.2. Do [PROGTYPE=1: teachers; PROGTYPE=2: staff/supervisors] encourage children to drink water throughout the day?

- |                  |   |
|------------------|---|
| Yes .....        | 1 |
| No.....          | 2 |
| Don't know ..... | 3 |

M7.3. Is water available to children when they are in outside play spaces? (Choose all that apply)

- |                                                |   |                       |
|------------------------------------------------|---|-----------------------|
| Yes, available for self-serve.....             | 1 |                       |
| Yes, given to children on request.....         | 2 |                       |
| Yes, only during designated water breaks ..... | 3 |                       |
| No, not available outside.....                 | 4 | <b>[SKIP TO M7.5]</b> |

M7.4. How is drinking water made available to children outside? (Choose all that apply)

- Non-refrigerated drinking fountain/faucet ..... 1
- Refrigerated drinking fountain/faucet..... 2
- Filtered drinking fountain/faucet ..... 3
- Unfiltered drinking fountain/faucet ..... 4
- Individual sized disposable (single use) water bottles ..... 5
- Individual sized reusable water bottles ..... 6
- Large water bottles coolers, dispensers (like in office buildings).. 7
- Serving pitchers/large Thermos ..... 8
- Other: (write in).....9

M7.5. Is water available to children when they are inside? (Choose all that apply)

- Yes, available for self-serve..... 1
- Yes, given to children on request..... 2
- Yes, only during designated water breaks ..... 3
- No, not available inside..... 4

**[ASK IF M7.5<4; OTHERWISE SKIP TO M7.7]**

M7.6. How is drinking water made available to children inside (Choose all that apply)

- Non-refrigerated drinking fountain/faucet ..... 1
- Refrigerated drinking fountain/faucet..... 2
- Filtered drinking fountain/faucet ..... 3
- Unfiltered drinking fountain/faucet ..... 4
- Individual sized disposable (single use) water bottles ..... 5
- Individual sized reusable water bottles ..... 6
- Large water bottles coolers, dispensers (like in office buildings).. 7
- Serving pitchers/ large Thermos ..... 8
- Other (write in): .....9

M7.7. How often is drinking water served during meals or snacks?

- All of the time ..... 1
- Most of the time ..... 2
- Some of the time ..... 3
- Rarely or never..... 4

M7.8. During meals or snacks, how is water served (for example, in pitchers, cups, or bottles for children to drink)?  
(choose all that apply)

- Provided at the table **with meals** ..... 1
- Provided at the table **with snacks**..... 2
- Provided only **after** child finishes **milk or juice**..... 3
- Provided only **after** child finishes **meal or snack**..... 4
- Children allowed **only one serving** ..... 5
- Children allowed to **self-serve** as much as want..... 6
- Provided only **upon request** by child..... 7
- Not provided at the table at meals or snacks..... 8



## Section 8

### Physical Activity

The questions in this section ask about the different ways that children play indoors and outdoors at your [PROGTYPE=2: afterschool] program. Please note that some of these questions ask about a specific age group of children. Please have the person most familiar with physical activity at your program respond to this section.

RESP8. Are you a returning or new respondent (person completing the survey)? Please select the appropriate option below.

- Returning respondent [FILL W/ RESP 1 NAME]..... 1      GO TO M8.1
- Returning respondent [FILL W/ RESP 2 NAME], ETC ..... 2      GO TO M8.1
- New Respondent ..... 3      GO TO RESP8a

**[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M8.1.]**

Resp8a. Please provide the name, title, phone number, and email address of the person completing this section.

NAME:

TITLE:

PHONE NUMBER:

EMAIL ADDRESS:

Please read each activity below and check ONE answer choice for each row (More than once a day, Once a day, A few times per week, A few times per month, A few times per year, Never (but available at site), Not available at site).

**M8.1. How frequently do you use the following physical activity equipment or do the following activities?**

**[ASK IF TODDLERNUMBER+PRESCHOOLNUMBER>0 OR SCHOOLNUMBER>0]**

**[IF PROGTYPE=1 DISPLAY: This question applies to all children in your care between the ages of 1 and 5.**

**[IF PROGTYPE=2 DISPLAY: This question applies to all children in your care between the ages of 5 and 12].**

| Type of Physical Activity or Equipment                                                                                     | More than once a day | Once a day | A few times per week | A few times per month | A few times per year | Never (but available at site) | Not available at site |
|----------------------------------------------------------------------------------------------------------------------------|----------------------|------------|----------------------|-----------------------|----------------------|-------------------------------|-----------------------|
| Organized group games or activities: dance, ball games, parachute games, running games, aiming games, sports play, jumping | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |

| Type of Physical Activity or Equipment                                                       | More than once a day | Once a day | A few times per week | A few times per month | A few times per year | Never (but available at site) | Not available at site |
|----------------------------------------------------------------------------------------------|----------------------|------------|----------------------|-----------------------|----------------------|-------------------------------|-----------------------|
| games, instruction games, balance games                                                      |                      |            |                      |                       |                      |                               |                       |
| Free play                                                                                    | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Ball play and striking equipment (balls, bean bags, noodles, rackets)                        | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Floor play equipment (mats, portable tunnels, etc.)                                          | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Jumping play equipment (jump ropes, hula hoops, trampoline)                                  | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Parachute                                                                                    | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Push-pull toys (wagons, wheelbarrows, big dump trucks, shopping carts, doll strollers, etc.) | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Riding toys (tricycles, cars, etc.)                                                          | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Rocking and twisting toys (rocking horse, sit-n-spin, etc.)                                  | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Sand/water play toys (buckets, scoops, shovels)                                              | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Twirling play equipment (ribbons, scarves, batons, etc.)                                     | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Balancing surfaces (balance beams, boards, etc)                                              | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Basketball hoop                                                                              | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Climbing structures (jungle gyms, ladders, etc)                                              | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Dramatic play structure (playhouse)                                                          | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Merry-go-round                                                                               | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Pool                                                                                         | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Sand box                                                                                     | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| See-saw                                                                                      | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Slides                                                                                       | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Swinging equipment (swings, rope, etc.)                                                      | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Tricycle track                                                                               | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Tunnels                                                                                      | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| [PROGTYPE=2: Basketball Court]                                                               | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| [PROGTYPE=2: Volleyball net]                                                                 | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| [PROGTYPE=2: Soccer fields/goals]                                                            | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| [PROGTYPE=2: Baseball/Softball/Kickball]                                                     | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |

| Type of Physical Activity or Equipment | More than once a day | Once a day | A few times per week | A few times per month | A few times per year | Never (but available at site) | Not available at site |
|----------------------------------------|----------------------|------------|----------------------|-----------------------|----------------------|-------------------------------|-----------------------|
| diamond]                               |                      |            |                      |                       |                      |                               |                       |
| [PROGTYPE=2:] Running track            | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Other activities:                      | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |
| Other equipment:                       | 1                    | 2          | 3                    | 4                     | 5                    | 6                             | 7                     |

**[ASK IF PROGTYPE=1 AND TODDLERNUMBER>0; OTHERWISE SKIP TO M8.3]**

M.8.2. Thinking about your schedule, on a typical day this week how many sessions of physical activity are provided to young children (**between the ages of 12 and 23 months**) on average per day?

- 1 ..... 1
- 2 ..... 2
- 3 ..... 3
- 4 ..... 4
- 5 ..... 5
- 6 ..... 6
- Not Offered ..... 7

**[DISPLAY M8.2.A IF M8.2 >0 ] PROGRAMMER: CREATE GRID SHOWING EACH SELECTED SESSION (I.E. IF 5 SESSIONS SELECTED, DISPLAY SESSIONS 1 – 5)**

M 8.2.About how many minutes does each session last and is each session indoors or outdoors? **[RANGE 0-120 ?]**  
**[ONLY DISPLAY SESSIONS SELECTED IN M.8.2]**

|           | Minutes (0-120) | Indoor or outdoor?    |
|-----------|-----------------|-----------------------|
| Session 1 |                 | Indoor 1<br>Outdoor 2 |
| Session 2 |                 | Indoor 1<br>Outdoor 2 |
| Session 3 |                 | Indoor 1<br>Outdoor 2 |
| Session 4 |                 | Indoor 1<br>Outdoor 2 |
| Session 5 |                 | Indoor 1<br>Outdoor 2 |
| Session 6 |                 | Indoor 1<br>Outdoor 2 |



**[ASK IF PROGTYPE=1 AND PRESCHOOLNUMBER>0; OTHERWISE SKIP TO M8.3B]**

M8.3. Thinking about your schedule, on a typical day this week, how many sessions of physical activity are provided to children **(2-5 years of age)** per day?

- 1 ..... 1
- 2 ..... 2
- 3 ..... 3
- 4 ..... 4
- 5 ..... 5
- 6 ..... 6
- Not Offered ..... 7

**[DISPLAY M8.3.A IF M8.3>0 ] PROGRAMMER: CREATE GRID SHOWING EACH SELECTED SESSION (I.E. IF 5 SESSIONS SELECTED, DISPLAY SESSIONS 1 – 5)**

M 8.3.A About how many minutes does each session last and is each session indoors or outdoors? **[RANGE 0-120 ?]**  
**[ONLY DISPLAY SESSIONS SELECTED IN M.8.2]**

|           | Minutes (0-120) | Indoor or outdoor?    |
|-----------|-----------------|-----------------------|
| Session 1 |                 | Indoor 1<br>Outdoor 2 |
| Session 2 |                 | Indoor 1<br>Outdoor 2 |
| Session 3 |                 | Indoor 1<br>Outdoor 2 |
| Session 4 |                 | Indoor 1<br>Outdoor 2 |
| Session 5 |                 | Indoor 1<br>Outdoor 2 |
| Session 6 |                 | Indoor 1<br>Outdoor 2 |

**[ASK IF PROGTYPE=2; OTHERWISE SKIP TO M8.4]**

M8.3B. Thinking about your schedule, on a typical day this week, how many sessions of physical activity are provided to children **(5-12 years of age)** per day?

- 1 ..... 1
- 2 ..... 2
- 3 ..... 3
- 4 ..... 4
- 5 ..... 5
- 6 ..... 6

Not Offered ..... 7

**[DISPLAY M8.3.C IF M8.3B>0 ] PROGRAMMER: CREATE GRID SHOWING EACH SELECTED SESSION (I.E. IF 5 SESSIONS SELECTED, DISPLAY SESSIONS 1 – 5)**

M 8.3.C About how many minutes does each session last and is each session indoors or outdoors? **[RANGE 0-120 ?]**

**[ONLY DISPLAY SESSIONS SELECTED IN M.8.2]**

|           | Minutes (0-120) | Indoor or outdoor?    |
|-----------|-----------------|-----------------------|
| Session 1 |                 | Indoor 1<br>Outdoor 2 |
| Session 2 |                 | Indoor 1<br>Outdoor 2 |
| Session 3 |                 | Indoor 1<br>Outdoor 2 |
| Session 4 |                 | Indoor 1<br>Outdoor 2 |
| Session 5 |                 | Indoor 1<br>Outdoor 2 |
| Session 6 |                 | Indoor 1<br>Outdoor 2 |

**[ASK IF PROGTYPE=1 AND TODDLERNUMBER+PRESCHOOLNUMBER>0; OTHERWISE SKIP TO M8.5]**

M8.4. Do you take children (**1 -5 years of age**) to any offsite facility or area for physical activities (e.g., park, pool, playground, gym)

Yes ..... 1

No ..... 2

**[ASK IF PROGTYPE=1 AND TODDLERNUMBER+PRESCHOOLNUMBER>0 AND M8.4=1; OTHERWISE SKIP TO M8.5a]**

M8.5 How often do you take children (**1 -5 years of age**) to an offsite facility or area for physical activities?

Multiple times a day (*Specify number of times per day*)..... 1

Once a day..... 2

Two or three times per week..... 3

Once a week..... 4

Once every two weeks ..... 5

Once a month ..... 6

Other (*specify*)..... 7

**[ASK IF PROGTYPE=2; OTHERWISE SKIP TO M8.6]**

M8.5a. Do you take children **(5 -12 years of age)** to any offsite facility or area for physical activities (e.g., park, pool, playground, gym)?

Yes.....1

No.....2

[ASK IF PROGTYPE=2 and M8.5a=1]

M8.5b. How often do you take children **(5 -12 years of age)** to an offsite facility or area for physical activities?

- Multiple times a day (*Specify number of times per day*)....1
- Once a day.....2
- Two or three times per week.....3
- Once a week.....4
- Once every two weeks.....5
- Once a month.....6
- Other (write in).....7

[ASK ALL:]

M8.6. Which of the following describe the outdoor play space at your site? (Choose all that apply)

Space for all activities, including jumping, running, and rolling

Separate play areas for each age group ..... 1

Areas that allow play for individuals, pairs, small groups, and large groups.....2

Full access for children with special needs ..... 3

All of our play space is indoors; we do not have any outdoor play space 4

Other (*specify*)..... 5

Don't know ..... 6



[ASK IF PROGTYPE=1 AND TODDLERNUMBER+PRESCHOOLNUMBER>0; OTHERWISE SKIP TO M8.8a]

M8.7. How often is portable play equipment \*offered to children (**1 -5 years of age**) during free play time?

At least a few items are always available ..... 1

Often ..... 2

Sometimes..... 3

Rarely or never..... 4

[Hover definition] \*Portable play equipment is any equipment that is not fixed in place, such as: balls, bean bags, rackets, floor mats, portable tunnels, jump ropes, trampoline, parachute, wagons, shopping carts, tricycles, rocking horses, sand and water play toys, ribbons and batons.

[ASK IF PROGTYPE=1 AND TODDLERNUMBER+PRESCHOOLNUMBER>0]

M8.8. Is active play ever restricted for children (**1 -5 years of age**) as a disciplinary action for misbehavior?

Yes.....1

No.....2

[ASK IF PROGTYPE=2; OTHERWISE SKIP TO M8.9]

M8.8a. How often is portable play equipment \*offered to children (**5 -12 years of age**) during free play time?

At least a few items are always available.....1

Often.....2

Sometimes.....3

Rarely or never.....4

[HOVER DEFINITION] \*Portable play equipment is any equipment that is not fixed in place, such as: balls, bean bags, rackets, floor mats, portable tunnels, jump ropes, trampoline, parachute, wagons, shopping carts, tricycles, rocking horses, san and water play toys, ribbons and batons.

[ASK IF PROGTYPE=2; OTHERWISE SKIP TO M8.9]

M8.8b. Is active play ever restricted for children (**5 -12 years of age**) as a disciplinary action for misbehavior?

Yes ..... 1

No..... 2

[ASK ALL:]

M8.9. What is the role of [PROGTYPE=1: child care providers/teachers; PROGTYPE=2: staff/supervisors] during children's physically active playtime?

They supervise only, to ensure safety ..... 1

They supervise and verbally encourage physical activity ..... 2

They supervise, verbally encourage, and sometimes join in..... 3

They supervise, verbally encourage, and often join in..... 4

M8.10. How often do [PROGTYPE=1: child care providers; PROGTYPE=2: staff/supervisors] incorporate physical activity into routines, transitions, and planned activities\*?

Each time they see an opportunity ..... 1

Often ..... 2

Sometimes..... 3

Rarely or never..... 4

**[HOVER DEFINITION]** \* Physical activity during routines, transitions, and planned activities can include playing Simon Says or other movement games while children wait in line or transition between activities, or using movement during circle time or story time.

**[ASK IF PROGTYPE=1 AND TODDLERNUMBER>0; OTHERWISE SKIP TO M8.12]**

M8.11. Outside of meal and nap time, what is the longest that children (**12 and 23 months of age**) are asked to remain seated at any one time?

30 minutes or more ..... 1

20-29 minutes..... 2

15-19 minutes..... 3

Less than 15 minutes..... 4

**[ASK IF PROGTYPE=1 AND PRESCHOOLNUMBER>0; OTHERWISE SKIP TO M8.12a]**

M8.12. Outside of meal and nap time, what is the longest that children (**2 -5 years of age**) are asked to remain seated at any one time?

30 minutes or more ..... 1

20-29 minutes..... 2

15-19 minutes..... 3

Less than 15 minutes..... 4

**[ASK IF PROGTYPE=2; OTHERWISE SKIP TO M8.13]**

M8.12a. Outside of meal and nap time, what is the longest that children (**5 -12 years of age**) are asked to remain seated at any one time?

30 minutes or more..... 1

20-29 minutes..... 2

|                           |   |
|---------------------------|---|
| 15-19 minutes .....       | 3 |
| Less than 15 minutes..... | 4 |

**IF PROGTYPE=1 AND TODDLERNUMBER>0; OTHERWISE SKIP TO M8.14]**

M8.13. How often do young children between the ages of **12 and 23 months old** watch television (including educational programs, and videos)?

- Daily, 2 hours or more per day ..... 1
- Daily, 1-2 hours per day..... 2
- Daily, less than 1 hour per day..... 3
- Daily, less than 30 minutes per day ..... 4
- A few times a week (but not every day) ..... 5
- A few times a month ..... 6
- Once a month ..... 7
- Never..... 8

**[ASK IF PROGTYPE=1 AND PRESCHOOLNUMBER>0; OTHERWISE SKIP TO M8.14a]**

M8.14. How often do children between the ages of **2-5 years old** watch television (including educational programs, and videos)?

- Daily, 2 hours or more per day ..... 1
- Daily, 1-2 hours per day..... 2
- Daily, less than 1 hour per day..... 3
- Daily, less than 30 minutes per day ..... 4
- A few times a week (but not every day) ..... 5
- A few times a month ..... 6
- Once a month ..... 7
- Never..... 8

**[ASK IF PROGTYPE=2; OTHERWISE SKIP TO M8.15]**

M8.14a. How often do young children between the ages of **5 – 12 years old** watch television (including educational programs, and videos)?

- Daily, 2 hours or more per day.....1
- Daily, 1-2 hours per day.....2
- Daily, less than 1 hour per day..... 3
- Daily, less than 30 minutes per day..... 4

|                                             |   |
|---------------------------------------------|---|
| A few times a week (but not every day)..... | 5 |
| A few times a month .....                   | 6 |
| Once a month.....                           | 7 |
| Never.....                                  | 8 |

[ASK IF PROGTYPE=1 AND TODDLERNUMBER>0; OTHERWISE SKIP TO M8.16]

M8.15. How often do young children between the ages of **12 and 23 months old** use a computer, tablet, smart phone, or video game time (including educational games/programs and videos)?

- Daily, 2 hours or more per day ..... 1
- Daily, 1-2 hours per day..... 2
- Daily, less than 1 hour per day..... 3
- Daily, less than 30 minutes per day ..... 4
- A few times a week (but not every day) ..... 5
- A few times a month ..... 6
- Once a month ..... 7
- Never..... 8

[ASK IF PROGTYPE=1 AND PRESCHOOLNUMBER>0; OTHERWISE SKIP TO M8.16a]

M8.16. How often do children between the ages of **2-5 years old** use a computer, tablet, smart phone, or video game time (including educational games/programs and videos)?

- Daily, 2 hours or more per day ..... 1
- Daily, 1-2 hours per day..... 2
- Daily, less than 1 hour per day..... 3
- Daily, less than 30 minutes per day ..... 4
- A few times a week (but not every day) ..... 5
- A few times a month ..... 6
- Once a month ..... 7
- Never..... 8

[ASK IF PROGTYPE=2; OTHERWISE SKIP TO M8.17]

M8.16a. How often do children between the ages of **5 -12 years old** use a computer, tablet, smart phone, or video game time (including educational games/programs and videos)?

- Daily, 2 hours or more per day.....1
- Daily, 1-2 hours per day.....2
- Daily, less than 1 hour per day.....3
- Daily, less than 30 minutes per day.....4
- A few times a week (but not every day).....5
- A few times a month.....6
- Once a month.....7
- Never.....8

[ASK ALL]

M8.17. When children are watching television, using a computer, tablet, smart phone, or video game time, what is the primary purpose of this activity?

- Education ..... 1
- Entertainment.....2
- Both education and entertainment.....3
- Don't know .....4

**[PROGRAMMER NOTE: PROGRAM WITH FIRST QUESTION VISIBLE (CHOOSE STATEMENTS THAT APPLY...) AND THEN 2<sup>ND</sup> TIER OF QUESTIONS ONLY VISIBLE ONCE A RESPONSE IS SELECTED]**

M8.18. What makes it hard for children in your program to get physical activity? (choose all that apply)

| Please choose statement(s) that apply to your child care program (Choose all that apply) | How much would you say this <b>decreases the amount of time</b> spent doing physical activity? |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| We do not have enough outdoor play area                                                  | Not at all.....1<br>A little.....2<br>A lot.....3<br>Don't know..4                             |
| We do not have enough indoor play area                                                   | Not at all.....1<br>A little.....2<br>A lot.....3<br>Don't know..4                             |
| We do not have enough play equipment                                                     | Not at all.....1<br>A little.....2<br>A lot.....3<br>Don't know..4                             |
| We do not have a policy that requires physical activity                                  | Not at all.....1<br>A little.....2<br>A lot.....3<br>Don't know..4                             |
| We are concerned about liability (children getting hurt)                                 | Not at all.....1<br>A little.....2<br>A lot.....3<br>Don't know..4                             |

| Please choose statement(s) that apply to your child care program (Choose all that apply)                    | How much would you say this <b>decreases the amount of time</b> spent doing physical activity? |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| We live in a neighborhood where safety is a concern                                                         | Not at all.....1<br>A little.....2<br>A lot.....3<br>Don't know..4                             |
| Weather is too hot to go outside                                                                            | Not at all.....1<br>A little.....2<br>A lot.....3<br>Don't know..4                             |
| Weather is too cold to go outside                                                                           | Not at all.....1<br>A little.....2<br>A lot.....3<br>Don't know..4                             |
| Weather is too rainy or snowy to go outside                                                                 | Not at all.....1<br>A little.....2<br>A lot.....3<br>Don't know..4                             |
| Other weather conditions (for example, thunderstorms or air quality advisory) prevent us from going outside | Not at all.....1<br>A little.....2<br>A lot.....3<br>Don't know..4                             |
| There is not enough time in the day for children to be physically active                                    | Not at all.....1<br>A little.....2<br>A lot.....3<br>Don't know..4                             |
| Children are not interested in physical activity                                                            | Not at all.....1<br>A little.....2<br>A lot.....3<br>Don't know..4                             |
| I'm not sure how to get children to participate in physical activity                                        | Not at all.....1<br>A little.....2<br>A lot.....3<br>Don't know..4                             |



|                                                                                          |                                                                                                |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Please choose statement(s) that apply to your child care program (Choose all that apply) | How much would you say this <b>decreases the amount of time</b> spent doing physical activity? |
| I'm not sure how much physical activity children should get each day                     | Not at all.....1<br>A little.....2<br>A lot.....3<br>Don't know..4                             |
| There is not enough staff to supervise the children during physical activity             | Not at all.....1<br>A little.....2<br>A lot.....3<br>Don't know..4                             |
| Staff are not interested in participating in physical activity with the children         | Not at all.....1<br>A little.....2<br>A lot.....3<br>Don't know..4                             |
| Other: _____                                                                             | Not at all.....1<br>A little.....2<br>A lot.....3<br>Don't know..4                             |
| It is not hard. [CAN BE SELECTED ONLY AS SINGLE PUNCH]                                   |                                                                                                |

M8.19. Below are some topics your site may or may not have policies or guidelines on.

**Please read each topic below and indicate whether your site has a policy on these topics. Check ONE answer choice for each row (Written policy, Informal policy (spoken but not written), No policy, Don't know).**

| Topic                                                                                              | Yes,<br>written<br>policy* | Yes, informal<br>policy** | No<br>policy | Don't know |
|----------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------|------------|
| Policy on amount of time provided each day for indoor and/or outdoor physical activity             | 1                          | 2                         | 3            | 4          |
| Policy on amount of time children are seated during activities                                     | 1                          | 2                         | 3            | 4          |
| Policy on weather (temperature/air quality) for outdoor play time                                  | 1                          | 2                         | 3            | 4          |
| Policy on protective clothing or sunscreen application                                             | 1                          | 2                         | 3            | 4          |
| Policy on withholding physical activity as discipline                                              | 1                          | 2                         | 3            | 4          |
| Policy on amount of time children can watch television.                                            | 1                          | 2                         | 3            | 4          |
| Policy on amount of time children use computer, tablet, smart phone, or other devices with screens | 1                          | 2                         | 3            | 4          |

**[HOVER DEFINITION]** \* A written policy can include any written guidelines about your program's operations or expectations for teachers, staff, children, or families. Policies can be included in parent handbooks, staff manuals, and other documents.

**[HOVER DEFINITION]** \*\* An informal policy can include any spoken guidelines about your program's operations or expectations for teachers, staff, children, or families.

M8.20. Does your program follow best practices for physical activity from any of the following organizations? (Choose all that apply)

- USDA..... 1
- State Agency ..... 2
- Sponsoring Agency..... 3
- Caring for our Children..... 4
- CACFP Sponsor Association..... 5
- CACFP Provider Association ..... 6
- Other, specify ..... 7
- Do not follow any guidelines on best practices for nutrition ..... 8
- Don't know ..... 9

## Section 9

[ASK IF PROGTYPE=1 AND INFANTNUMBER>0; OTHERWISE SKIP TO RESP10]

### Infant Feeding and Infant Physical Activity Section

The questions in this section refer to infants under the age of 1 year (less than 12 months old). Please have the person most familiar with infant feeding and physical activity at your program respond to this section.

RESP9. Are you a returning or new respondent (person completing the survey)? Please select the appropriate option below.

- |                                                       |   |              |
|-------------------------------------------------------|---|--------------|
| Returning respondent [FILL W/ RESP 1 NAME].....       | 1 | GO TO M9.1   |
| Returning respondent [FILL W/ RESP 2 NAME], ETC ..... | 2 | GO TO M9.1   |
| New Respondent .....                                  | 3 | GO TO RESP9a |

[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M9.1.]

Resp9a. Please provide the name, title, phone number, and email address of the person completing this section.

NAME:

TITLE:

PHONE NUMBER:

EMAIL ADDRESS:

M9.1. Which of the following best describes the timing of infant feedings in your program?

- Feedings always take place at **fixed, scheduled times**..... 1
- Somewhat flexible** to infants showing they are hungry\*, but feedings are mostly at fixed times....2
- Mostly flexible** to infants showing they are hungry\*, but feedings are sometimes at fixed times....3
- Feedings **only** take place **when infants show they are hungry**\*...4
- Don't know ..... 5

[HOVER DEFINITION] \*Infants can show they are hungry by rooting, sucking on fingers or fist, licking or smacking lips, fussing or crying, or making excited arm and leg movements

M9.2. When feeding infants, how often do staff use responsive feeding techniques?\*

- Always ..... 1
- Often ..... 2
- Sometimes..... 3
- Rarely or never..... 4
- Don't know ..... 5

**[HOVER DEFINITION]** \*Responsive feeding techniques include making eye contact, speaking to infants, responding to infants' reactions during feedings, responding to hunger and fullness signals, and feeding only one infant at a time.

M9.3. How do staff determine the end of infant feedings?

- Only by the amount of breast milk, formula, or food left ..... 1
- Mostly by the amount of milk, formula, or food left, but partly by infants showing they are full\* ...2
- Mostly by infants showing they are full\*, but partly by the amount of milk, formula, or food left...3
- Only by infants showing they are full\* ..... 4
- Don't know ..... 5

\*Infants show they are full by slowing the pace of eating, turning away, becoming fussy, and spitting out or refusing more food.

M9.4. Does your program provide 100% juice to infants?

- Yes ..... 1
- No.....2 [GO TO M9.5]
- Don't know ..... 3 [GO TO M9.5]

**[DISPLAY ONLY IF M9.4=1]**

M9.4a. Starting at what age?

- Younger than 6 months ..... 1
- Between 6 months and 12 months ..... 2
- Other (specify): \_\_\_\_\_ ..... 3

M9.5. Are sugar sweetened beverages served to infants? (sugar sweetened beverages include soda, lemonade, or other juice drinks that are not 100% juice)

- Yes ..... 1
- No.....2
- Don't know ..... 3

M9.6 Do you have a policy on serving juice to infants?

- Yes, we have an informal policy (spoken but not written) ..... 1
- Yes, we have a written policy ..... 2
- No, we do not have a policy..... 3
- Don't know ..... 4

M9.7 Do you have a policy on serving sugar sweetened beverages to infants?

Yes, we have an informal policy (spoken but not written) ..... 1

Yes, we have a written policy ..... 2

No, we do not have a policy..... 3

Don't know ..... 4

M9.8. At what age, on average, does your program introduce solid foods to infants with parent permission?

Younger than 4 months ..... 1

At least 4 months but younger than 6 months..... 2

At 6 months..... 3

Older than 6 months..... 4

Do not give infants solid foods ..... 5

Don't know ..... 6

M9.9. Do staff feed infants breast milk while at the site? )

Yes ..... 1

No..... 2 [GO TO M9.10]

Don't know ..... 3 [GO TO M9.10]

**[DISPLAY M9.9.a ONLY IF M9.9=1]**

M9.9.a. How many infants under 6 months are currently fed exclusively breast milk while at your site?

Gave answer..... 1

Don't know ..... 2

**[DISPLAY M9.9.b. ONLY IF M9.9=1]**

M9.9.b. How many infants **under 6 months** are currently fed any breast milk in combination with formula or solid foods while at the site? \_\_\_\_\_

Gave answer ..... 1

Don't know ..... 2

**DISPLAY M9.9.c. ONLY IF M9.9=1]**

M9.9.c. How many infants **between 6-12 months** are currently fed any breast milk while at the site? \_\_\_\_\_

Gave answer..... 1

Don't know ..... 2

- M9.10. Do you allow mothers to breastfeed infants on site?
- Yes ..... 1
- No..... 2 GO TO M9.11
- Don't know ..... 3 GO TO M9.11

**[DISPLAY M9.10.a ONLY IF M9.10=1]**

- M9.10.a. Do you have a private room or area at your site where mothers can breastfeed their infants?
- Yes ..... 1
- No..... 2

- M9.11. Are mothers allowed to store their pumped breast milk at your site overnight?
- Yes ..... 1
- No, mothers must bring in new bottles every morning..... 2
- Don't know ..... 3

**[ASK M9.11.a ONLY IF M9.11=1]**

M9.11.a. Where is the breast milk stored? (Choose all that apply)

- Refrigerator..... 1
- Freezer ..... 2
- Shelf..... 3
- Insulated cooler..... 4

- M9.12. How are breast milk and formula warmed? (Choose all that apply)
- Under running warm tap water ..... 1
- By placing in a container of water no warmer than 120 degrees F... 2
- Electric bottle warmer..... 3
- In our microwave ..... 4
- Other (*specify*)..... 5
- Don't warm breast milk or formula ..... 6
- Don't know ..... 7

**[DISPLAY ONLY IF M1.8 = 1]**

- M9.13.a. How often do you offer tummy time\* to non-crawling infants in full day care?
- 1 time per day or less ..... 1
- 2 times per day ..... 2
- 3 times per day ..... 3
- 4 times per day or more ..... 4

**[DISPLAY ONLY IF M1.9 = 1]**

M9.13.b. How often do you offer tummy time\* to non-crawling infants in half-day care?

- 3 times per week or less ..... 1
- 4 times per week ..... 2
- 1 time per day..... 3
- 2 times per day or more ..... 4

**[HOVER DEFINITION]** \*Tummy time is supervised time when an infant is awake and alert, lying on her/his belly.

M9.14. How many times per day are infants taken outside (when the weather is appropriate)?

- More than 3 times per day ..... 1
- 2-3 times per day..... 2
- Once per day ..... 3
- Less than once per day ..... 4

M9.15. Do infants spend time in any of the following when they are not sleeping? (Choose all that apply)

- Cribs..... 1
- Playpens ..... 2
- Car seats ..... 3
- Bouncy seats ..... 4
- Swings..... 5
- Stationary entertainers (for example, Exersaucers) ..... 6
- None of the above ..... 7
- Don't know ..... 8

M9.16. Do you have a policy or guideline about infants spending time in cribs when they are not sleeping?

- Yes, we have an informal policy (spoken but not written) ..... 1
- Yes, we have a written policy ..... 2
- No, we do not have a policy..... 3
- Don't know ..... 4

M9.17. Do you have a policy or guideline about the amount of time infants spend in seats, swings, or stationary entertainers (for example, ExerSaucers) at any one time?

- Yes, we have an informal policy (spoken but not written) ..... 1
- Yes, we have a written policy ..... 2
- No, we do not have a policy..... 3
- Don't know ..... 4

M9.18. On average, how much time do infants spend in front of a television, computer, video game, tablet, smart phone or other screen (including educational programs and videos)?

- Daily, 2 hours or more per day ..... 1
- Daily, 1-2 hours per day..... 2
- Daily, less than 1 hour per day..... 3
- Daily, less than 30 minutes per day ..... 4
- A few times a week (but not every day) ..... 5
- A few times a month ..... 6
- Once a month ..... 7
- Never..... 8

M9.19. Do you have a policy or guideline about the amount of time infants spend in front of a television, computer, video game, tablet, smart phone, or other screen (including educational programs and videos)?

- Yes, we have a written policy ..... 1
- Yes, we have an informal policy (spoken but not written) ..... 2
- No, we do not have a policy..... 3
- Don't know ..... 4



## Section 10: Nutrition and physical activity promotion/education practices

The questions in this section ask nutrition and physical activity promotion and education at your program. Please have the person most familiar with physical activity at your program respond to this section.

RESP10. Are you a returning or new respondent (person completing the survey)? Please select the appropriate option below.

- |                                                       |   |               |
|-------------------------------------------------------|---|---------------|
| Returning respondent [FILL W/ RESP 1 NAME].....       | 1 | GO TO M10.1   |
| Returning respondent [FILL W/ RESP 2 NAME], ETC ..... | 2 | GO TO M10.1   |
| New Respondent .....                                  | 3 | GO TO RESP10a |

**[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M10.1.]**

Resp10a. Please provide the name, title, phone number, and email address of the person completing this section.

NAME:

TITLE:

PHONE NUMBER:

EMAIL ADDRESS:

M10.1. Does your program's collection of materials that promote healthy eating include any of the following? (CHOOSE ALL THAT APPLY)

- |                                                           |   |
|-----------------------------------------------------------|---|
| Books about healthy eating habits .....                   | 1 |
| MyPlate posters.....                                      | 2 |
| Pictures of fruits and vegetables .....                   | 3 |
| Healthy play foods or food models.....                    | 4 |
| Fruit or vegetable garden areas .....                     | 5 |
| No materials promoting healthy eating at my program ..... | 6 |
| Don't know .....                                          | 7 |

M10.2. Do [IF PROGTYPE=1: child care providers/teachers; IF PROGTYPE=2:staff/supervisors] incorporate planned nutrition education\* into their classroom routines?

- |                               |   |
|-------------------------------|---|
| 1 time per week or more ..... | 1 |
| 2-3 times per month.....      | 2 |
| 1 time per month .....        | 3 |
| Rarely or never.....          | 4 |
| Don't know .....              | 5 |

**[HOVER DEFINITION]** *\*Planned nutrition education can include circle time lessons, story time, stations during center time, cooking activities, and gardening activities.*

M10.3. Do [IF PROGTYPE=1: child care providers/teachers; IF PROGTYPE=2: staff/supervisors] talk with children informally about healthy eating?

- Each time they see an opportunity ..... 1
- Often ..... 2
- Sometimes..... 3
- Rarely or never..... 4
- Don't know ..... 5

M10.4. How often are families offered education\* on child nutrition?

- Every week or more ..... 1
- Every month..... 2
- Several times a year ..... 3
- Once or twice a year ..... 4
- Never..... 5
- Don't know ..... 6

**[HOVER DEFINITION]** *\*Education can be offered through in-person educational sessions, brochures, tip sheets, or your program's newsletter, website, or bulletin boards.*

**[ASK IF M10.4<4]**

M10.5 Does education for families on child nutrition include any of the following topics? (choose all that apply)

- Food and beverage recommendations for children ..... 1
- Serving sizes for children..... 2
- Importance of variety in the child diet ..... 3
- Creating healthy mealtime environments ..... 4
- Using positive feeding practices ..... 5
- Policies on child nutrition at my childcare program ..... 6
- Recipes ..... 7
- Cooking techniques/ how to cook healthy foods ..... 8
- Shopping for healthy foods ..... 9

|                      |    |
|----------------------|----|
| Other, specify ..... | 10 |
| Don't know .....     | 11 |

M10.6. How often do [IF PROGTYPE=1: child care providers/teachers; IF PROGTYPE=2: staff/supervisors] talk with children informally about the importance of physical activity?

|                                         |   |
|-----------------------------------------|---|
| Each time they see an opportunity ..... | 1 |
| Often .....                             | 2 |
| Sometimes.....                          | 3 |
| Rarely or never.....                    | 4 |
| Don't know .....                        | 5 |

M10.7. Does your program's collection of materials that promote physical activity include any of the following?  
(CHOOSE ALL THAT APPLY)

|                                                             |   |
|-------------------------------------------------------------|---|
| Books about physical activity .....                         | 1 |
| Physical activity posters.....                              | 2 |
| Pictures of physical activity .....                         | 3 |
| No materials promoting physical activity at my program..... | 4 |
| Don't know .....                                            | 5 |

M10.8. How often are families offered education on children's physical activity?

|                                 |   |
|---------------------------------|---|
| 2 times per year or more .....  | 1 |
| 1 time per year .....           | 2 |
| Less than 1 time per year ..... | 3 |
| Never.....                      | 4 |
| Don't know .....                | 5 |

**[ASK IF M10.8<4; OTHERWISE SKIP TO M10.10]**

M10.9. Does education for families on children's physical activity include any of the following topics? (choose all that apply)

- Recommended amounts of daily physical activity for young children.....1
- Encouraging children's physical activity ..... 2
- Limiting long periods of seated time for children..... 3
- Children's motor skill development..... 4
- Policies on physical activity at my childcare program..... 5
- Other(*specify*)..... 6
- Don't know ..... 7

M10.10. How is information about nutrition and physical activity for children communicated to parents? (choose all that apply)

- No nutrition information provided..... 1
- No information on physical activity provided ..... 2
- Fliers or handouts..... 3
- Newsletters/ Updates (including email)..... 4
- Conversations between staff and parents ..... 5
- Menus..... 6
- Health fairs..... 7
- Parent workshops ..... 8
- Posters, bulletin boards, displays ..... 9
- Parent-teacher conference ..... 10
- Family events ..... 11
- Other (*Please Specify*)..... 12
- Don't know ..... 13

## Section 11: Barriers to CACFP Participation and Recent Program Changes

The questions in this section ask about CACFP.

RESP11. Are you a returning or new respondent (person completing the survey)? Please select the appropriate option below.

- Returning respondent [FILL W/ RESP 1 NAME]..... 1      GO TO M11.1
- Returning respondent [FILL W/ RESP 2 NAME], ETC ..... 2      GO M11.1
- New Respondent ..... 3      GO TO RESP11a

**[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M11.1.]**

Resp11a. Please provide the name, title, phone number, and email address of the person completing this section.

NAME:

TITLE:

PHONE NUMBER:

EMAIL ADDRESS:

M 11.1 Below are some difficulties which providers may face as participants in the CACFP. For each, please indicate whether this has been a major challenge, minor challenge, or not a challenge to your participation in the CACFP.

|                                                                                                          | Major challenge | Minor challenge | Not a challenge |
|----------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------|
| Meal reimbursement is not enough to cover food expenses                                                  |                 |                 |                 |
| Not enough children in my program are eligible for higher reimbursement                                  |                 |                 |                 |
| Paperwork to receive meal reimbursement is difficult (including recordkeeping and meal claim submission) |                 |                 |                 |
| Paperwork for child enrollment is difficult                                                              |                 |                 |                 |
| Nutrition requirements are difficult                                                                     |                 |                 |                 |
| Requirements for site eligibility are difficult                                                          |                 |                 |                 |
| Monitoring by the state or sponsor is time consuming                                                     |                 |                 |                 |
| Lack of support from sponsor                                                                             |                 |                 |                 |
| Other, specify                                                                                           |                 |                 |                 |

M 11.2. In your opinion, what changes might help child care centers and FDCHs who are not currently participating in the CACFP decide to participate? (choose all that apply)

- Offer more nutrition training for child care program staff..... 1
- Require less monitoring ..... 2
- Require less accountability ..... 3
- Increase meal reimbursement rate..... 4
- Provide more support to complete paperwork ..... 5
- Provide assistance with writing menus ..... 6
- Offer electronic enrollment and paperwork options ..... 7
- Other (*specify*)..... 8
- Don't know ..... 9

The questions in this section ask about recent changes to CACFP.

RESP11.7 Are you a returning or new respondent (person completing the survey)? Please select the appropriate option below.

- Returning respondent [FILL W/ RESP 1 NAME]..... 1      GO TO M11.8
- Returning respondent [FILL W/ RESP 2 NAME], ETC ..... 2      GO M11.8
- New Respondent ..... 3      GO TO RESP11.7a

**[PROGRAMMER: IF NEW RESPONDENT IS SELECTED, COLLECT NEW RESPONDENT INFO. IF RETURNING RESPONDENT, GO TO M11.8.]**

Resp11.7a. Please provide the name, title, phone number, and email address of the person completing this section.

NAME:

TITLE:

PHONE NUMBER:

EMAIL ADDRESS:

M11.8. Are you aware of the updated meal patterns for the CACFP? The updated patterns were published April 25, 2016 and must be implemented no later than October 1, 2017.

- Yes ..... 1
- No..... 2

M11.9. Have you made any changes in the meals served to infants or children in response to the updated meal patterns for the CACFP?

- Yes ..... 1
- No.....2                      GO TO END
- Don't know ..... 3                      GO TO END

**[ASK IF M11.9=1]**

M11.10. Have you made any of the following changes in response to the updated meal standards for the CACFP? [check all that apply]

- Providing a greater variety of fruits and vegetables..... 1
- Limiting juice consumption ..... 2
- Increasing whole grains ..... 3
- No longer serving grain-based desserts ..... 4
- Serving cereals that meet the new sugar limit (no more than 6 grams of sugar per dry ounce)..... 5
- Serving yogurt that meets the new sugar limit (no more than 23 grams of sugar per 6 ounces) ..... 6
- Offering water..... 7
- No longer serving flavored milk ..... 8
- No longer deep-fat frying foods on-site..... 9
- Other, specify..... 10
- None of the above (SINGLE PUNCH)..... 11
- Don't know (SINGLE PUNCH)..... 12

**END.** You have completed all the sections. Thank you for your time on this important survey.



## ***I.2 Environmental Observation Form***

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OMB Control No: 0584-0615  
OMB Approval Expiration Date: 10/31/2019

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

### Environmental Observation Form

Child Care Center ID

Classroom ID

Target Week

Observer ID #: |\_|\_|\_|\_|\_|\_|\_|\_|\_|

Site Name: \_\_\_\_\_

Date of observation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Start time: \_\_\_\_ : \_\_\_\_      End time: \_\_\_\_ : \_\_\_\_  
                                 Month   Day   Year

Day of the week: \_\_\_\_\_

Observed Classroom/Area: Teacher \_\_\_\_\_ Room number (if applicable): \_\_\_\_\_

Number of children in observed classroom (mark the maximum number observed): \_\_\_\_\_

Ages of toddlers/children in classroom (mark all that apply):

- |                                   |                                   |                                 |                                 |
|-----------------------------------|-----------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> 12-17mo. | <input type="checkbox"/> 18-23mo. | <input type="checkbox"/> 2 yrs  | <input type="checkbox"/> 3 yrs  |
| <input type="checkbox"/> 4 yrs    | <input type="checkbox"/> 5 yrs    | <input type="checkbox"/> 6 yrs  | <input type="checkbox"/> 7 yrs  |
| <input type="checkbox"/> 8 yrs    | <input type="checkbox"/> 9 yrs    | <input type="checkbox"/> 10 yrs | <input type="checkbox"/> 11 yrs |
| <input type="checkbox"/> 12 yrs   | <input type="checkbox"/> 13+ yrs  |                                 |                                 |

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## Session Form

*On the Session Form, record all events that take place during the day chronologically. Focus on the **majority** of children. Start a new row each time the Location, Activity, or Activity Level of the majority of children changes.*

| Start Time: | End Time: | Outside/<br>Inside                                                                                                                                                                | Activity                                                                                                                                                                                          | Activity Level (choose one) |                          |                          | Notes |
|-------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------|--------------------------|-------|
|             |           |                                                                                                                                                                                   |                                                                                                                                                                                                   | Physical Activity           | Sitting or Lying Down    | Neither                  |       |
|             |           | <input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom<br><input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____ | <input type="checkbox"/> Meal/snack <input type="checkbox"/> Management<br><input type="checkbox"/> Free play <input type="checkbox"/> Nap<br><input type="checkbox"/> Organized teacher activity | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |       |
|             |           | <input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom<br><input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____ | <input type="checkbox"/> Meal/snack <input type="checkbox"/> Management<br><input type="checkbox"/> Free play <input type="checkbox"/> Nap<br><input type="checkbox"/> Organized teacher activity | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |       |
|             |           | <input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom<br><input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____ | <input type="checkbox"/> Meal/snack <input type="checkbox"/> Management<br><input type="checkbox"/> Free play <input type="checkbox"/> Nap<br><input type="checkbox"/> Organized teacher activity | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |       |
|             |           | <input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom<br><input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____ | <input type="checkbox"/> Meal/snack <input type="checkbox"/> Management<br><input type="checkbox"/> Free play <input type="checkbox"/> Nap<br><input type="checkbox"/> Organized teacher activity | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |       |
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| Start Time: | End Time: | Outside/<br>Inside                                                                                                                                                                | Activity                                                                                                                                                                                          | Activity Level (choose one) |                          |                          | Notes |
|-------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------|--------------------------|-------|
|             |           |                                                                                                                                                                                   |                                                                                                                                                                                                   | Physical Activity           | Sitting or Lying Down    | Neither                  |       |
|             |           | <input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom<br><input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____ | <input type="checkbox"/> Meal/snack <input type="checkbox"/> Management<br><input type="checkbox"/> Free play <input type="checkbox"/> Nap<br><input type="checkbox"/> Organized teacher activity | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |       |
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| Start Time: | End Time: | Outside/<br>Inside                                                                                                                                                                | Activity                                                                                                                                                                                          | Activity Level (choose one) |                          |                          | Notes |
|-------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------|--------------------------|-------|
|             |           |                                                                                                                                                                                   |                                                                                                                                                                                                   | Physical Activity           | Sitting or Lying Down    | Neither                  |       |
|             |           | <input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom<br><input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____ | <input type="checkbox"/> Meal/snack <input type="checkbox"/> Management<br><input type="checkbox"/> Free play <input type="checkbox"/> Nap<br><input type="checkbox"/> Organized teacher activity | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |       |
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| Start Time: | End Time: | Outside/<br>Inside                                                                                                                                                                | Activity                                                                                                                                                                                          | Activity Level (choose one) |                          |                          | Notes |
|-------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------|--------------------------|-------|
|             |           |                                                                                                                                                                                   |                                                                                                                                                                                                   | Physical Activity           | Sitting or Lying Down    | Neither                  |       |
|             |           | <input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom<br><input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____ | <input type="checkbox"/> Meal/snack <input type="checkbox"/> Management<br><input type="checkbox"/> Free play <input type="checkbox"/> Nap<br><input type="checkbox"/> Organized teacher activity | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |       |
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| Start Time: | End Time: | Outside/<br>Inside                                                                                                                                                                | Activity                                                                                                                                                                                          | Activity Level (choose one) |                          |                          | Notes |
|-------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------|--------------------------|-------|
|             |           |                                                                                                                                                                                   |                                                                                                                                                                                                   | Physical Activity           | Sitting or Lying Down    | Neither                  |       |
|             |           | <input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom<br><input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____ | <input type="checkbox"/> Meal/snack <input type="checkbox"/> Management<br><input type="checkbox"/> Free play <input type="checkbox"/> Nap<br><input type="checkbox"/> Organized teacher activity | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |       |
|             |           | <input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom<br><input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____ | <input type="checkbox"/> Meal/snack <input type="checkbox"/> Management<br><input type="checkbox"/> Free play <input type="checkbox"/> Nap<br><input type="checkbox"/> Organized teacher activity | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |       |
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|             |           | <input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom<br><input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____ | <input type="checkbox"/> Meal/snack <input type="checkbox"/> Management<br><input type="checkbox"/> Free play <input type="checkbox"/> Nap<br><input type="checkbox"/> Organized teacher activity | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |       |
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|             |           | <input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom<br><input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____ | <input type="checkbox"/> Meal/snack <input type="checkbox"/> Management<br><input type="checkbox"/> Free play <input type="checkbox"/> Nap<br><input type="checkbox"/> Organized teacher activity | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |       |

| Start Time: | End Time: | Outside/<br>Inside                                                                                                                                                                | Activity                                                                                                                                                                                          | Activity Level (choose one) |                          |                          | Notes |
|-------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------|--------------------------|-------|
|             |           |                                                                                                                                                                                   |                                                                                                                                                                                                   | Physical Activity           | Sitting or Lying Down    | Neither                  |       |
|             |           | <input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom<br><input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____ | <input type="checkbox"/> Meal/snack <input type="checkbox"/> Management<br><input type="checkbox"/> Free play <input type="checkbox"/> Nap<br><input type="checkbox"/> Organized teacher activity | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |       |
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|             |           | <input type="checkbox"/> Outside <input type="checkbox"/> Indoor Gym <input type="checkbox"/> Classroom<br><input type="checkbox"/> Cafeteria <input type="checkbox"/> Other_____ | <input type="checkbox"/> Meal/snack <input type="checkbox"/> Management<br><input type="checkbox"/> Free play <input type="checkbox"/> Nap<br><input type="checkbox"/> Organized teacher activity | <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |       |

## OUTDOOR ACTIVE PLAYTIME

Begin watching for **Structured Physical Activity and Staff Behavior** under as soon as you head outdoors with the observed classroom. Throughout the time you are outdoors with the observed classroom, complete these sections any time you see a teacher **leading** or **joining in** physical activity with one or more children or **restricting active play** for one or more children while outdoors.

☐ No Active Outdoor Playtime observed →Skip to Question 9

### Structured Physical Activity

1. Was structured physical activity (teacher leading some type of active play with one or more children) observed during time outdoors?

☐ Yes (use box below to track minutes and number of occasions)

Total number of times/occasions while outdoors: \_\_\_\_\_

Total number of times/occasions optional: \_\_\_\_\_

Total minutes of structured physical activity observed while outdoors: \_\_\_\_\_

☐ No

|    | Start Time | End Time | Optional | # children | Primary Activity |
|----|------------|----------|----------|------------|------------------|
| 1  |            |          | Y N      |            |                  |
| 2  |            |          | Y N      |            |                  |
| 3  |            |          | Y N      |            |                  |
| 4  |            |          | Y N      |            |                  |
| 5  |            |          | Y N      |            |                  |
| 6  |            |          | Y N      |            |                  |
| 7  |            |          | Y N      |            |                  |
| 8  |            |          | Y N      |            |                  |
| 9  |            |          | Y N      |            |                  |
| 10 |            |          | Y N      |            |                  |

2. Which of the following types of **teacher led/structured activities** occurred outdoors? (*Check all that apply*)

- ☐ Musical games and dancing
- ☐ Ball games (throwing or catching skills with another person)
- ☐ Aiming games (bowling or bean bag toss at an object)
- ☐ Parachute
- ☐ Climbing games
- ☐ Balancing games
- ☐ Jumping games (hop like a bunny)
- ☐ Running games (tag, Red Rover)
- ☐ Instruction games (Mother May I; Red Light Green Light)
- ☐ Calisthenics
- ☐ Walking
- ☐ No teacher led activities outdoors
- ☐ Other \_\_\_\_\_

### Staff Behavior

3. Did staff **join in active play** while outdoors?

- ☐ Yes
  - How many times per day did you observe staff joining active play while outdoors?  
\_\_\_\_\_ (*Use box below to track number of times*)

☐ No

4. Did you observe staff **restricting active play** as a disciplinary action for misbehavior for one or more children while outdoors?

- ☐ Yes
  - How many times per day did you observe staff restricting active play as a disciplinary action while outdoors? \_\_\_\_\_ (*Use box below to track number of times*)

☐ No

**Outdoor Screen Time** (*Please fill out the **Screen Time Grid** for each time you see one or more children using a screen or screen-related device*).

5. Did you observe one or more children using screens or screen-related devices while outdoors?

- ☐ Yes
- ☐ No

## Outdoor Conditions *(complete near the end of each outdoor active playtime session)*

For each session of outdoor physical activity observed, complete one line of the grid below. If activity takes place in the same place for multiple sessions, use one of the "other" rows for the subsequent sessions, being sure to fill in the location. Complete columns 3 and 4 only if response to column 2 is YES.

| 1                                                                                              | 2                                                           | 3                                                                                                                                                                                                                                                                               | 4                                                                                                                                                            | 5                                                                                                                                 | 6                                                                                                             |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Location of physical activity session                                                          | Is there shade?                                             | If YES to shade, what type?                                                                                                                                                                                                                                                     | If YES to shade, how much is covered?                                                                                                                        | Precipitation                                                                                                                     | Ground Conditions                                                                                             |
| On-site main playground                                                                        | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> Roof/cover - manmade (permanent)<br><input type="checkbox"/> Trees/arboretum - natural<br><input type="checkbox"/> Nearby buildings provide shade<br><input type="checkbox"/> Retractable awning/tent (temporary)<br><input type="checkbox"/> Umbrella | <input type="checkbox"/> < 1/3rd<br><input type="checkbox"/> 1/3 - 2/3rds<br><input type="checkbox"/> >2/3rds<br><input type="checkbox"/> N/A overcast skies | <input type="checkbox"/> None<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Sleet<br><input type="checkbox"/> Snow | <input type="checkbox"/> Dry<br><input type="checkbox"/> Wet/muddy<br><input type="checkbox"/> Snow on ground |
| On-site alternate playground.<br>Specify:<br>_____                                             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> Roof/cover - manmade (permanent)<br><input type="checkbox"/> Trees/arboretum - natural<br><input type="checkbox"/> Nearby buildings provide shade<br><input type="checkbox"/> Retractable awning/tent (temporary)<br><input type="checkbox"/> Umbrella | <input type="checkbox"/> < 1/3rd<br><input type="checkbox"/> 1/3 - 2/3rds<br><input type="checkbox"/> >2/3rds<br><input type="checkbox"/> N/A overcast skies | <input type="checkbox"/> None<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Sleet<br><input type="checkbox"/> Snow | <input type="checkbox"/> Dry<br><input type="checkbox"/> Wet/muddy<br><input type="checkbox"/> Snow on ground |
| Other on-site outdoor play space (may be a field, open space outdoors, etc.) Specify:<br>_____ | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> Roof/cover - manmade (permanent)<br><input type="checkbox"/> Trees/arboretum - natural<br><input type="checkbox"/> Nearby buildings provide shade<br><input type="checkbox"/> Retractable awning/tent (temporary)<br><input type="checkbox"/> Umbrella | <input type="checkbox"/> < 1/3rd<br><input type="checkbox"/> 1/3 - 2/3rds<br><input type="checkbox"/> >2/3rds<br><input type="checkbox"/> N/A overcast skies | <input type="checkbox"/> None<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Sleet<br><input type="checkbox"/> Snow | <input type="checkbox"/> Dry<br><input type="checkbox"/> Wet/muddy<br><input type="checkbox"/> Snow on ground |
| Shared space with private entity. Specify:<br>_____                                            | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> Roof/cover - manmade (permanent)<br><input type="checkbox"/> Trees/arboretum - natural<br><input type="checkbox"/> Nearby buildings provide shade<br><input type="checkbox"/> Retractable awning/tent (temporary)<br><input type="checkbox"/> Umbrella | <input type="checkbox"/> < 1/3rd<br><input type="checkbox"/> 1/3 - 2/3rds<br><input type="checkbox"/> >2/3rds<br><input type="checkbox"/> N/A overcast skies | <input type="checkbox"/> None<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Sleet<br><input type="checkbox"/> Snow | <input type="checkbox"/> Dry<br><input type="checkbox"/> Wet/muddy<br><input type="checkbox"/> Snow on ground |
| Other: _____<br>_____                                                                          | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> Roof/cover - manmade (permanent)<br><input type="checkbox"/> Trees/arboretum - natural<br><input type="checkbox"/> Nearby buildings provide shade<br><input type="checkbox"/> Retractable awning/tent (temporary)<br><input type="checkbox"/> Umbrella | <input type="checkbox"/> < 1/3rd<br><input type="checkbox"/> 1/3 - 2/3rds<br><input type="checkbox"/> >2/3rds<br><input type="checkbox"/> N/A overcast skies | <input type="checkbox"/> None<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Sleet<br><input type="checkbox"/> Snow | <input type="checkbox"/> Dry<br><input type="checkbox"/> Wet/muddy<br><input type="checkbox"/> Snow on ground |
| Other: _____<br>_____                                                                          | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> Roof/cover - manmade (permanent)<br><input type="checkbox"/> Trees/arboretum - natural<br><input type="checkbox"/> Nearby buildings provide shade<br><input type="checkbox"/> Retractable awning/tent (temporary)<br><input type="checkbox"/> Umbrella | <input type="checkbox"/> < 1/3rd<br><input type="checkbox"/> 1/3 - 2/3rds<br><input type="checkbox"/> >2/3rds<br><input type="checkbox"/> N/A overcast skies | <input type="checkbox"/> None<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Sleet<br><input type="checkbox"/> Snow | <input type="checkbox"/> Dry<br><input type="checkbox"/> Wet/muddy<br><input type="checkbox"/> Snow on ground |

## Outdoor Portable Play Equipment (*complete **near the end** of each outdoor active playtime session*)

Check off all portable play equipment – equipment or toys that can be easily moved - that is available during the outdoor active playtime

| Outdoor PORTABLE play equipment                                                              | Yes, available           | No, not available        |
|----------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Ball play and striking equipment (balls, bean bags, noodles, rackets)                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor play equipment (mats, portable tunnels, etc.)                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Jumping play equipment (jump ropes, hula hoops, trampoline)                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Parachute                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Push-pull toys (wagons, wheelbarrows, big dump trucks, shopping carts, doll strollers, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Riding toys (tricycles, cars, etc.)                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Rocking and twisting toys (rocking horse, sit-n-spin, etc.)                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sand/water play toys (buckets, scoops, shovels)                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Twirling play equipment (ribbons, scarves, batons, etc.)                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: _____                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |

## Outdoor Water Availability (*complete **near the end** of each outdoor active playtime session*)

6. Was drinking water for children available outdoors? (*Check all that apply*)

- ☐ Available for self-service (water fountain/ jug/ water bottles)
- ☐ Easily visible and available on request
- ☐ Available during designated water breaks
- ☐ Water not available→**Skip to Other Weather Conditions**
- ☐ Other: \_\_\_\_\_

7. How did the children get drinking water while outdoors? (*Check all that apply*)

- ☐ Water fountain
- ☐ Water cooler(such as in an office setting)
- ☐ Communal water pitcher / jug /thermos
- ☐ Individual water bottles
- ☐ Other: \_\_\_\_\_

8. While outdoors, did you witness teachers prompting children to drink water?

- ☐ Yes
- ☐ No

## No Outdoor Active Playtime (*complete **at end** of observation day*)

9. Was the **NO outdoor** active play due to weather (too hot, too cold, rain/snow)?

☐ Yes (*Check all that apply*)

☐ Too hot

☐ Too cold

☐ Too rainy

☐ Too snowy

☐ Too windy/wind chill

☐ Ground too wet/muddy/snowy

☐ Poor air quality

☐ Other: \_\_\_\_\_

☐ No

10. Did you see a water source located in the outdoor playspace?

☐ Yes

☐ No

## Other Weather Conditions (*complete **at any time** during observation day*)

*You will look up weather conditions online for the time scheduled for the outdoor active playtime session*

Weather during scheduled outdoor playtime:

**Temperature:** \_\_\_\_\_ °F      visit <http://www.weather.gov>

**Air quality:** (mark one)      visit <http://www.airnow.gov>

|                               |                                   |                                                                        |                                    |                                            |                                    |
|-------------------------------|-----------------------------------|------------------------------------------------------------------------|------------------------------------|--------------------------------------------|------------------------------------|
| <input type="checkbox"/> Good | <input type="checkbox"/> Moderate | <input type="checkbox"/> USG<br>(Unhealthy for<br>sensitive<br>groups) | <input type="checkbox"/> Unhealthy | <input type="checkbox"/> Very<br>unhealthy | <input type="checkbox"/> Hazardous |
|-------------------------------|-----------------------------------|------------------------------------------------------------------------|------------------------------------|--------------------------------------------|------------------------------------|

## OUTDOOR ACTIVE PLAYSPACE

Complete these questions **at any time** during your observation day, while outdoors or during down time, such as naps. **If unable to observe outdoor playspace, be sure to ask** which on-site outdoor spaces children typically use (at least once/week).

### Outdoor Playspace—General

11. Is there an on-site outdoor playspace at this child care site?

- ☐ Yes
- ☐ No→**Skip to Question 13**

12. If yes, what is available on-site? (Check all that apply)

- ☐ Main playground
- ☐ Alternate playground (specify: \_\_\_\_\_)
- ☐ Field, grassy area or open space
- ☐ Parking lot used by children for play
- ☐ Other, specify: \_\_\_\_\_

**(SKIP to Outdoor Playspace—Specific Grid on next page)**

13. If no, what is usually used instead? (Check all that apply)

- ☐ Public park
- ☐ A walk around the block
- ☐ Shared space with some other entity (e.g. school)
- ☐ Dedicated area for child care site, but off-site
- ☐ Other: \_\_\_\_\_

**(END OUTDOOR PLAYSPACE QUESTIONS)**



## Outdoor Playspace—Specific

Answer the questions below for each on-site outdoor playspace. The grid allows for up to four outdoor spaces to be described

### Outdoor Playspace #1

Which outdoor playspace are you assessing?

- ☐ Main playground
- ☐ Alternate playground (specify: \_\_\_\_\_)
- ☐ Field, grassy area, or open space
- ☐ Parking lot used by children for play
- ☐ Other, specify: \_\_\_\_\_

What type of surface does the on-site outdoor playspace have?

- ☐ Mulch
- ☐ Happy Landing
- ☐ Rubberized Mats
- ☐ Loose rubberized shreds/ nuggets/ strips
- ☐ Gravel/ pea gravel/ rocks
- ☐ Grass
- ☐ Dirt
- ☐ Concrete
- ☐ Asphalt/ tar/ black top
- ☐ Sand
- ☐ Unable to observe
- ☐ Other, specify: \_\_\_\_\_

Was outdoor playspace...

- ☐ Unobstructed with plenty of space for group games (tag, red rover, etc.) without moving any equipment or restricting play
- ☐ Adequate space for group games but certain equipment or activities are restricted
- ☐ Some obstruction, but enough space for small group (less than 5 children) to play
- ☐ Little open space or completely obstructed
- ☐ Unable to observe
- ☐ No outdoor running space

### Outdoor Playspace #2

Which outdoor playspace are you assessing?

- ☐ Main playground
- ☐ Alternate playground (specify: \_\_\_\_\_)
- ☐ Field, grassy area, or open space
- ☐ Parking lot used by children for play
- ☐ Other, specify: \_\_\_\_\_

What type of surface does the on-site outdoor playspace have?

- ☐ Mulch
- ☐ Happy Landing
- ☐ Rubberized Mats
- ☐ Loose rubberized shreds/ nuggets/ strips
- ☐ Gravel/ pea gravel/ rocks
- ☐ Grass
- ☐ Dirt
- ☐ Concrete
- ☐ Asphalt/ tar/ black top
- ☐ Sand
- ☐ Unable to observe
- ☐ Other, specify: \_\_\_\_\_

Was outdoor playspace...

- ☐ Unobstructed with plenty of space for group games (tag, red rover, etc.) without moving any equipment or restricting play
- ☐ Adequate space for group games but certain equipment or activities are restricted
- ☐ Some obstruction, but enough space for small group (less than 5 children) to play
- ☐ Little open space or completely obstructed
- ☐ Unable to observe
- ☐ No outdoor running space

### Outdoor Playspace #3

Which outdoor playspace are you assessing?

- ☐ Main playground
- ☐ Alternate playground (specify: \_\_\_\_\_)
- ☐ Field, grassy area, or open space
- ☐ Parking lot used by children for play
- ☐ Other, specify: \_\_\_\_\_

What type of surface does the on-site outdoor playspace have?

- ☐ Mulch
- ☐ Happy Landing
- ☐ Rubberized Mats
- ☐ Loose rubberized shreds/ nuggets/ strips
- ☐ Gravel/ pea gravel/ rocks
- ☐ Grass
- ☐ Dirt
- ☐ Concrete
- ☐ Asphalt/ tar/ black top
- ☐ Sand
- ☐ Unable to observe
- ☐ Other, specify: \_\_\_\_\_

Was outdoor playspace...

- ☐ Unobstructed with plenty of space for group games (tag, red rover, etc.) without moving any equipment or restricting play
- ☐ Adequate space for group games but certain equipment or activities are restricted
- ☐ Some obstruction, but enough space for small group (less than 5 children) to play
- ☐ Little open space or completely obstructed
- ☐ Unable to observe
- ☐ No outdoor running space

### Outdoor Playspace #4

Which outdoor playspace are you assessing?

- ☐ Main playground
- ☐ Alternate playground (specify: \_\_\_\_\_)
- ☐ Field, grassy area, or open space
- ☐ Parking lot used by children for play
- ☐ Other, specify: \_\_\_\_\_

What type of surface does the on-site outdoor playspace have?

- ☐ Mulch
- ☐ Happy Landing
- ☐ Rubberized Mats
- ☐ Loose rubberized shreds/ nuggets/ strips
- ☐ Gravel/ pea gravel/ rocks
- ☐ Grass
- ☐ Dirt
- ☐ Concrete
- ☐ Asphalt/ tar/ black top
- ☐ Sand
- ☐ Unable to observe
- ☐ Other, specify: \_\_\_\_\_

Was outdoor playspace...

- ☐ Unobstructed with plenty of space for group games (tag, red rover, etc.) without moving any equipment or restricting play
- ☐ Adequate space for group games but certain equipment or activities are restricted
- ☐ Some obstruction, but enough space for small group (less than 5 children) to play
- ☐ Little open space or completely obstructed
- ☐ Unable to observe
- ☐ No outdoor running space

## Outdoor Fixed Play Equipment

*Check off all fixed play equipment – equipment or toys that cannot be easily moved - that is available in the outdoor playspace*

| Outdoor FIXED play equipment                     | Yes, available           | No, not available        |
|--------------------------------------------------|--------------------------|--------------------------|
| Balancing surfaces (balance beams, boards, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Basketball hoop                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Climbing structures (jungle gyms, ladders, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Dramatic play structure (playhouse)              | <input type="checkbox"/> | <input type="checkbox"/> |
| Merry-go-round                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Pool                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Sand box                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| See-saw                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Slides                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Swinging equipment (swings, rope, etc.)          | <input type="checkbox"/> | <input type="checkbox"/> |
| Tricycle track                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Tunnels                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Basketball court                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Volleyball net                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Soccer fields/goals                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Baseball/softball/kickball diamond               | <input type="checkbox"/> | <input type="checkbox"/> |
| Running track                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Other_____                                       | <input type="checkbox"/> | <input type="checkbox"/> |

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## INDOOR ACTIVE PLAYTIME

While indoors with the observed classroom, complete the Structured Physical Activity and Staff Behavior sections any time you see a teacher **leading** or **joining in** physical activity with one or more children or **restricting active play** for one or more children while indoors.

### Structured Physical Activity

14. Was structured physical activity (teacher leading some type of active play with one or more children) observed during time indoors?

- ☐ Yes (Use box below to track minutes and number of occasions)

Total number of times/occasions while indoors: \_\_\_\_\_

Total number of times/occasions optional: \_\_\_\_\_

Total minutes of structured physical activity observed while indoors: \_\_\_\_\_

- ☐ No

|    | Start Time | End Time | Optional | # children | Primary Activity |
|----|------------|----------|----------|------------|------------------|
| 1  |            |          | Y N      |            |                  |
| 2  |            |          | Y N      |            |                  |
| 3  |            |          | Y N      |            |                  |
| 4  |            |          | Y N      |            |                  |
| 5  |            |          | Y N      |            |                  |
| 6  |            |          | Y N      |            |                  |
| 7  |            |          | Y N      |            |                  |
| 8  |            |          | Y N      |            |                  |
| 9  |            |          | Y N      |            |                  |
| 10 |            |          | Y N      |            |                  |

15. Which of the following types of **teacher led/structured activities** occurred indoors? (*Check all that apply*)

- ☐ Musical games and dancing
- ☐ Ball games (throwing or catching skills with another person)
- ☐ Aiming games (bowling or bean bag toss at an object)
- ☐ Parachute
- ☐ Climbing games
- ☐ Balancing games
- ☐ Jumping games (hop like a bunny)
- ☐ Running games (tag, Red Rover)
- ☐ Instruction games (Mother May I; Red Light Green Light)
- ☐ Calisthenics
- ☐ Walking
- ☐ No teacher led activities indoors
- ☐ Other \_\_\_\_\_

## Staff Behavior

16. Did staff **join in** active play while indoors?

- ☐ Yes
  - How many times per day did you observe staff joining active play while indoors?  
\_\_\_\_\_ (*Use box below to track number of times*)
- ☐ No

17. Did you observe staff **restricting active play** as a disciplinary action for misbehavior for one or more children while indoors?

- ☐ Yes
  - How many times per day did you observe staff restricting active play as a disciplinary action while indoors? \_\_\_\_\_ (*Use box below to track number of times*)
- ☐ No

**Indoor Screen Time** (*Please fill out the **Screen Time Grid** for each time you see one or more children using a screen or screen-related device*).

18. Did you observe one or more children using screens or screen-related devices while indoors?

- ☐ Yes
- ☐ No

## Indoor Portable Play Equipment (complete **once** during the observation day)

*Look for availability of indoor portable play equipment throughout the observation day. Check off all portable play equipment (equipment or toys that can be easily moved) that is available to children indoors.*

| Indoor PORTABLE play equipment                                                               | Yes, available           | No, not available        |
|----------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Ball play and striking equipment (balls, bean bags, noodles, rackets)                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Floor play equipment (mats, portable tunnels, etc.)                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Jumping play equipment (jump ropes, hula hoops, trampoline)                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Parachute                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Push-pull toys (wagons, wheelbarrows, big dump trucks, shopping carts, doll strollers, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Riding toys (tricycles, cars, etc.)                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Rocking and twisting toys (rocking horse, sit-n-spin, etc.)                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sand/water play toys (buckets, scoops, shovels)                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Twirling play equipment (ribbons, scarves, batons, etc.)                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Other                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |

## Indoor Water Availability (complete **once** during the observation day)

*Look for indoor availability of water throughout the observation day.*

19. How was drinking water for children available indoors? (*Check all that apply*)

- ☐ Available for self-service (water fountain/ jug/ water bottles/cooler)
- ☐ Easily visible and available on request
- ☐ Available during designated water breaks
- ☐ Only during meals and snacks
- ☐ Water not available for children
- ☐ Other: \_\_\_\_\_

20. How did the children get drinking water while indoors? (*Check all that apply*)

- ☐ Water fountain
- ☐ Faucet from sink
- ☐ Water cooler (such as in an office setting)
- ☐ Communal water pitcher / jug /thermos
- ☐ Individual water bottles
- ☐ Other: \_\_\_\_\_

21. While indoors, did you witness teachers prompting children throughout the day to drink water?

- ☐ Yes, regularly (multiple times throughout the day, not just specific occasions such as coming in from outdoor play)
- ☐ Yes, at specific times only (such as coming in from outdoor play)
- ☐ No

## INDOOR ACTIVE PLAYSPACE

Complete these questions **at any time** during your observation day, while indoors or during down time, such as naps.

### Indoor Playspace—General

22. Is there an indoor playspace at this child care site other than the classroom (separate room or gym for active play)?

☐ Yes

☐ No

a. *If no*, what is usually used instead? *(Check all that apply)*

☐ Classroom

☐ Cafeteria

☐ Shared space with some other entity (e.g. school)

☐ Dedicated area for child care site, but off-site

☐ Other: \_\_\_\_\_

23. Is there more than one indoor playspace at this child care site?

☐ Yes

a. *If yes*, how many? \_\_\_\_\_

☐ No



## Indoor Playspace—Specific

Answer the questions below for each on-site indoor playspace. The grid allows for up to four indoor spaces to be described.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Indoor Playspace #1</b></p> <p>Which indoor playspace are you assessing?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Separate room or gym</li> <li><input type="checkbox"/> Classroom</li> <li><input type="checkbox"/> Cafeteria</li> <li><input type="checkbox"/> Shared indoor space with some other entity (e.g. school)</li> <li><input type="checkbox"/> Other, specify: _____</li> </ul> <p>Was indoor play space suitable for....</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Quiet play (room is small and not a lot of room for movement)</li> <li><input type="checkbox"/> Limited movement/some active play (enough space for a few children to move by walking, skipping, hopping, jumping, etc.)</li> <li><input type="checkbox"/> All activities (enough space for all children in the class to engage in running activities, such as tag)</li> </ul> | <p><b>Indoor Playspace #2</b></p> <p>Which indoor playspace are you assessing?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Separate room or gym</li> <li><input type="checkbox"/> Classroom</li> <li><input type="checkbox"/> Cafeteria</li> <li><input type="checkbox"/> Shared indoor space with some other entity (e.g. school)</li> <li><input type="checkbox"/> Other, specify: _____</li> </ul> <p>Was indoor play space suitable for....</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Quiet play (room is small and not a lot of room for movement)</li> <li><input type="checkbox"/> Limited movement/some active play (enough space for a few children to move by walking, skipping, hopping, jumping, etc.)</li> <li><input type="checkbox"/> All activities (enough space for all children in the class to engage in running activities, such as tag)</li> </ul> |
| <p><b>Indoor Playspace #3</b></p> <p>Which indoor playspace are you assessing?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Separate room or gym</li> <li><input type="checkbox"/> Classroom</li> <li><input type="checkbox"/> Cafeteria</li> <li><input type="checkbox"/> Shared indoor space with some other entity (e.g. school)</li> <li><input type="checkbox"/> Other, specify: _____</li> </ul> <p>Was indoor play space suitable for....</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Quiet play (room is small and not a lot of room for movement)</li> <li><input type="checkbox"/> Limited movement/some active play (enough space for a few children to move by walking, skipping, hopping, jumping, etc.)</li> <li><input type="checkbox"/> All activities (enough space for all children in the class to engage in running activities, such as tag)</li> </ul> | <p><b>Indoor Playspace #4</b></p> <p>Which indoor playspace are you assessing?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Separate room or gym</li> <li><input type="checkbox"/> Classroom</li> <li><input type="checkbox"/> Cafeteria</li> <li><input type="checkbox"/> Shared indoor space with some other entity (e.g. school)</li> <li><input type="checkbox"/> Other, specify: _____</li> </ul> <p>Was indoor play space suitable for....</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Quiet play (room is small and not a lot of room for movement)</li> <li><input type="checkbox"/> Limited movement/some active play (enough space for a few children to move by walking, skipping, hopping, jumping, etc.)</li> <li><input type="checkbox"/> All activities (enough space for all children in the class to engage in running activities, such as tag)</li> </ul> |

## Indoor Fixed Play Equipment

*Check off all fixed play equipment – equipment or toys that cannot be easily moved - that is available in the indoor playspace. If no indoor playspace other than the classroom is available, use this form to check off fixed equipment in the classroom*

| Indoor FIXED play equipment                     | Yes, available           | No, not available        |
|-------------------------------------------------|--------------------------|--------------------------|
| Balancing surfaces (balance beams, boards, etc) | <input type="checkbox"/> | <input type="checkbox"/> |
| Basketball hoop                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Climbing structures (jungle gyms, ladders, etc) | <input type="checkbox"/> | <input type="checkbox"/> |
| Dramatic play structure (playhouse)             | <input type="checkbox"/> | <input type="checkbox"/> |
| Merry-go-round                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Pool                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Sand box                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| See-saw                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Slides                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Swinging equipment (swings, rope, etc.)         | <input type="checkbox"/> | <input type="checkbox"/> |
| Tricycle track                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Tunnels                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Basketball court                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Volleyball net                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Soccer fields/goals                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Baseball/softball/kickball diamond              | <input type="checkbox"/> | <input type="checkbox"/> |
| Running track                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Other_____                                      | <input type="checkbox"/> | <input type="checkbox"/> |

## Classroom Environment

24. Which of the following screens or screen-related devices are in the classroom and how many are there?

*(Please count devices that are used by children but may belong to a teacher or a child)*

- ☐ TV; How many? \_\_\_\_
- ☐ DVD/VCR; How many? \_\_\_\_
- ☐ Video game console; How many? \_\_\_\_
- ☐ Desktop or laptop computer for children's use; How many? \_\_\_\_
- ☐ Tablet computer or iPad for children's use; How many? \_\_\_\_
- ☐ Smart phone for children's use; How many? \_\_\_\_
- ☐ Other screen: \_\_\_\_\_; How many? \_\_\_\_

25. What is the condition of the classroom itself?

### Walls

- ☐ Clean or newly painted, no holes, cracks, chips or marks
- ☐ Some marks or discolorations, or minor cracks or chips
- ☐ Holes in wall, cracks wider than  $\frac{1}{4}$  inch, or major discoloration – areas at least as large as this page (8  $\frac{1}{2}$  x 11")

### Floor

- ☐ Smooth with no stains
- ☐ Few or light colored stains or some unevenness
- ☐ Discolored, or holes or cracks, or very uneven

26. What are the wall or ceiling decorations in the classroom? *(Check all that apply)*

- ☐ Murals
- ☐ Student Art
- ☐ Professional Art
- ☐ Banners
- ☐ Posters
- ☐ Other (specify): \_\_\_\_\_
- ☐ None → If no decorations, observation is done

27. Do any of the wall or ceiling decorations in the classroom....*(Check all that apply)*

- ☐ Provide nutrition information?
- ☐ Promote healthy eating habits?
- ☐ Promote physical activity?
- ☐ Promote food safety (e.g. wash hands)?

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**SCREEN TIME GRID** *For each occasion of screen time observed (each time a screen is turned on for children), record the following information in the grid:*

| Screen time occasion                                                            | Number of children | Which of the following screen time devices are turned on?                                                                                                                                                                                                                           | Were children mostly active while the screen was on?            | If it is interactive, are other children watching while one child interacts with a screen?  | Did there appear to be a limit on the amount of time spent on the screen?                   | Total minutes | Notes |
|---------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------|-------|
| <input type="checkbox"/> Occasion 1<br>Start time: _____<br><br>End time: _____ |                    | <input type="checkbox"/> TV<br><input type="checkbox"/> VCR/DVD<br><input type="checkbox"/> Video Game Console<br><input type="checkbox"/> Computer<br><input type="checkbox"/> iPad/Tablet<br><input type="checkbox"/> Smart phone<br><input type="checkbox"/> Other screen: _____ | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA |               |       |
| <input type="checkbox"/> Occasion 2<br>Start time: _____<br><br>End time: _____ |                    | <input type="checkbox"/> TV<br><input type="checkbox"/> VCR/DVD<br><input type="checkbox"/> Video Game Console<br><input type="checkbox"/> Computer<br><input type="checkbox"/> iPad/Tablet<br><input type="checkbox"/> Smart phone<br>Other screen: _____                          | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA |               |       |
| <input type="checkbox"/> Occasion 3<br>Start time: _____<br><br>End time: _____ |                    | <input type="checkbox"/> TV<br><input type="checkbox"/> VCR/DVD<br><input type="checkbox"/> Video Game Console<br><input type="checkbox"/> Computer<br><input type="checkbox"/> iPad/Tablet<br><input type="checkbox"/> Smart phone<br>Other screen: _____                          | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA |               |       |
| <input type="checkbox"/> Occasion 4<br>Start time: _____<br><br>End time: _____ |                    | <input type="checkbox"/> TV<br><input type="checkbox"/> VCR/DVD<br><input type="checkbox"/> Video Game Console<br><input type="checkbox"/> Computer<br><input type="checkbox"/> iPad/Tablet<br><input type="checkbox"/> Smart phone<br>Other screen: _____                          | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA |               |       |

| Screen time occasion                                                            | Number of children | Which of the following screen time devices are turned on?                                                                                                                                                                                                                           | Were children mostly active while the screen was on?            | If it is interactive, are other children watching while one child interacts with a screen?  | Did there appear to be a limit on the amount of time spent on the screen?                   | Total minutes | Notes |
|---------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------|-------|
| <input type="checkbox"/> Occasion 5<br>Start time: _____<br><br>End time: _____ |                    | <input type="checkbox"/> TV<br><input type="checkbox"/> VCR/DVD<br><input type="checkbox"/> Video Game Console<br><input type="checkbox"/> Computer<br><input type="checkbox"/> iPad/Tablet<br><input type="checkbox"/> Smart phone<br><input type="checkbox"/> Other screen: _____ | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA |               |       |
| <input type="checkbox"/> Occasion 6<br>Start time: _____<br><br>End time: _____ |                    | <input type="checkbox"/> TV<br><input type="checkbox"/> VCR/DVD<br><input type="checkbox"/> Video Game Console<br><input type="checkbox"/> Computer<br><input type="checkbox"/> iPad/Tablet<br><input type="checkbox"/> Smart phone<br><input type="checkbox"/> Other screen: _____ | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA |               |       |
| <input type="checkbox"/> Occasion 7<br>Start time: _____<br><br>End time: _____ |                    | <input type="checkbox"/> TV<br><input type="checkbox"/> VCR/DVD<br><input type="checkbox"/> Video Game Console<br><input type="checkbox"/> Computer<br><input type="checkbox"/> iPad/Tablet<br><input type="checkbox"/> Smart phone<br><input type="checkbox"/> Other screen: _____ | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA |               |       |
| <input type="checkbox"/> Occasion 8<br>Start time: _____<br><br>End time: _____ |                    | <input type="checkbox"/> TV<br><input type="checkbox"/> VCR/DVD<br><input type="checkbox"/> Video Game Console<br><input type="checkbox"/> Computer<br><input type="checkbox"/> iPad/Tablet<br><input type="checkbox"/> Smart phone<br><input type="checkbox"/> Other screen: _____ | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA |               |       |

| Screen time occasion                                                             | Number of children | Which of the following screen time devices are turned on?                                                                                                                                                                                                                           | Were children mostly active while the screen was on?            | If it is interactive, are other children watching while one child interacts with a screen?  | Did there appear to be a limit on the amount of time spent on the screen?                   | Total minutes | Notes |
|----------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------|-------|
| <input type="checkbox"/> Occasion 9<br>Start time: _____<br><br>End time: _____  |                    | <input type="checkbox"/> TV<br><input type="checkbox"/> VCR/DVD<br><input type="checkbox"/> Video Game Console<br><input type="checkbox"/> Computer<br><input type="checkbox"/> iPad/Tablet<br><input type="checkbox"/> Smart phone<br><input type="checkbox"/> Other screen: _____ | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA |               |       |
| <input type="checkbox"/> Occasion 10<br>Start time: _____<br><br>End time: _____ |                    | <input type="checkbox"/> TV<br><input type="checkbox"/> VCR/DVD<br><input type="checkbox"/> Video Game Console<br><input type="checkbox"/> Computer<br><input type="checkbox"/> iPad/Tablet<br><input type="checkbox"/> Smart phone<br><input type="checkbox"/> Other screen: _____ | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA |               |       |
| <input type="checkbox"/> Occasion 11<br>Start time: _____<br><br>End time: _____ |                    | <input type="checkbox"/> TV<br><input type="checkbox"/> VCR/DVD<br><input type="checkbox"/> Video Game Console<br><input type="checkbox"/> Computer<br><input type="checkbox"/> iPad/Tablet<br><input type="checkbox"/> Smart phone<br><input type="checkbox"/> Other screen: _____ | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA |               |       |
| <input type="checkbox"/> Occasion 12<br>Start time: _____<br><br>End time: _____ |                    | <input type="checkbox"/> TV<br><input type="checkbox"/> VCR/DVD<br><input type="checkbox"/> Video Game Console<br><input type="checkbox"/> Computer<br><input type="checkbox"/> iPad/Tablet<br><input type="checkbox"/> Smart phone<br><input type="checkbox"/> Other screen: _____ | <input type="checkbox"/> Yes<br><br><input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> NA |               |       |
|                                                                                  |                    | TOTAL MINUTES OF SCREEN TIME<br>ADD all screen time minutes together and enter in box →                                                                                                                                                                                             |                                                                 |                                                                                             |                                                                                             |               |       |

**CALCULATIONS** (At the end of the observation day please use Session Form and Screen Time Grid to fill in the charts below and enter totals on the next page)

Using the Session Form, find each occasion (1 occasion = 1 row) of Indoor Physical Activity. Write the start and end times of each occasion of Indoor Physical Activity in column A and enter the duration of that occasion in minutes in Column B. Go back through the Session Form, this time finding each occasion of Outdoor Physical Activity. Write the start and end times of each occasion of Outdoor Physical Activity in Column C and enter the duration of that occasion in Column D. Repeat for Indoor Sedentary (Columns E, F) and Outdoor Sedentary (Columns G, H).

In the bottom row, add up the Total Minutes for columns B, D, F and H. Enter these totals on the next page.

|          | A                        | B    | C                         | D    | E                     | F    | G                     | H    |
|----------|--------------------------|------|---------------------------|------|-----------------------|------|-----------------------|------|
|          | Indoor Physical Activity |      | Outdoor Physical Activity |      | Indoor Sedentary      |      | Outdoor Sedentary     |      |
| Occasion | Start time - End time    | Mins | Start time - End time     | Mins | Start time - End time | Mins | Start time - End time | Mins |
| 1        |                          |      |                           |      |                       |      |                       |      |
| 2        |                          |      |                           |      |                       |      |                       |      |
| 3        |                          |      |                           |      |                       |      |                       |      |
| 4        |                          |      |                           |      |                       |      |                       |      |
| 5        |                          |      |                           |      |                       |      |                       |      |
| 6        |                          |      |                           |      |                       |      |                       |      |
| 7        |                          |      |                           |      |                       |      |                       |      |
| 8        |                          |      |                           |      |                       |      |                       |      |
| 9        |                          |      |                           |      |                       |      |                       |      |
| 10       |                          |      |                           |      |                       |      |                       |      |
| 11       |                          |      |                           |      |                       |      |                       |      |
| 12       |                          |      |                           |      |                       |      |                       |      |
| 13       |                          |      |                           |      |                       |      |                       |      |
| 14       |                          |      |                           |      |                       |      |                       |      |
| 15       |                          |      |                           |      |                       |      |                       |      |
| 16       |                          |      |                           |      |                       |      |                       |      |
| 17       |                          |      |                           |      |                       |      |                       |      |
| 18       |                          |      |                           |      |                       |      |                       |      |
| 19       |                          |      |                           |      |                       |      |                       |      |
| 20       |                          |      |                           |      |                       |      |                       |      |
|          | TOTAL MINS:              |      | TOTAL MINS:               |      | TOTAL MINS:           |      | TOTAL MINS:           |      |



## Physical Activity Calculations

Please fill in the table below for physical activity by recording the number of minutes and occasions that took place indoors and outdoors. **(Use Session Form to calculate).**

|             | Indoor Physical Activity |                 | Outdoor Physical Activity |                 | Total Physical Activity<br>(outdoor and indoor combined) |              |
|-------------|--------------------------|-----------------|---------------------------|-----------------|----------------------------------------------------------|--------------|
|             | Indoor Occasions         | Indoor Minutes  | Outdoor occasions         | Outdoor minutes |                                                          |              |
| Active time | ____<br>occasions        | ____<br>minutes | ____<br>occasions         | ____ minutes    | ____ occasions                                           | ____ minutes |

## Sedentary Time Calculations

Please fill in the table below for sedentary activity by recording the number of minutes of seated or lying down time **(Use Session Form to calculate).**

|                | Minutes of seated or lying down time |                 | Total seated or lying down time<br>(outdoor and indoor combined) |
|----------------|--------------------------------------|-----------------|------------------------------------------------------------------|
|                | Indoor Minutes                       | Outdoor minutes |                                                                  |
| Sedentary time | ____ minutes                         | ____ minutes    | ____ minutes                                                     |

Please fill in the table below for minutes of screen time by recording the number of minutes from the **Screen Time Grid**.

|             | Total Screen Time |
|-------------|-------------------|
| Screen time | ____ minutes      |

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### ***I.3 Menu Survey***

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OMB Control No: 0584-0615  
OMB Approval Expiration Date: 10/31/2019

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

## Menu Survey

Child Care Site ID

Target Week

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 0584-0615. The time required to complete this information collection is estimated to average 20 minutes per response, per day (for five consecutive weekdays), including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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**About the Study.** The Study of Nutrition and Activity in Child Care Settings (SNACS) is intended to study nutrition and activity in child care centers, family day care homes, afterschool programs, and at-risk programs participating in the Child and Adult Care Food Program (CACFP). More than 1,400 child care providers in over 20 states were selected to be part of the study. Abt Associates is conducting this study for the USDA Food and Nutrition Service (FNS). Participation in the study by selected sponsors and child care providers who receive CACFP funds is required under Section 305 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA).

**About this Survey.** The purpose of the Menu Survey is to collect information about all of the foods offered to children in your child care facility during the assigned target week. An overview of the booklet is included on the next page. You will receive \$50 for completing the booklet for 5 consecutive work days.

**Protecting Privacy.** All information gathered from child care sponsors, child care centers, family day care homes, child care administrators and staff, and families participating in this study is for research purposes only and will be kept private to the full extent allowed by law except for general geographic location. Responses will be grouped with those of other study participants, and no individual participants, program administrators, program staff, parents, or children will be identified in any study report. Being part of the study will not affect any USDA benefits received by programs or families participating in this data collection.

**Questions.** If you have any questions about the study please call our toll-free study number at 1-866-890-6950 or email [SNACS@srbi.com](mailto:SNACS@srbi.com). We will be happy to answer your questions and to help you in any way we can.

**Thank you for participating in the Study of Nutrition and Activity in Child Care Settings (SNACS).**

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## 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 a person who prepares the food, and a different person who provides care to the children. We would like the food preparer to complete the form with 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 filling it out.
- Tab 2: Daily Menus** – Each daily section of this booklet is marked with a colored divider page (Monday, Tuesday, Wednesday, Thursday, Friday) and for each day, includes a set of Menu pages – 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. At the beginning of this section, you will also find a form to provide contact information for any outside vendor who provides food to your child care center or home. Please fill this out if you use a vendor.
- Tab 3: Foods You Prepared forms** – You will use these pages to tell us more about foods you prepare by **combining two or more ingredients**.

Included with the Menu Survey is a separate booklet called the “**Food Description Guide**.” The booklet provides guidance for what details to include about each food listed on the **Daily Menu** pages.

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## **Instructions**

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## Menu Survey Instructions

Please use this booklet to describe all the foods and drinks you serve to children in child care/afterschool care during the week noted on the front cover.

You will be using the booklet for 5 consecutive weekdays (the Target Week), filling it in one page at a time as you prepare and serve meals and snacks, on each of the five days. You may not need to use all of the pages in the booklet, depending on how many meals and snacks you serve each day.

Basic instructions for completing the survey are given below. There are also **examples** of completed forms facing the pages to be filled out, which can help guide you for completing the forms correctly.

Please read all of the instructions before you begin.

|                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Printed Menu:</b> We also ask that you provide a copy of your weekly or monthly menu that you may provide to parents. Please include this printed copy with your completed Menu Survey booklet.</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**If you have any questions** at any time please call our toll-free number at 1-866-890-6950. We will be happy to answer your questions and to help you in any way we can.

Someone from Abt Associates will be calling you soon to make sure you received the survey and to answer any questions you may have before you begin filling it out.

**Thank you very much for your help with this important study.**

**The following pages provide instructions for each section of the booklet.**

# How to fill out the Daily Menu Pages

## (Tab 2 of this booklet)

Each day, 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).**

**When reviewing the Daily Menu pages, you will see that each Daily section of the Daily Menus includes a menu form for food and beverages served during:**

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

Use a separate form for each meal or snack you serve on each day.

The top of each form will look like the example here, with the meal or snack listed at the top.

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

**1. Please provide the Date and Day of the Week for which you are filling out the page.**

There is also an option to check off a box if the meal on that page was not served that day. The example here is for breakfast. If you did not serve breakfast that day, you would select this box and leave the rest of that form blank.

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

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

2. At the top of each page you will also specify the type of service used during that meal:

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

Select the type of service that is used first during the meal. If you put food on the children's plates at the beginning of the meal, then the child is allowed to take seconds on their own, this would be considered "***Delivered in bulk and portioned by staff.***"

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

## Filling out the rest of the form:

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

### 3. List Each Food and Drink Served at this Meal

- Write down all of the foods and drinks you served for that meal or snack.

| List Each Food and Drink Served at this meal | Please Describe Each Food or Drink<br>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<br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |            |              |               |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------|------------|--------------|---------------|
|                                              |                                                                                                                                                                                              |                                         | 1<br>year                                                                                           | 2<br>years | 3-5<br>years | 6-12<br>years |

- List each food or drink under the food category it belongs to:
  - Milk
  - Fruit/Vegetable
  - Grain/Bread
  - Meat/Meat Alternate and Mixed Component Foods
  - Other

If you are unsure of which category a food you served belongs to, write it in the “Other” category.

**Juice:** You can enter information for juices served to children under the “Fruit/Vegetable” category.

Also note in the Please Describe Each Food or Drink column if the juice is 100% juice, fortified, from concentrate, etc. You can find examples of how to record this information on the **Example** pages, as well as in the **Food Description Guide**.

**NOTE:** Please only list foods and beverages provided to the majority of children in your care. If you prepare alternate meals for children with dietary restrictions, you do not need to include these items on the Daily Menus.



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

- Describe each food and drink in detail. Include details such as brand name or manufacturer and type or flavor variety of food.

| List Each Food and Drink Served at this meal | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |         |           |            |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------|---------|-----------|------------|
|                                              |                                                                                                                                                                                              | Foods You Prepared* | 1 year                                                                                              | 2 years | 3-5 years | 6-12 years |

- The pamphlet labeled **“FOOD DESCRIPTION GUIDE”** lists the kinds of details we need you to write down in this column for different types of foods and beverages you serve.
- For milk, check the box for the appropriate type of milk (e.g. skim, 1%, 2%, whole) and list the flavor (e.g., white, chocolate).
- If you receive foods that are prepared off-site** (such as 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 pages. We have included a place for you to write the vendor representative’s contact information in case our study team needs to conduct additional follow-up on any of the food items listed.

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

- If you prepared the food by combining two or more ingredients, check the box for each food and drink you list. The checkmark will tell us that the food was prepared by you, and that you filled out a “Foods You Prepared” form.

| List Each Food and Drink Served at this meal | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |         |           |            |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------|---------|-----------|------------|
|                                              |                                                                                                                                                                                              | Foods You Prepared* | 1 year                                                                                              | 2 years | 3-5 years | 6-12 years |

You do not need to fill out a Foods You Prepared form for any foods which need little or no preparation on your part, or can be eaten as is. This includes food that only needs to be heated to be served. 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.**

| <b><u>Use</u> the Foods You Prepared form</b>           | <b><u>DO NOT</u> Use the Foods You Prepared form</b>                                                                                                  |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rice you cooked                                         | Commercially prepared applesauce                                                                                                                      |
| Baby food with 2 or more ingredients prepared by you    | Frozen chicken nuggets (heated)                                                                                                                       |
| Leftover foods mixed with additional foods              | Banana slices                                                                                                                                         |
| Hot cereal with any additions (cinnamon, raisins, etc.) | Packaged crackers                                                                                                                                     |
| Sandwiches                                              | Diced cheese                                                                                                                                          |
| Macaroni and Cheese                                     | Cold cereal with milk (this would be listed on two separate lines; one line for <b>milk</b> , one line for <b>cereal</b> in the grain/bread section.) |

**Important to Note:** If you are able to provide a **printed copy** of the recipe, and it has all of the information that we ask for on the Foods You Prepared form, you do not need to fill out the whole Foods You Prepared form. You should instead attach the printed recipe to the form, and fill out the top portion of the form. If there are any modifications to the recipe, these should be written directly on the recipe.

**If you do not have a copy of the recipe**, please fill out a page in the Foods You Prepared form located at the back of the booklet behind the Foods You Prepared tab. Use one Foods You Prepared form for each recipe.

## 6. Age Group(s) Served

- Check the boxes to tell us the ages of the children to whom each food or drink was served. If your child care center or home does not serve a certain age group listed on the form, please leave the column blank.
- If served to multiple age groups, select all that were served that item.
- If different types of the same food (for example, different types of milk) were served for different ages of children, you should list the different type of food on a separate row, and select the age group receiving the specified food.

| List Each Food and Drink Served at this meal | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |         |           |            |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------|---------|-----------|------------|
|                                              |                                                                                                                                                                                              |                  | 1 year                                                                                              | 2 years | 3-5 years | 6-12 years |

### Please also note the following:

**Water:** If water is served specifically as a beverage that goes with the meal or snack, rather than just being available in the room please include it on the form as an item that was served. Write this in under the “Other” category, and describe how it was provided.

| List Each Food and Drink Served at this meal | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                              |                                                                                                                                                                                              |                          | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| Other                                        |                                                                                                                                                                                              |                          |                                                                                                     |                                     |                                     |                          |
| Ranch dip                                    | Kraft reduced fat (served w/ carrots)                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Water                                        | From tap, in drinking cups                                                                                                                                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

# 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, unless you can provide a printed recipe. This should include any food you made from scratch or prepared by combining two or more foods or ingredients. A sample, completed *Foods You Prepared Form* is shown behind Tab 3 (Foods You Prepared Forms).

**If you receive foods that are prepared off-site** (such as a vendor or school district), please ask your representative if they can provide a recipe for foods that they prepare from scratch or by combining two or more ingredients. Attach the recipe to the form in this booklet and indicate the details described in 1-4 below on the form.

### How to Fill in the Foods You Prepared Form

| Foods You Prepared                                                                                                                                                                      |                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.). |                                                                                                                                                                                                                                                                             |
| <b>Name of Food:</b> _____<br>(Please use same name you used on the Daily Menus)                                                                                                        | <b>When Was Food Served?</b><br><small>Check all that apply and indicate date(s) served:</small>                                                                                                                                                                            |
| <b>Number of Servings Prepared:</b> _____                                                                                                                                               | <input type="checkbox"/> Breakfast _____<br><input type="checkbox"/> Morning Snack _____<br><input type="checkbox"/> Lunch _____<br><input type="checkbox"/> Afternoon Snack _____<br><input type="checkbox"/> Supper _____<br><input type="checkbox"/> Evening Snack _____ |
| <b>Size of each serving:</b> _____<br>(Examples: ½ cup, 4fl. oz., 1 cup, 3 TBSP)                                                                                                        | <b>Date(s) Served:</b> _____                                                                                                                                                                                                                                                |

- 1. Name of Food:** Write the name of the food in the space provided at the top of the page. Please use the same name you used on the Menu page in Tab 2.
- 2. Number of Servings Prepared:** Write down the number of servings you made.
- 3. Size of each Serving:** Write down the size of each serving (for example, ½ cup, 4oz., 1 sandwich, etc.)
- 4. When was Food Served?:** Check the box beside the meal or meals at which the food was served. Write in the dates the food was served during the target week.

5. Fill in the chart using the instructions at the top of each column:

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

**What Ingredients or Foods Did You Use?**

- List each ingredient and food by name on separate line. Include everything you used including salt, added fats like butter, margarine, mayonnaise, and oil, pan drippings, water and stock.

**How Much Did You Use?**

- Show the amount of each ingredient or food you used. Be sure to write both the number and the type of measurement:

*Examples:*

- 2 Tbsp. mayonnaise
  - 2 tsp. salt
  - 4 oz. shredded cheese
  - 2 pounds (lb.) ground beef
  - ¾ cup cooked rice
  - 1 quart (qt.) milk
- If you use an ingredient that is not measured, write down how much or many you used, If possible, write whether the item was small, regular (medium), or large.

*Examples:*

- 1 large carrot
- ½ large green pepper
- 15 crackers (saltine size)
- 3 small bananas
- 2 regular slices bread
- 8 squares graham crackers

## 6. 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 kinds of information to write for each ingredient or food (brand, type, flavor, etc.)
- Be sure to write whether it was raw or cooked, shredded, chopped, sliced, ground, grated, crushed or whole.

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

## 7. Preparation and Cooking Method (if Applicable)

- Answer questions 1, 2 and 3 if they apply to the foods you prepared.
- Question 4 asks about salt added during the cooking process, such as salt added to cooking water, rather than an ingredient in the recipe.

| 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? ( <i>check one</i> )                        |                                       |                                                 |                                                 |
| <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 you prepared meat (chicken, beef, pork, etc.), did you: ( <i>Check all that apply</i> ) |                                       |                                                 |                                                 |
| a. Trim the visible fat?                                                                      | <input type="checkbox"/> Yes          | <input type="checkbox"/> No                     | <input type="checkbox"/> No visible fat to trim |
| b. Drain the fat after cooking?                                                               | <input type="checkbox"/> Yes          | <input type="checkbox"/> No                     | <input type="checkbox"/> No fat to drain        |
| 3. If you prepared fruit(s) or vegetable(s), did you:                                         |                                       |                                                 |                                                 |
| a. Peel the fruit or vegetable?                                                               | <input type="checkbox"/> Yes          | <input type="checkbox"/> No                     | <input type="checkbox"/> No peel to remove      |
| b. Mash or blend the fruit or vegetable?                                                      | <input type="checkbox"/> Yes          | <input type="checkbox"/> No                     |                                                 |
| 4. Was salt added during the cooking process?                                                 |                                       |                                                 |                                                 |
|                                                                                               |                                       | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No                     |

## **Daily Menus**

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# 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:** \_\_\_\_\_

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**Monday**

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## Example of Completed Menu for Breakfast

Today's Date: 2/6/17

Day of Week: ☒ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve breakfast

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Check the box(es) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*                 | 1 year                                                                                           | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
| Applesauce                                           | Mott's: unsweetened                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Orange Juice                                         | Tropicana, calcium fortified                                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
| Oatmeal                                              | Quick oats                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pancakes                                             | Whole wheat                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cereal                                               | General Mills, Honey Nut Cheerios                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Menu for Breakfast

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve breakfast

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br><small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small> | Food Preparation         | Age Group(s) Served<br><small>Select the column(s) for each age group to whom you served the food or drink</small> |                          |                          |                          |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                                             | Foods You Prepared*      | 1 year                                                                                                             | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Example of Completed Menu for Morning Snack

Today's Date: 2/6/17

Day of Week: ☒ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve morning snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                         | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Banana                                               | Fresh, sliced                                                                                                                                                                                | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Raisins                                              | Sun Maid                                                                                                                                                                                     | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Graham Crackers                                      | Mi-Del, Whole Grain, Cinnamon                                                                                                                                                                | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Sunflower seed spread                                | Sun butter                                                                                                                                                                                   | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Menu for Morning Snack

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve morning snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*      | 1 year                                                                                              | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.



## Example of Completed Menu for Lunch

Today's Date: 2/6/17

Day of Week: ☒ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve lunch

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                         | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Apple                                                | Granny Smith, sliced                                                                                                                                                                         | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Broccoli                                             | Spears, steamed, from frozen                                                                                                                                                                 | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Bean & Cheese Quesadilla                             | Whole grain tortilla, cheddar cheese, black beans                                                                                                                                            | <input checked="" type="checkbox"/>     | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Menu for Lunch

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve lunch

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*      | 1 year                                                                                              | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Example of Completed Menu for Afternoon Snack

Today's Date: 2/6/17

Day of Week: ☒ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve afternoon snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*      | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                          |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                          |                                                                                                     |                                     |                                     |                          |
| <i>Carrots</i>                                       | <i>Baby carrots, fresh</i>                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Orange</i>                                        | <i>Sectioned, fresh</i>                                                                                                                                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                          |                                                                                                     |                                     |                                     |                          |
| <i>Goldfish</i>                                      | <i>Pepperidge Farm: Cheddar</i>                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                          |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                          |                                                                                                     |                                     |                                     |                          |
| <i>Ranch dip</i>                                     | <i>Kraft reduced fat (served w/ carrots)</i>                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Water</i>                                         | <i>From tap, in drinking cups</i>                                                                                                                                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

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

## Menu for Afternoon Snack

**Today's Date:** \_\_\_\_\_

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

☐ Check this box if you did not serve afternoon snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br><small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small> | Food Preparation         | Age Group(s) Served<br><small>Select the column(s) for each age group to whom you served the food or drink</small> |                          |                          |                          |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                                             | Foods You Prepared*      | 1 year                                                                                                             | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Example of Completed Menu for Supper

Today's Date: 2/6/17

Day of Week: ☒ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve supper

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                         | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Mixed Vegetables                                     | Canned, mix of carrots, peas, cauliflower                                                                                                                                                    | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Grapes                                               | Red table grapes - fresh                                                                                                                                                                     | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pear                                                 | Fresh, diced, peeled                                                                                                                                                                         | <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"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Dinner Roll                                          | Bake Crafters Split top, Whole Grain                                                                                                                                                         | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cookie                                               | Nabisco: Vanilla Wafer                                                                                                                                                                       | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Chicken Nuggets                                      | Tyson: Home-style, Whole Grain, baked                                                                                                                                                        | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| BBQ Sauce                                            | Kraft Original, Served with nuggets                                                                                                                                                          | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

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

## Menu for Supper

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve supper

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br><small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small> | Food Preparation         | Age Group(s) Served<br><small>Select the column(s) for each age group to whom you served the food or drink</small> |                          |                          |                          |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                                             | Foods You Prepared*      | 1 year                                                                                                             | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Foods You Prepared*</b>                           |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <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 beverages 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 Evening Snack

Today's Date: 2/6/17

Day of Week: ☒ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve evening snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                         | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| <i>Crackers</i>                                      | <i>Keebler, Multigrain club crackers</i>                                                                                                                                                     | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| <i>Cheese</i>                                        | <i>Cheddar cheese, cubed</i>                                                                                                                                                                 | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Menu for Evening Snack

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve evening snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*      | 1 year                                                                                              | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages "Prepared Myself" please complete a "Foods You Prepared" form, found at the end of this Menu Survey.



**Tuesday**

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## Example of Completed Menu for Breakfast

Today's Date: 2/7/17

Day of Week: ☐ Monday ☒ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve breakfast

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Check the box(es) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*                 | 1 year                                                                                           | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
| Applesauce                                           | Mott's: unsweetened                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Orange Juice                                         | Tropicana, calcium fortified                                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
| Oatmeal                                              | Quick oats                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pancakes                                             | Whole wheat                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cereal                                               | General Mills, Honey Nut Cheerios                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Menu for Breakfast

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve breakfast

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br><small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small> | Food Preparation         | Age Group(s) Served<br><small>Select the column(s) for each age group to whom you served the food or drink</small> |                          |                          |                          |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                                             | Foods You Prepared*      | 1 year                                                                                                             | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Example of Completed Menu for Morning Snack

Today's Date: 2/7/17

Day of Week: ☐ Monday ☒ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve morning snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                         | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Banana                                               | Fresh, sliced                                                                                                                                                                                | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Raisins                                              | Sun Maid                                                                                                                                                                                     | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Graham Crackers                                      | Mi-Del, Whole Grain, Cinnamon                                                                                                                                                                | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Sunflower seed spread                                | Sun butter                                                                                                                                                                                   | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Menu for Morning Snack

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve morning snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*      | 1 year                                                                                              | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Example of Completed Menu for Lunch

Today's Date: 2/7/17

Day of Week: ☐ Monday ☒ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve lunch

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                             | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Apple                                                | Granny Smith, sliced                                                                                                                                                                         | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Broccoli                                             | Spears, steamed, from frozen                                                                                                                                                                 | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Bean & Cheese Quesadilla                             | Whole grain tortilla, cheddar cheese, black beans                                                                                                                                            | <input checked="" type="checkbox"/>         | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Menu for Lunch

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve lunch

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*      | 1 year                                                                                              | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.



## Example of Completed Menu for Afternoon Snack

Today's Date: 2/7/17

Day of Week: ☐ Monday ☒ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve afternoon snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                         | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| <i>Carrots</i>                                       | <i>Baby carrots, fresh</i>                                                                                                                                                                   | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Orange</i>                                        | <i>Sectioned, fresh</i>                                                                                                                                                                      | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| <i>Goldfish</i>                                      | <i>Pepperidge Farm: Cheddar</i>                                                                                                                                                              | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| <i>Ranch dip</i>                                     | <i>Kraft reduced fat (served w/ carrots)</i>                                                                                                                                                 | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Water</i>                                         | <i>From tap, in drinking cups</i>                                                                                                                                                            | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

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

## Menu for Afternoon Snack

**Today's Date:** \_\_\_\_\_

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

☐ Check this box if you did not serve afternoon snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*      | 1 year                                                                                              | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Example of Completed Menu for Supper

Today's Date: 2/7/17

Day of Week: ☐ Monday ☒ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve supper

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                             | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Mixed Vegetables                                     | Canned, mix of carrots, peas, cauliflower                                                                                                                                                    | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Grapes                                               | Red table grapes - fresh                                                                                                                                                                     | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pear                                                 | Fresh, diced, peeled                                                                                                                                                                         | <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"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Dinner Roll                                          | Bake Crafters Split top, Whole Grain                                                                                                                                                         | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cookie                                               | Nabisco: Vanilla Wafer                                                                                                                                                                       | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Chicken Nuggets                                      | Tyson: Home-style, Whole Grain, baked                                                                                                                                                        | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| BBQ Sauce                                            | Kraft Original, Served with nuggets                                                                                                                                                          | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

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

## Menu for Supper

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve supper

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br><small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small> | Food Preparation         | Age Group(s) Served<br><small>Select the column(s) for each age group to whom you served the food or drink</small> |                          |                          |                          |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                                             | Foods You Prepared*      | 1 year                                                                                                             | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Foods You Prepared*</b>                           |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <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 beverages 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 Evening Snack

Today's Date: 2/7/17

Day of Week: ☐ Monday ☒ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve evening snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                             | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| <i>Crackers</i>                                      | <i>Keebler, Multigrain club crackers</i>                                                                                                                                                     | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| <i>Cheese</i>                                        | <i>Cheddar cheese, cubed</i>                                                                                                                                                                 | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Menu for Evening Snack

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve evening snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br><small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small> | Food Preparation         | Age Group(s) Served<br><small>Select the column(s) for each age group to whom you served the food or drink</small> |                          |                          |                          |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                                             | Foods You Prepared*      | 1<br>year                                                                                                          | 2<br>years               | 3-5<br>years             | 6-12<br>years            |
| <b>Milk</b>                                          |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <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 beverages "Prepared Myself" please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

**Wednesday**

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## Example of Completed Menu for Breakfast

Today's Date: 2/8/17

Day of Week: ☐ Monday ☐ Tuesday ☒ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve breakfast

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Check the box(es) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*                 | 1 year                                                                                           | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
| Applesauce                                           | Mott's: unsweetened                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Orange Juice                                         | Tropicana, calcium fortified                                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
| Oatmeal                                              | Quick oats                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pancakes                                             | Whole wheat                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cereal                                               | General Mills, Honey Nut Cheerios                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Menu for Breakfast

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve breakfast

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br><small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small> | Food Preparation         | Age Group(s) Served<br><small>Select the column(s) for each age group to whom you served the food or drink</small> |                          |                          |                          |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                                             | Foods You Prepared*      | 1 year                                                                                                             | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Example of Completed Menu for Morning Snack

Today's Date: 2/8/17

Day of Week: ☐ Monday ☐ Tuesday ☒ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve morning snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                         | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Banana                                               | Fresh, sliced                                                                                                                                                                                | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Raisins                                              | Sun Maid                                                                                                                                                                                     | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Graham Crackers                                      | Mi-De!, Whole Grain, Cinnamon                                                                                                                                                                | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Sunflower seed spread                                | Sun butter                                                                                                                                                                                   | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Menu for Morning Snack

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve morning snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*      | 1 year                                                                                              | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Example of Completed Menu for Lunch

Today's Date: 2/8/17

Day of Week: ☐ Monday ☐ Tuesday ☒ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve lunch

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                             | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Apple                                                | Granny Smith, sliced                                                                                                                                                                         | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Broccoli                                             | Spears, steamed, from frozen                                                                                                                                                                 | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Bean & Cheese Quesadilla                             | Whole grain tortilla, cheddar cheese, black beans                                                                                                                                            | <input checked="" type="checkbox"/>         | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Menu for Lunch

**Today's Date:** \_\_\_\_\_

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

☐ Check this box if you did not serve lunch

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*      | 1 year                                                                                              | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Example of Completed Menu for Afternoon Snack

Today's Date: 2/8/17

Day of Week: ☐ Monday ☐ Tuesday ☒ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve afternoon snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                         | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| <i>Carrots</i>                                       | <i>Baby carrots, fresh</i>                                                                                                                                                                   | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Orange</i>                                        | <i>Sectioned, fresh</i>                                                                                                                                                                      | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| <i>Goldfish</i>                                      | <i>Pepperidge Farm: Cheddar</i>                                                                                                                                                              | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| <i>Ranch dip</i>                                     | <i>Kraft reduced fat (served w/ carrots)</i>                                                                                                                                                 | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Water</i>                                         | <i>From tap, in drinking cups</i>                                                                                                                                                            | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

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

## Menu for Afternoon Snack

**Today's Date:** \_\_\_\_\_

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

☐ Check this box if you did not serve afternoon snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br><small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small> | Food Preparation         | Age Group(s) Served<br><small>Select the column(s) for each age group to whom you served the food or drink</small> |                          |                          |                          |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                                             | Foods You Prepared*      | 1 year                                                                                                             | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <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 beverages selected as “**Foods You Prepared**”, please complete a “**Foods You Prepared**” form, found at the end of this Menu Survey.



## Example of Completed Menu for Supper

Today's Date: 2/8/17

Day of Week: ☐ Monday ☐ Tuesday ☒ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve supper

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                             | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Mixed Vegetables                                     | Canned, mix of carrots, peas, cauliflower                                                                                                                                                    | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Grapes                                               | Red table grapes - fresh                                                                                                                                                                     | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pear                                                 | Fresh, diced, peeled                                                                                                                                                                         | <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"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Dinner Roll                                          | Bake Crafters Split top, Whole Grain                                                                                                                                                         | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cookie                                               | Nabisco: Vanilla Wafer                                                                                                                                                                       | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Chicken Nuggets                                      | Tyson: Home-style, Whole Grain, baked                                                                                                                                                        | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| BBQ Sauce                                            | Kraft Original, Served with nuggets                                                                                                                                                          | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

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

## Menu for Supper

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve supper

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br><small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small> | Food Preparation         | Age Group(s) Served<br><small>Select the column(s) for each age group to whom you served the food or drink</small> |                          |                          |                          |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                                             | Foods You Prepared*      | 1 year                                                                                                             | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Foods You Prepared*</b>                           |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <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 beverages 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 Evening Snack

Today's Date: 2/8/17

Day of Week: ☐ Monday ☐ Tuesday ☒ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve evening snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                             | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| <i>Crackers</i>                                      | <i>Keebler, Multigrain club crackers</i>                                                                                                                                                     | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| <i>Cheese</i>                                        | <i>Cheddar cheese, cubed</i>                                                                                                                                                                 | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Menu for Evening Snack

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve evening snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*      | 1 year                                                                                              | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

**Thursday**

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## Example of Completed Menu for Breakfast

Today's Date: 2/9/17

Day of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☒ Thursday ☐ Friday

☐ Check this box if you did not serve breakfast

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Check the box(es) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*                 | 1 year                                                                                           | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
| Applesauce                                           | Mott's: unsweetened                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Orange Juice                                         | Tropicana, calcium fortified                                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
| Oatmeal                                              | Quick oats                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pancakes                                             | Whole wheat                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cereal                                               | General Mills, Honey Nut Cheerios                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Menu for Breakfast

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve breakfast

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*      | 1 year                                                                                              | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.



## Example of Completed Menu for Morning Snack

Today's Date: 2/9/17

Day of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☒ Thursday ☐ Friday

☐ Check this box if you did not serve morning snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                         | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Banana                                               | Fresh, sliced                                                                                                                                                                                | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Raisins                                              | Sun Maid                                                                                                                                                                                     | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Graham Crackers                                      | Mi-Del, Whole Grain, Cinnamon                                                                                                                                                                | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Sunflower seed spread                                | Sun butter                                                                                                                                                                                   | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Menu for Morning Snack

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve morning snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*      | 1 year                                                                                              | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Example of Completed Menu for Lunch

Today's Date: 2/9/17

Day of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☒ Thursday ☐ Friday

☐ Check this box if you did not serve lunch

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                             | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Apple                                                | Granny Smith, sliced                                                                                                                                                                         | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Broccoli                                             | Spears, steamed, from frozen                                                                                                                                                                 | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Bean & Cheese Quesadilla                             | Whole grain tortilla, cheddar cheese, black beans                                                                                                                                            | <input checked="" type="checkbox"/>         | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Menu for Lunch

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve lunch

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*      | 1 year                                                                                              | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Example of Completed Menu for Afternoon Snack

Today's Date: 2/9/17

Day of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☒ Thursday ☐ Friday

☐ Check this box if you did not serve afternoon snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                         | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| <i>Carrots</i>                                       | <i>Baby carrots, fresh</i>                                                                                                                                                                   | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Orange</i>                                        | <i>Sectioned, fresh</i>                                                                                                                                                                      | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| <i>Goldfish</i>                                      | <i>Pepperidge Farm: Cheddar</i>                                                                                                                                                              | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| <i>Ranch dip</i>                                     | <i>Kraft reduced fat (served w/ carrots)</i>                                                                                                                                                 | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Water</i>                                         | <i>From tap, in drinking cups</i>                                                                                                                                                            | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

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

## Menu for Afternoon Snack

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve afternoon snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br><small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small> | Food Preparation         | Age Group(s) Served<br><small>Select the column(s) for each age group to whom you served the food or drink</small> |                          |                          |                          |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                                             | Foods You Prepared*      | 1 year                                                                                                             | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <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 beverages selected as “**Foods You Prepared**”, please complete a “**Foods You Prepared**” form, found at the end of this Menu Survey.

## Example of Completed Menu for Supper

Today's Date: 2/9/17

Day of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☒ Thursday ☐ Friday

☐ Check this box if you did not serve supper

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                             | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Mixed Vegetables                                     | Canned, mix of carrots, peas, cauliflower                                                                                                                                                    | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Grapes                                               | Red table grapes - fresh                                                                                                                                                                     | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pear                                                 | Fresh, diced, peeled                                                                                                                                                                         | <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"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Dinner Roll                                          | Bake Crafters Split top, Whole Grain                                                                                                                                                         | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cookie                                               | Nabisco: Vanilla Wafer                                                                                                                                                                       | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Chicken Nuggets                                      | Tyson: Home-style, Whole Grain, baked                                                                                                                                                        | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| BBQ Sauce                                            | Kraft Original, Served with nuggets                                                                                                                                                          | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

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

## Menu for Supper

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve supper

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*      | 1 year                                                                                              | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages 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 Evening Snack

Today's Date: 2/9/17

Day of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☒ Thursday ☐ Friday

☐ Check this box if you did not serve evening snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                             | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| <i>Crackers</i>                                      | <i>Keebler, Multigrain club crackers</i>                                                                                                                                                     | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| <i>Cheese</i>                                        | <i>Cheddar cheese, cubed</i>                                                                                                                                                                 | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Menu for Evening Snack

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve evening snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*      | 1 year                                                                                              | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

**Friday**

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## Example of Completed Menu for Breakfast

Today's Date: 2/10/17 Day of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☒ Friday

☐ Check this box if you did not serve breakfast

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Check the box(es) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*                 | 1 year                                                                                           | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
| Applesauce                                           | Mott's: unsweetened                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Orange Juice                                         | Tropicana, calcium fortified                                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
| Oatmeal                                              | Quick oats                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pancakes                                             | Whole wheat                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cereal                                               | General Mills, Honey Nut Cheerios                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                     |                                                                                                  |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                         | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Menu for Breakfast

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve breakfast

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*      | 1 year                                                                                              | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Example of Completed Menu for Morning Snack

Today's Date: 2/10/17 Day of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☒ Friday

☐ Check this box if you did not serve morning snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                         | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Banana                                               | Fresh, sliced                                                                                                                                                                                | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Raisins                                              | Sun Maid                                                                                                                                                                                     | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Graham Crackers                                      | Mi-Del, Whole Grain, Cinnamon                                                                                                                                                                | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
| Sunflower seed spread                                | Sun butter                                                                                                                                                                                   | <input type="checkbox"/>                | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                         |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Menu for Morning Snack

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve morning snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*      | 1 year                                                                                              | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.



## Example of Completed Menu for Lunch

Today's Date: 2/10/17 Day of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☒ Friday

☐ Check this box if you did not serve lunch

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                             | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Apple                                                | Granny Smith, sliced                                                                                                                                                                         | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Broccoli                                             | Spears, steamed, from frozen                                                                                                                                                                 | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Bean & Cheese Quesadilla                             | Whole grain tortilla, cheddar cheese, black beans                                                                                                                                            | <input checked="" type="checkbox"/>         | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Menu for Lunch

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve lunch

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br><small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small> | Food Preparation         | Age Group(s) Served<br><small>Select the column(s) for each age group to whom you served the food or drink</small> |                          |                          |                          |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                                             | Foods You Prepared*      | 1 year                                                                                                             | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <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 beverages selected as “**Foods You Prepared**”, please complete a “**Foods You Prepared**” form, found at the end of this Menu Survey.

## Example of Completed Menu for Afternoon Snack

Today's Date: 2/10/17

Day of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☒ Friday

☐ Check this box if you did not serve afternoon snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*      | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                          |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                          |                                                                                                     |                                     |                                     |                          |
| <i>Carrots</i>                                       | <i>Baby carrots, fresh</i>                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Orange</i>                                        | <i>Sectioned, fresh</i>                                                                                                                                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                          |                                                                                                     |                                     |                                     |                          |
| <i>Goldfish</i>                                      | <i>Pepperidge Farm: Cheddar</i>                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                          |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                          |                                                                                                     |                                     |                                     |                          |
| <i>Ranch dip</i>                                     | <i>Kraft reduced fat (served w/ carrots)</i>                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <i>Water</i>                                         | <i>From tap, in drinking cups</i>                                                                                                                                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

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

## Menu for Afternoon Snack

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve afternoon snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*      | 1 year                                                                                              | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Example of Completed Menu for Supper

Today's Date: 2/10/17 Day of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☒ Friday

☐ Check this box if you did not serve supper

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                             | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Mixed Vegetables                                     | Canned, mix of carrots, peas, cauliflower                                                                                                                                                    | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Grapes                                               | Red table grapes - fresh                                                                                                                                                                     | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pear                                                 | Fresh, diced, peeled                                                                                                                                                                         | <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"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Dinner Roll                                          | Bake Crafters Split top, Whole Grain                                                                                                                                                         | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cookie                                               | Nabisco: Vanilla Wafer                                                                                                                                                                       | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Chicken Nuggets                                      | Tyson: Home-style, Whole Grain, baked                                                                                                                                                        | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| BBQ Sauce                                            | Kraft Original, Served with nuggets                                                                                                                                                          | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |

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

## Menu for Supper

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve supper

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br><small>For detailed information on what to include in this column, including brand, type, and preparation method, please refer to the Food Description Guide.</small> | Food Preparation         | Age Group(s) Served<br><small>Select the column(s) for each age group to whom you served the food or drink</small> |                          |                          |                          |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                                             | Foods You Prepared*      | 1 year                                                                                                             | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Foods You Prepared*</b>                           |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                                             |                          |                                                                                                                    |                          |                          |                          |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                                           | <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 beverages 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 Evening Snack

Today's Date: 2/10/17 Day of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☒ Friday

☐ Check this box if you did not serve evening snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              |                                             | 1 year                                                                                              | 2 years                             | 3-5 years                           | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| Milk                                                 | <input checked="" type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input checked="" type="checkbox"/> Whole Flavor: _____                                                | <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"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| <i>Crackers</i>                                      | <i>Keebler, Multigrain club crackers</i>                                                                                                                                                     | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
| <i>Cheese</i>                                        | <i>Cheddar cheese, cubed</i>                                                                                                                                                                 | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                                             |                                                                                                     |                                     |                                     |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.

## Menu for Evening Snack

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Check this box if you did not serve evening snack

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

| List Each Food and Drink Served at this meal         | Please Describe Each Food or Drink<br>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<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                          |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
|                                                      |                                                                                                                                                                                              | Foods You Prepared*      | 1 year                                                                                              | 2 years                  | 3-5 years                | 6-12 years               |
| <b>Milk</b>                                          |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Milk                                                 | <input type="checkbox"/> Skim <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> Whole Flavor: _____                                                           | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fruit / Vegetable</b>                             |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grain / Bread</b>                                 |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Meat/Meat Alternate and Mixed Component Foods</b> |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other</b>                                         |                                                                                                                                                                                              |                          |                                                                                                     |                          |                          |                          |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                      |                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages selected as "Foods You Prepared", please complete a "Foods You Prepared" form, found at the end of this Menu Survey.



## **Foods You Prepared Form**

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Please fill out a **Foods You Prepared Form** for any food items with a checkbox in the “Food Preparation” column.

These are items made from two or more ingredients, served at the child care facility, listed on your **Daily Menu pages**.

**Note:** If you are able to provide a **printed copy of the recipe**, and it has all of the information that we ask for on the **Foods You Prepared** form, you do not need to fill out the **Foods You Prepared** form. Instead, please attach the printed recipe to the form. If there are any revisions to the recipe, please write them on the recipe.

## Foods You Prepared

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)

Number of Servings Prepared: 25

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

### When Was Food Served?

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

- Date(s) Served: 2/8/17
- ☒ Breakfast  
☐ Morning Snack  
☐ Lunch  
☐ Afternoon Snack  
☐ Supper  
☐ Evening Snack

| What Ingredients or Foods Did You Use?<br>(List all ingredients and foods.) | How Much Did You Use?<br>(Examples: 2 tsp, ½ cup, 1 pound, 4fl oz., etc.) | Please Describe Each Ingredient or Food.<br>(Provide as much detail as possible. Check the Food Description Guide.) |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Whole wheat flour                                                           | 3 ¾ cups                                                                  |                                                                                                                     |
| Baking powder                                                               | 2 TB                                                                      |                                                                                                                     |
| Salt                                                                        | ¾ tsp                                                                     |                                                                                                                     |
| Instant nonfat dry milk                                                     | ½ cup                                                                     |                                                                                                                     |
| Sugar                                                                       | 2 TB 2 tsp                                                                | White, granulated                                                                                                   |
| Eggs                                                                        | 5                                                                         | Fresh eggs                                                                                                          |
| Water                                                                       | 2.5 cups                                                                  |                                                                                                                     |
| Vegetable Oil                                                               | ½ cup                                                                     |                                                                                                                     |
|                                                                             |                                                                           |                                                                                                                     |
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### Preparation and/or Cooking Method (If Applicable):

- If cooked:
  - What cooking method did you use? (check one)  
☐ Bake/Roast   ☐ Broil/Grill   ☐ Pan Fry/Sauté   ☐ Stir Fry   ☐ Deep Fry   ☐ Boil/Parboil   ☒ Other (specify): griddle
  - What fat was added during the cooking process? (check one)  
☒ Vegetable Oil   ☐ Olive Oil   ☐ Butter   ☐ Margarine   ☐ Other (specify) \_\_\_\_\_   ☐ None
- If you prepared meat (chicken, beef, pork, etc.), did you: (Check all that apply)
  - Trim the visible fat?   ☐ Yes   ☐ No   ☐ No visible fat to trim
  - Drain the fat after cooking?   ☐ Yes   ☐ No   ☐ No fat to drain
- If you prepared fruit(s) or vegetable(s), did you:
  - Peel the fruit or vegetable?   ☐ Yes   ☐ No   ☐ No peel to remove
  - Mash or blend the fruit or vegetable?   ☐ Yes   ☐ No
- Was salt added during the cooking process?   ☐ Yes   ☒ No

## Foods You Prepared

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:** \_\_\_\_\_  
*(Please use same name you used on the Daily Menus)*

**Number of Servings Prepared:** \_\_\_\_\_

**Size of each serving:** \_\_\_\_\_  
 (Examples: ½ cup, 4fl. oz., 1 cup, 3 TBSP)

### When Was Food Served?

*Check all that apply and indicate date(s) served:*

Date(s) Served: \_\_\_\_\_

- ☐ Breakfast \_\_\_\_\_
- ☐ Morning Snack \_\_\_\_\_
- ☐ Lunch \_\_\_\_\_
- ☐ Afternoon Snack \_\_\_\_\_
- ☐ Supper \_\_\_\_\_
- ☐ Evening Snack \_\_\_\_\_

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

- If cooked:
  - What cooking method did you use? (*check one*)  
☐ Bake/Roast   ☐ Broil/Grill   ☐ Pan Fry/Sauté   ☐ Stir Fry   ☐ Deep Fry   ☐ Boil/Parboil   ☐ Other (specify): \_\_\_\_\_
  - What fat was added during the cooking process? (*check one*)  
☐ Vegetable Oil   ☐ Olive Oil   ☐ Butter   ☐ Margarine   ☐ Other (specify) \_\_\_\_\_   ☐ None
- If you prepared meat (chicken, beef, pork, etc.), did you: (*Check all that apply*)
  - Trim the visible fat?   ☐ Yes   ☐ No   ☐ No visible fat to trim
  - Drain the fat after cooking?   ☐ Yes   ☐ No   ☐ No fat to drain
- If you prepared fruit(s) or vegetable(s), did you:
  - Peel the fruit or vegetable?   ☐ Yes   ☐ No   ☐ No peel to remove
  - Mash or blend the fruit or vegetable?   ☐ Yes   ☐ No
- Was salt added during the cooking process?   ☐ Yes   ☐ No

## Foods You Prepared

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:** \_\_\_\_\_  
*(Please use same name you used on the Daily Menus)*

**Number of Servings Prepared:** \_\_\_\_\_

**Size of each serving:** \_\_\_\_\_  
 (Examples: ½ cup, 4fl. oz., 1 cup, 3 TBSP)

### When Was Food Served?

*Check all that apply and indicate date(s) served:*

Date(s) Served: \_\_\_\_\_

- ☐ Breakfast \_\_\_\_\_
- ☐ Morning Snack \_\_\_\_\_
- ☐ Lunch \_\_\_\_\_
- ☐ Afternoon Snack \_\_\_\_\_
- ☐ Supper \_\_\_\_\_
- ☐ Evening Snack \_\_\_\_\_

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

- If cooked:
  - What cooking method did you use? (*check one*)  
☐ Bake/Roast   ☐ Broil/Grill   ☐ Pan Fry/Sauté   ☐ Stir Fry   ☐ Deep Fry   ☐ Boil/Parboil   ☐ Other (specify): \_\_\_\_\_
  - What fat was added during the cooking process? (*check one*)  
☐ Vegetable Oil   ☐ Olive Oil   ☐ Butter   ☐ Margarine   ☐ Other (specify) \_\_\_\_\_   ☐ None
- If you prepared meat (chicken, beef, pork, etc.), did you: (*Check all that apply*)
  - Trim the visible fat?   ☐ Yes   ☐ No   ☐ No visible fat to trim
  - Drain the fat after cooking?   ☐ Yes   ☐ No   ☐ No fat to drain
- If you prepared fruit(s) or vegetable(s), did you:
  - Peel the fruit or vegetable?   ☐ Yes   ☐ No   ☐ No peel to remove
  - Mash or blend the fruit or vegetable?   ☐ Yes   ☐ No
- Was salt added during the cooking process?   ☐ Yes   ☐ No

## Foods You Prepared

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:** \_\_\_\_\_  
*(Please use same name you used on the Daily Menus)*

**Number of Servings Prepared:** \_\_\_\_\_

**Size of each serving:** \_\_\_\_\_  
 (Examples: ½ cup, 4fl. oz., 1 cup, 3 TBSP)

### When Was Food Served?

*Check all that apply and indicate date(s) served:*

Date(s) Served: \_\_\_\_\_

- ☐ Breakfast \_\_\_\_\_
- ☐ Morning Snack \_\_\_\_\_
- ☐ Lunch \_\_\_\_\_
- ☐ Afternoon Snack \_\_\_\_\_
- ☐ Supper \_\_\_\_\_
- ☐ Evening Snack \_\_\_\_\_

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

- If cooked:
  - What cooking method did you use? *(check one)*  
☐ Bake/Roast   ☐ Broil/Grill   ☐ Pan Fry/Sauté   ☐ Stir Fry   ☐ Deep Fry   ☐ Boil/Parboil   ☐ Other (specify): \_\_\_\_\_
  - What fat was added during the cooking process? (check one)  
☐ Vegetable Oil   ☐ Olive Oil   ☐ Butter   ☐ Margarine   ☐ Other (specify) \_\_\_\_\_   ☐ None
- If you prepared meat (chicken, beef, pork, etc.), did you: *(Check all that apply)*
  - Trim the visible fat?   ☐ Yes   ☐ No   ☐ No visible fat to trim
  - Drain the fat after cooking?   ☐ Yes   ☐ No   ☐ No fat to drain
- If you prepared fruit(s) or vegetable(s), did you:
  - Peel the fruit or vegetable?   ☐ Yes   ☐ No   ☐ No peel to remove
  - Mash or blend the fruit or vegetable?   ☐ Yes   ☐ No
- Was salt added during the cooking process?   ☐ Yes   ☐ No

## Foods You Prepared

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:** \_\_\_\_\_  
*(Please use same name you used on the Daily Menus)*

**Number of Servings Prepared:** \_\_\_\_\_

**Size of each serving:** \_\_\_\_\_  
 (Examples: ½ cup, 4fl. oz., 1 cup, 3 TBSP)

### When Was Food Served?

*Check all that apply and indicate date(s) served:*

Date(s) Served: \_\_\_\_\_

- ☐ Breakfast \_\_\_\_\_
- ☐ Morning Snack \_\_\_\_\_
- ☐ Lunch \_\_\_\_\_
- ☐ Afternoon Snack \_\_\_\_\_
- ☐ Supper \_\_\_\_\_
- ☐ Evening Snack \_\_\_\_\_

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

- If cooked:
  - What cooking method did you use? (*check one*)  
☐ Bake/Roast   ☐ Broil/Grill   ☐ Pan Fry/Sauté   ☐ Stir Fry   ☐ Deep Fry   ☐ Boil/Parboil   ☐ Other (specify): \_\_\_\_\_
  - What fat was added during the cooking process? (*check one*)  
☐ Vegetable Oil   ☐ Olive Oil   ☐ Butter   ☐ Margarine   ☐ Other (specify) \_\_\_\_\_   ☐ None
- If you prepared meat (chicken, beef, pork, etc.), did you: (*Check all that apply*)
  - Trim the visible fat?   ☐ Yes   ☐ No   ☐ No visible fat to trim
  - Drain the fat after cooking?   ☐ Yes   ☐ No   ☐ No fat to drain
- If you prepared fruit(s) or vegetable(s), did you:
  - Peel the fruit or vegetable?   ☐ Yes   ☐ No   ☐ No peel to remove
  - Mash or blend the fruit or vegetable?   ☐ Yes   ☐ No
- Was salt added during the cooking process?   ☐ Yes   ☐ No



## Foods You Prepared

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:** \_\_\_\_\_  
*(Please use same name you used on the Daily Menus)*

**Number of Servings Prepared:** \_\_\_\_\_

**Size of each serving:** \_\_\_\_\_  
 (Examples: ½ cup, 4fl. oz., 1 cup, 3 TBSP)

### When Was Food Served?

*Check all that apply and indicate date(s) served:*

Date(s) Served: \_\_\_\_\_

- ☐ Breakfast \_\_\_\_\_
- ☐ Morning Snack \_\_\_\_\_
- ☐ Lunch \_\_\_\_\_
- ☐ Afternoon Snack \_\_\_\_\_
- ☐ Supper \_\_\_\_\_
- ☐ Evening Snack \_\_\_\_\_

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

- If cooked:
  - What cooking method did you use? (*check one*)  
☐ Bake/Roast   ☐ Broil/Grill   ☐ Pan Fry/Sauté   ☐ Stir Fry   ☐ Deep Fry   ☐ Boil/Parboil   ☐ Other (specify): \_\_\_\_\_
  - What fat was added during the cooking process? (*check one*)  
☐ Vegetable Oil   ☐ Olive Oil   ☐ Butter   ☐ Margarine   ☐ Other (specify) \_\_\_\_\_   ☐ None
- If you prepared meat (chicken, beef, pork, etc.), did you: (*Check all that apply*)
  - Trim the visible fat?   ☐ Yes   ☐ No   ☐ No visible fat to trim
  - Drain the fat after cooking?   ☐ Yes   ☐ No   ☐ No fat to drain
- If you prepared fruit(s) or vegetable(s), did you:
  - Peel the fruit or vegetable?   ☐ Yes   ☐ No   ☐ No peel to remove
  - Mash or blend the fruit or vegetable?   ☐ Yes   ☐ No
- Was salt added during the cooking process?   ☐ Yes   ☐ No

## Foods You Prepared

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:** \_\_\_\_\_  
*(Please use same name you used on the Daily Menus)*

**Number of Servings Prepared:** \_\_\_\_\_

**Size of each serving:** \_\_\_\_\_  
 (Examples: ½ cup, 4fl. oz., 1 cup, 3 TBSP)

### When Was Food Served?

*Check all that apply and indicate date(s) served:*

Date(s) Served: \_\_\_\_\_

- ☐ Breakfast \_\_\_\_\_
- ☐ Morning Snack \_\_\_\_\_
- ☐ Lunch \_\_\_\_\_
- ☐ Afternoon Snack \_\_\_\_\_
- ☐ Supper \_\_\_\_\_
- ☐ Evening Snack \_\_\_\_\_

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

- If cooked:
  - What cooking method did you use? (*check one*)  
☐ Bake/Roast   ☐ Broil/Grill   ☐ Pan Fry/Sauté   ☐ Stir Fry   ☐ Deep Fry   ☐ Boil/Parboil   ☐ Other (specify): \_\_\_\_\_
  - What fat was added during the cooking process? (*check one*)  
☐ Vegetable Oil   ☐ Olive Oil   ☐ Butter   ☐ Margarine   ☐ Other (specify) \_\_\_\_\_   ☐ None
- If you prepared meat (chicken, beef, pork, etc.), did you: (*Check all that apply*)
  - Trim the visible fat?   ☐ Yes   ☐ No   ☐ No visible fat to trim
  - Drain the fat after cooking?   ☐ Yes   ☐ No   ☐ No fat to drain
- If you prepared fruit(s) or vegetable(s), did you:
  - Peel the fruit or vegetable?   ☐ Yes   ☐ No   ☐ No peel to remove
  - Mash or blend the fruit or vegetable?   ☐ Yes   ☐ No
- Was salt added during the cooking process?   ☐ Yes   ☐ No

## Foods You Prepared

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:** \_\_\_\_\_  
*(Please use same name you used on the Daily Menus)*

**Number of Servings Prepared:** \_\_\_\_\_

**Size of each serving:** \_\_\_\_\_  
 (Examples: ½ cup, 4fl. oz., 1 cup, 3 TBSP)

### When Was Food Served?

*Check all that apply and indicate date(s) served:*

Date(s) Served: \_\_\_\_\_

- ☐ Breakfast \_\_\_\_\_
- ☐ Morning Snack \_\_\_\_\_
- ☐ Lunch \_\_\_\_\_
- ☐ Afternoon Snack \_\_\_\_\_
- ☐ Supper \_\_\_\_\_
- ☐ Evening Snack \_\_\_\_\_

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

- If cooked:
  - What cooking method did you use? (*check one*)  
☐ Bake/Roast   ☐ Broil/Grill   ☐ Pan Fry/Sauté   ☐ Stir Fry   ☐ Deep Fry   ☐ Boil/Parboil   ☐ Other (specify): \_\_\_\_\_
  - What fat was added during the cooking process? (*check one*)  
☐ Vegetable Oil   ☐ Olive Oil   ☐ Butter   ☐ Margarine   ☐ Other (specify) \_\_\_\_\_   ☐ None
- If you prepared meat (chicken, beef, pork, etc.), did you: (*Check all that apply*)
  - Trim the visible fat?   ☐ Yes   ☐ No   ☐ No visible fat to trim
  - Drain the fat after cooking?   ☐ Yes   ☐ No   ☐ No fat to drain
- If you prepared fruit(s) or vegetable(s), did you:
  - Peel the fruit or vegetable?   ☐ Yes   ☐ No   ☐ No peel to remove
  - Mash or blend the fruit or vegetable?   ☐ Yes   ☐ No
- Was salt added during the cooking process?   ☐ Yes   ☐ No

## Foods You Prepared

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:** \_\_\_\_\_  
*(Please use same name you used on the Daily Menus)*

**Number of Servings Prepared:** \_\_\_\_\_

**Size of each serving:** \_\_\_\_\_  
 (Examples: ½ cup, 4fl. oz., 1 cup, 3 TBSP)

### When Was Food Served?

*Check all that apply and indicate date(s) served:*

Date(s) Served: \_\_\_\_\_

- ☐ Breakfast \_\_\_\_\_
- ☐ Morning Snack \_\_\_\_\_
- ☐ Lunch \_\_\_\_\_
- ☐ Afternoon Snack \_\_\_\_\_
- ☐ Supper \_\_\_\_\_
- ☐ Evening Snack \_\_\_\_\_

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

- If cooked:
  - What cooking method did you use? *(check one)*  
☐ Bake/Roast   ☐ Broil/Grill   ☐ Pan Fry/Sauté   ☐ Stir Fry   ☐ Deep Fry   ☐ Boil/Parboil   ☐ Other (specify): \_\_\_\_\_
  - What fat was added during the cooking process? (check one)  
☐ Vegetable Oil   ☐ Olive Oil   ☐ Butter   ☐ Margarine   ☐ Other (specify) \_\_\_\_\_   ☐ None
- If you prepared meat (chicken, beef, pork, etc.), did you: *(Check all that apply)*
  - Trim the visible fat?   ☐ Yes   ☐ No   ☐ No visible fat to trim
  - Drain the fat after cooking?   ☐ Yes   ☐ No   ☐ No fat to drain
- If you prepared fruit(s) or vegetable(s), did you:
  - Peel the fruit or vegetable?   ☐ Yes   ☐ No   ☐ No peel to remove
  - Mash or blend the fruit or vegetable?   ☐ Yes   ☐ No
- Was salt added during the cooking process?   ☐ Yes   ☐ No

## Foods You Prepared

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:** \_\_\_\_\_  
*(Please use same name you used on the Daily Menus)*

**Number of Servings Prepared:** \_\_\_\_\_

**Size of each serving:** \_\_\_\_\_  
 (Examples: ½ cup, 4fl. oz., 1 cup, 3 TBSP)

### When Was Food Served?

*Check all that apply and indicate date(s) served:*

- ☐ Breakfast \_\_\_\_\_
- ☐ Morning Snack \_\_\_\_\_
- ☐ Lunch \_\_\_\_\_
- ☐ Afternoon Snack \_\_\_\_\_
- ☐ Supper \_\_\_\_\_
- ☐ Evening Snack \_\_\_\_\_

Date(s) Served: \_\_\_\_\_

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

- If cooked:
  - What cooking method did you use? (*check one*)  
☐ Bake/Roast   ☐ Broil/Grill   ☐ Pan Fry/Sauté   ☐ Stir Fry   ☐ Deep Fry   ☐ Boil/Parboil   ☐ Other (specify): \_\_\_\_\_
  - What fat was added during the cooking process? (check one)  
☐ Vegetable Oil   ☐ Olive Oil   ☐ Butter   ☐ Margarine   ☐ Other (specify) \_\_\_\_\_   ☐ None
- If you prepared meat (chicken, beef, pork, etc.), did you: (*Check all that apply*)
  - Trim the visible fat?   ☐ Yes   ☐ No   ☐ No visible fat to trim
  - Drain the fat after cooking?   ☐ Yes   ☐ No   ☐ No fat to drain
- If you prepared fruit(s) or vegetable(s), did you:
  - Peel the fruit or vegetable?   ☐ Yes   ☐ No   ☐ No peel to remove
  - Mash or blend the fruit or vegetable?   ☐ Yes   ☐ No
- Was salt added during the cooking process?   ☐ Yes   ☐ No

## Foods You Prepared

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:** \_\_\_\_\_  
*(Please use same name you used on the Daily Menus)*

**Number of Servings Prepared:** \_\_\_\_\_

**Size of each serving:** \_\_\_\_\_  
 (Examples: ½ cup, 4fl. oz., 1 cup, 3 TBSP)

### When Was Food Served?

*Check all that apply and indicate date(s) served:*

Date(s) Served: \_\_\_\_\_

- ☐ Breakfast \_\_\_\_\_
- ☐ Morning Snack \_\_\_\_\_
- ☐ Lunch \_\_\_\_\_
- ☐ Afternoon Snack \_\_\_\_\_
- ☐ Supper \_\_\_\_\_
- ☐ Evening Snack \_\_\_\_\_

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

- If cooked:
  - What cooking method did you use? *(check one)*  
☐ Bake/Roast   ☐ Broil/Grill   ☐ Pan Fry/Sauté   ☐ Stir Fry   ☐ Deep Fry   ☐ Boil/Parboil   ☐ Other (specify): \_\_\_\_\_
  - What fat was added during the cooking process? (check one)  
☐ Vegetable Oil   ☐ Olive Oil   ☐ Butter   ☐ Margarine   ☐ Other (specify)\_\_\_\_\_   ☐ None
- If you prepared meat (chicken, beef, pork, etc.), did you: *(Check all that apply)*
  - Trim the visible fat?                      ☐ Yes                      ☐ No                      ☐ No visible fat to trim
  - Drain the fat after cooking?              ☐ Yes                      ☐ No                      ☐ No fat to drain
- If you prepared fruit(s) or vegetable(s), did you:
  - Peel the fruit or vegetable?              ☐ Yes                      ☐ No                      ☐ No peel to remove
  - Mash or blend the fruit or vegetable?   ☐ Yes                      ☐ No
- Was salt added during the cooking process?                      ☐ Yes                      ☐ No

#### ***I.4 Meal Observation Form***

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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 0584-0615. The time required to complete this information collection is estimated to average 20 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.

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## **Meals and Snacks Served by Child Care Site Today to Children 1 Year Old and Over**

(Confirm with Food Preparer and check all that apply)

### Meals Provided by Center

- ☐ Breakfast
- ☐ Morning Snack
- ☐ Lunch
- ☐ Afternoon Snack
- ☐ Dinner/Supper
- ☐ Evening Snack

### Meals Brought from Home

- ☐ Breakfast brought from home
- ☐ Morning Snack brought from home
- ☐ Lunch brought from home
- ☐ Afternoon snack brought from home
- ☐ Dinner/Supper brought from home
- ☐ Evening snack brought from home

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## REFERENCE PORTION MEASUREMENT FORMS

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## Reference Portion Measurement Form

Interviewer ID #: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Date of observation: |\_|\_|\_| / |\_|\_|\_| / **2017**  
                                     Month           Day

Meal: (check one)

- |                                          |                                            |
|------------------------------------------|--------------------------------------------|
| 0 <input type="checkbox"/> Breakfast     | 3 <input type="checkbox"/> Morning Snack   |
| 1 <input type="checkbox"/> Lunch         | 4 <input type="checkbox"/> Afternoon Snack |
| 2 <input type="checkbox"/> Dinner/Supper | 5 <input type="checkbox"/> Evening Snack   |

**Use additional sheets as necessary to record all components of a meal or snack (including water)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
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| <p>Meal item or component: _____</p> <p>Reference Portion : _____</p> <p>Weights or volumes of samples:</p> <table style="width: 100%;"> <tr><td style="width: 10%;">#1</td><td style="width: 40%;">_____</td><td style="width: 10%;">grams/fluid oz</td><td style="width: 40%;">(<i>circle one</i>)</td></tr> <tr><td>#2</td><td>_____</td><td></td><td></td></tr> <tr><td>#3</td><td>_____</td><td></td><td></td></tr> <tr><td>#4</td><td>_____</td><td></td><td></td></tr> <tr><td>#5</td><td>_____</td><td></td><td></td></tr> </table> | #1    | _____          | grams/fluid oz        | ( <i>circle one</i> ) | #2 | _____ |  |  | #3 | _____ |  |  | #4 | _____ |  |  | #5 | _____ |  |  | <p>Meal item or component: _____</p> <p>Reference Portion : _____</p> <p>Weights or volumes of samples:</p> <table style="width: 100%;"> <tr><td style="width: 10%;">#1</td><td style="width: 40%;">_____</td><td style="width: 10%;">grams/fluid oz</td><td style="width: 40%;">(<i>circle one</i>)</td></tr> <tr><td>#2</td><td>_____</td><td></td><td></td></tr> <tr><td>#3</td><td>_____</td><td></td><td></td></tr> <tr><td>#4</td><td>_____</td><td></td><td></td></tr> <tr><td>#5</td><td>_____</td><td></td><td></td></tr> </table> | #1 | _____ | grams/fluid oz | ( <i>circle one</i> ) | #2 | _____ |  |  | #3 | _____ |  |  | #4 | _____ |  |  | #5 | _____ |  |  |
| #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ | grams/fluid oz | ( <i>circle one</i> ) |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ | grams/fluid oz | ( <i>circle one</i> ) |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| <p>Meal item or component: _____</p> <p>Reference Portion: _____</p> <p>Weights or volumes of samples:</p> <table style="width: 100%;"> <tr><td style="width: 10%;">#1</td><td style="width: 40%;">_____</td><td style="width: 10%;">grams/fluid oz</td><td style="width: 40%;">(<i>circle one</i>)</td></tr> <tr><td>#2</td><td>_____</td><td></td><td></td></tr> <tr><td>#3</td><td>_____</td><td></td><td></td></tr> <tr><td>#4</td><td>_____</td><td></td><td></td></tr> <tr><td>#5</td><td>_____</td><td></td><td></td></tr> </table>  | #1    | _____          | grams/fluid oz        | ( <i>circle one</i> ) | #2 | _____ |  |  | #3 | _____ |  |  | #4 | _____ |  |  | #5 | _____ |  |  | <p>Meal item or component: _____</p> <p>Reference Portion: _____</p> <p>Weights or volumes of samples:</p> <table style="width: 100%;"> <tr><td style="width: 10%;">#1</td><td style="width: 40%;">_____</td><td style="width: 10%;">grams/fluid oz</td><td style="width: 40%;">(<i>circle one</i>)</td></tr> <tr><td>#2</td><td>_____</td><td></td><td></td></tr> <tr><td>#3</td><td>_____</td><td></td><td></td></tr> <tr><td>#4</td><td>_____</td><td></td><td></td></tr> <tr><td>#5</td><td>_____</td><td></td><td></td></tr> </table>  | #1 | _____ | grams/fluid oz | ( <i>circle one</i> ) | #2 | _____ |  |  | #3 | _____ |  |  | #4 | _____ |  |  | #5 | _____ |  |  |
| #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ | grams/fluid oz | ( <i>circle one</i> ) |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ | grams/fluid oz | ( <i>circle one</i> ) |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |

## Reference Portion Measurement Form

Interviewer ID #: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Date of observation: |\_|\_|\_| / |\_|\_|\_| / **2017**  
                                     Month           Day

Meal: (check one)

- |                                          |                                            |
|------------------------------------------|--------------------------------------------|
| 0 <input type="checkbox"/> Breakfast     | 3 <input type="checkbox"/> Morning Snack   |
| 1 <input type="checkbox"/> Lunch         | 4 <input type="checkbox"/> Afternoon Snack |
| 2 <input type="checkbox"/> Dinner/Supper | 5 <input type="checkbox"/> Evening Snack   |

**Use additional sheets as necessary to record all components of a meal or snack (including water)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------|-----------------------|-----------------------|----|-------|--|--|----|-------|--|--|----|-------|--|--|----|-------|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|----------------|-----------------------|----|-------|--|--|----|-------|--|--|----|-------|--|--|----|-------|--|--|
| <p>Meal item or component: _____</p> <p>Reference Portion : _____</p> <p>Weights or volumes of samples:</p> <table style="width: 100%;"> <tr><td style="width: 10%;">#1</td><td style="width: 40%;">_____</td><td style="width: 10%;">grams/fluid oz</td><td style="width: 40%;">(<i>circle one</i>)</td></tr> <tr><td>#2</td><td>_____</td><td></td><td></td></tr> <tr><td>#3</td><td>_____</td><td></td><td></td></tr> <tr><td>#4</td><td>_____</td><td></td><td></td></tr> <tr><td>#5</td><td>_____</td><td></td><td></td></tr> </table> | #1    | _____          | grams/fluid oz        | ( <i>circle one</i> ) | #2 | _____ |  |  | #3 | _____ |  |  | #4 | _____ |  |  | #5 | _____ |  |  | <p>Meal item or component: _____</p> <p>Reference Portion : _____</p> <p>Weights or volumes of samples:</p> <table style="width: 100%;"> <tr><td style="width: 10%;">#1</td><td style="width: 40%;">_____</td><td style="width: 10%;">grams/fluid oz</td><td style="width: 40%;">(<i>circle one</i>)</td></tr> <tr><td>#2</td><td>_____</td><td></td><td></td></tr> <tr><td>#3</td><td>_____</td><td></td><td></td></tr> <tr><td>#4</td><td>_____</td><td></td><td></td></tr> <tr><td>#5</td><td>_____</td><td></td><td></td></tr> </table> | #1 | _____ | grams/fluid oz | ( <i>circle one</i> ) | #2 | _____ |  |  | #3 | _____ |  |  | #4 | _____ |  |  | #5 | _____ |  |  |
| #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ | grams/fluid oz | ( <i>circle one</i> ) |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ | grams/fluid oz | ( <i>circle one</i> ) |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| <p>Meal item or component: _____</p> <p>Reference Portion: _____</p> <p>Weights or volumes of samples:</p> <table style="width: 100%;"> <tr><td style="width: 10%;">#1</td><td style="width: 40%;">_____</td><td style="width: 10%;">grams/fluid oz</td><td style="width: 40%;">(<i>circle one</i>)</td></tr> <tr><td>#2</td><td>_____</td><td></td><td></td></tr> <tr><td>#3</td><td>_____</td><td></td><td></td></tr> <tr><td>#4</td><td>_____</td><td></td><td></td></tr> <tr><td>#5</td><td>_____</td><td></td><td></td></tr> </table>  | #1    | _____          | grams/fluid oz        | ( <i>circle one</i> ) | #2 | _____ |  |  | #3 | _____ |  |  | #4 | _____ |  |  | #5 | _____ |  |  | <p>Meal item or component: _____</p> <p>Reference Portion: _____</p> <p>Weights or volumes of samples:</p> <table style="width: 100%;"> <tr><td style="width: 10%;">#1</td><td style="width: 40%;">_____</td><td style="width: 10%;">grams/fluid oz</td><td style="width: 40%;">(<i>circle one</i>)</td></tr> <tr><td>#2</td><td>_____</td><td></td><td></td></tr> <tr><td>#3</td><td>_____</td><td></td><td></td></tr> <tr><td>#4</td><td>_____</td><td></td><td></td></tr> <tr><td>#5</td><td>_____</td><td></td><td></td></tr> </table>  | #1 | _____ | grams/fluid oz | ( <i>circle one</i> ) | #2 | _____ |  |  | #3 | _____ |  |  | #4 | _____ |  |  | #5 | _____ |  |  |
| #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ | grams/fluid oz | ( <i>circle one</i> ) |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ | grams/fluid oz | ( <i>circle one</i> ) |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |





## Reference Portion Measurement Form

Interviewer ID #: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Date of observation: |\_|\_|\_| / |\_|\_|\_| / **2017**  
                                     Month           Day

Meal: (check one)

- |                                          |                                            |
|------------------------------------------|--------------------------------------------|
| 0 <input type="checkbox"/> Breakfast     | 3 <input type="checkbox"/> Morning Snack   |
| 1 <input type="checkbox"/> Lunch         | 4 <input type="checkbox"/> Afternoon Snack |
| 2 <input type="checkbox"/> Dinner/Supper | 5 <input type="checkbox"/> Evening Snack   |

**Use additional sheets as necessary to record all components of a meal or snack (including water)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------|-----------------------|-----------------------|----|-------|--|--|----|-------|--|--|----|-------|--|--|----|-------|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|----------------|-----------------------|----|-------|--|--|----|-------|--|--|----|-------|--|--|----|-------|--|--|
| <p>Meal item or component: _____</p> <p>Reference Portion : _____</p> <p>Weights or volumes of samples:</p> <table style="width: 100%;"> <tr><td style="width: 10%;">#1</td><td style="width: 40%;">_____</td><td style="width: 10%;">grams/fluid oz</td><td style="width: 40%;">(<i>circle one</i>)</td></tr> <tr><td>#2</td><td>_____</td><td></td><td></td></tr> <tr><td>#3</td><td>_____</td><td></td><td></td></tr> <tr><td>#4</td><td>_____</td><td></td><td></td></tr> <tr><td>#5</td><td>_____</td><td></td><td></td></tr> </table> | #1    | _____          | grams/fluid oz        | ( <i>circle one</i> ) | #2 | _____ |  |  | #3 | _____ |  |  | #4 | _____ |  |  | #5 | _____ |  |  | <p>Meal item or component: _____</p> <p>Reference Portion : _____</p> <p>Weights or volumes of samples:</p> <table style="width: 100%;"> <tr><td style="width: 10%;">#1</td><td style="width: 40%;">_____</td><td style="width: 10%;">grams/fluid oz</td><td style="width: 40%;">(<i>circle one</i>)</td></tr> <tr><td>#2</td><td>_____</td><td></td><td></td></tr> <tr><td>#3</td><td>_____</td><td></td><td></td></tr> <tr><td>#4</td><td>_____</td><td></td><td></td></tr> <tr><td>#5</td><td>_____</td><td></td><td></td></tr> </table> | #1 | _____ | grams/fluid oz | ( <i>circle one</i> ) | #2 | _____ |  |  | #3 | _____ |  |  | #4 | _____ |  |  | #5 | _____ |  |  |
| #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ | grams/fluid oz | ( <i>circle one</i> ) |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ | grams/fluid oz | ( <i>circle one</i> ) |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| <p>Meal item or component: _____</p> <p>Reference Portion: _____</p> <p>Weights or volumes of samples:</p> <table style="width: 100%;"> <tr><td style="width: 10%;">#1</td><td style="width: 40%;">_____</td><td style="width: 10%;">grams/fluid oz</td><td style="width: 40%;">(<i>circle one</i>)</td></tr> <tr><td>#2</td><td>_____</td><td></td><td></td></tr> <tr><td>#3</td><td>_____</td><td></td><td></td></tr> <tr><td>#4</td><td>_____</td><td></td><td></td></tr> <tr><td>#5</td><td>_____</td><td></td><td></td></tr> </table>  | #1    | _____          | grams/fluid oz        | ( <i>circle one</i> ) | #2 | _____ |  |  | #3 | _____ |  |  | #4 | _____ |  |  | #5 | _____ |  |  | <p>Meal item or component: _____</p> <p>Reference Portion: _____</p> <p>Weights or volumes of samples:</p> <table style="width: 100%;"> <tr><td style="width: 10%;">#1</td><td style="width: 40%;">_____</td><td style="width: 10%;">grams/fluid oz</td><td style="width: 40%;">(<i>circle one</i>)</td></tr> <tr><td>#2</td><td>_____</td><td></td><td></td></tr> <tr><td>#3</td><td>_____</td><td></td><td></td></tr> <tr><td>#4</td><td>_____</td><td></td><td></td></tr> <tr><td>#5</td><td>_____</td><td></td><td></td></tr> </table>  | #1 | _____ | grams/fluid oz | ( <i>circle one</i> ) | #2 | _____ |  |  | #3 | _____ |  |  | #4 | _____ |  |  | #5 | _____ |  |  |
| #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ | grams/fluid oz | ( <i>circle one</i> ) |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ | grams/fluid oz | ( <i>circle one</i> ) |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |

### Reference Portion Measurement Form

Interviewer ID #: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Date of observation: |\_\_|\_\_| / |\_\_|\_\_| / **2017**  
Month Day

Meal: (check one)

0 ☐ Breakfast

3 ☐ Morning Snack

1 ☐ Lunch

4 ☐ Afternoon Snack

2 ☐ Dinner/Supper

5 ☐ Evening Snack

**Use additional sheets as necessary to record all components of a meal or snack (including water)**

|                                                                                                                                                          |                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Meal item or component: _____</p> <p>Reference Portion : _____</p>                                                                                    | <p>Meal item or component: _____</p> <p>Reference Portion : _____</p>                                                                                    |
| <p>Weights or volumes of samples:</p> <p>#1 _____ grams/fluid oz (<i>circle one</i>)</p> <p>#2 _____</p> <p>#3 _____</p> <p>#4 _____</p> <p>#5 _____</p> | <p>Weights or volumes of samples:</p> <p>#1 _____ grams/fluid oz (<i>circle one</i>)</p> <p>#2 _____</p> <p>#3 _____</p> <p>#4 _____</p> <p>#5 _____</p> |
| <p>Meal item or component: _____</p> <p>Reference Portion: _____</p>                                                                                     | <p>Meal item or component: _____</p> <p>Reference Portion: _____</p>                                                                                     |
| <p>Weights or volumes of samples:</p> <p>#1 _____ grams/fluid oz (<i>circle one</i>)</p> <p>#2 _____</p> <p>#3 _____</p> <p>#4 _____</p> <p>#5 _____</p> | <p>Weights or volumes of samples:</p> <p>#1 _____ grams/fluid oz (<i>circle one</i>)</p> <p>#2 _____</p> <p>#3 _____</p> <p>#4 _____</p> <p>#5 _____</p> |





## Reference Portion Measurement Form

Interviewer ID #: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Date of observation: |\_|\_|\_| / |\_|\_|\_| / **2017**  
                                     Month           Day

Meal: (check one)

- |                                          |                                            |
|------------------------------------------|--------------------------------------------|
| 0 <input type="checkbox"/> Breakfast     | 3 <input type="checkbox"/> Morning Snack   |
| 1 <input type="checkbox"/> Lunch         | 4 <input type="checkbox"/> Afternoon Snack |
| 2 <input type="checkbox"/> Dinner/Supper | 5 <input type="checkbox"/> Evening Snack   |

**Use additional sheets as necessary to record all components of a meal or snack (including water)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |       |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------|-----------------------|-----------------------|----|-------|--|--|----|-------|--|--|----|-------|--|--|----|-------|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|----------------|-----------------------|----|-------|--|--|----|-------|--|--|----|-------|--|--|----|-------|--|--|
| <p>Meal item or component: _____</p> <p>Reference Portion : _____</p> <p>Weights or volumes of samples:</p> <table style="width: 100%;"> <tr><td style="width: 10%;">#1</td><td style="width: 40%;">_____</td><td style="width: 10%;">grams/fluid oz</td><td style="width: 40%;">(<i>circle one</i>)</td></tr> <tr><td>#2</td><td>_____</td><td></td><td></td></tr> <tr><td>#3</td><td>_____</td><td></td><td></td></tr> <tr><td>#4</td><td>_____</td><td></td><td></td></tr> <tr><td>#5</td><td>_____</td><td></td><td></td></tr> </table> | #1    | _____          | grams/fluid oz        | ( <i>circle one</i> ) | #2 | _____ |  |  | #3 | _____ |  |  | #4 | _____ |  |  | #5 | _____ |  |  | <p>Meal item or component: _____</p> <p>Reference Portion : _____</p> <p>Weights or volumes of samples:</p> <table style="width: 100%;"> <tr><td style="width: 10%;">#1</td><td style="width: 40%;">_____</td><td style="width: 10%;">grams/fluid oz</td><td style="width: 40%;">(<i>circle one</i>)</td></tr> <tr><td>#2</td><td>_____</td><td></td><td></td></tr> <tr><td>#3</td><td>_____</td><td></td><td></td></tr> <tr><td>#4</td><td>_____</td><td></td><td></td></tr> <tr><td>#5</td><td>_____</td><td></td><td></td></tr> </table> | #1 | _____ | grams/fluid oz | ( <i>circle one</i> ) | #2 | _____ |  |  | #3 | _____ |  |  | #4 | _____ |  |  | #5 | _____ |  |  |
| #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ | grams/fluid oz | ( <i>circle one</i> ) |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ | grams/fluid oz | ( <i>circle one</i> ) |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| <p>Meal item or component: _____</p> <p>Reference Portion: _____</p> <p>Weights or volumes of samples:</p> <table style="width: 100%;"> <tr><td style="width: 10%;">#1</td><td style="width: 40%;">_____</td><td style="width: 10%;">grams/fluid oz</td><td style="width: 40%;">(<i>circle one</i>)</td></tr> <tr><td>#2</td><td>_____</td><td></td><td></td></tr> <tr><td>#3</td><td>_____</td><td></td><td></td></tr> <tr><td>#4</td><td>_____</td><td></td><td></td></tr> <tr><td>#5</td><td>_____</td><td></td><td></td></tr> </table>  | #1    | _____          | grams/fluid oz        | ( <i>circle one</i> ) | #2 | _____ |  |  | #3 | _____ |  |  | #4 | _____ |  |  | #5 | _____ |  |  | <p>Meal item or component: _____</p> <p>Reference Portion: _____</p> <p>Weights or volumes of samples:</p> <table style="width: 100%;"> <tr><td style="width: 10%;">#1</td><td style="width: 40%;">_____</td><td style="width: 10%;">grams/fluid oz</td><td style="width: 40%;">(<i>circle one</i>)</td></tr> <tr><td>#2</td><td>_____</td><td></td><td></td></tr> <tr><td>#3</td><td>_____</td><td></td><td></td></tr> <tr><td>#4</td><td>_____</td><td></td><td></td></tr> <tr><td>#5</td><td>_____</td><td></td><td></td></tr> </table>  | #1 | _____ | grams/fluid oz | ( <i>circle one</i> ) | #2 | _____ |  |  | #3 | _____ |  |  | #4 | _____ |  |  | #5 | _____ |  |  |
| #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ | grams/fluid oz | ( <i>circle one</i> ) |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ | grams/fluid oz | ( <i>circle one</i> ) |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |
| #5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _____ |                |                       |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |       |                |                       |    |       |  |  |    |       |  |  |    |       |  |  |    |       |  |  |

### Reference Portion Measurement Form

Interviewer ID #: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Date of observation: |\_\_|\_\_| / |\_\_|\_\_| / **2017**  
 Month Day

Meal: (check one)

0 ☐ Breakfast

3 ☐ Morning Snack

1 ☐ Lunch

4 ☐ Afternoon Snack

2 ☐ Dinner/Supper

5 ☐ Evening Snack

**Use additional sheets as necessary to record all components of a meal or snack (including water)**

|                                                                                                                                                          |                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Meal item or component: _____</p> <p>Reference Portion : _____</p>                                                                                    | <p>Meal item or component: _____</p> <p>Reference Portion : _____</p>                                                                                    |
| <p>Weights or volumes of samples:</p> <p>#1 _____ grams/fluid oz (<i>circle one</i>)</p> <p>#2 _____</p> <p>#3 _____</p> <p>#4 _____</p> <p>#5 _____</p> | <p>Weights or volumes of samples:</p> <p>#1 _____ grams/fluid oz (<i>circle one</i>)</p> <p>#2 _____</p> <p>#3 _____</p> <p>#4 _____</p> <p>#5 _____</p> |
| <p>Meal item or component: _____</p> <p>Reference Portion: _____</p>                                                                                     | <p>Meal item or component: _____</p> <p>Reference Portion: _____</p>                                                                                     |
| <p>Weights or volumes of samples:</p> <p>#1 _____ grams/fluid oz (<i>circle one</i>)</p> <p>#2 _____</p> <p>#3 _____</p> <p>#4 _____</p> <p>#5 _____</p> | <p>Weights or volumes of samples:</p> <p>#1 _____ grams/fluid oz (<i>circle one</i>)</p> <p>#2 _____</p> <p>#3 _____</p> <p>#4 _____</p> <p>#5 _____</p> |

### Reference Portion Measurement Form

Interviewer ID #: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Date of observation: |\_\_|\_\_| / |\_\_|\_\_| / **2017**  
Month Day

Meal: (check one)

0 ☐ Breakfast

3 ☐ Morning Snack

1 ☐ Lunch

4 ☐ Afternoon Snack

2 ☐ Dinner/Supper

5 ☐ Evening Snack

**Use additional sheets as necessary to record all components of a meal or snack (including water)**

|                                                                                                                                                          |                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Meal item or component: _____</p> <p>Reference Portion : _____</p>                                                                                    | <p>Meal item or component: _____</p> <p>Reference Portion : _____</p>                                                                                    |
| <p>Weights or volumes of samples:</p> <p>#1 _____ grams/fluid oz (<i>circle one</i>)</p> <p>#2 _____</p> <p>#3 _____</p> <p>#4 _____</p> <p>#5 _____</p> | <p>Weights or volumes of samples:</p> <p>#1 _____ grams/fluid oz (<i>circle one</i>)</p> <p>#2 _____</p> <p>#3 _____</p> <p>#4 _____</p> <p>#5 _____</p> |
| <p>Meal item or component: _____</p> <p>Reference Portion: _____</p>                                                                                     | <p>Meal item or component: _____</p> <p>Reference Portion: _____</p>                                                                                     |
| <p>Weights or volumes of samples:</p> <p>#1 _____ grams/fluid oz (<i>circle one</i>)</p> <p>#2 _____</p> <p>#3 _____</p> <p>#4 _____</p> <p>#5 _____</p> | <p>Weights or volumes of samples:</p> <p>#1 _____ grams/fluid oz (<i>circle one</i>)</p> <p>#2 _____</p> <p>#3 _____</p> <p>#4 _____</p> <p>#5 _____</p> |



**MEAL OBSERVATION FORMS**

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## Meal Observation Form

Interviewer ID #: \_\_\_\_\_

Meal: (check one)

Meal **START** time: \_\_\_\_\_ : \_\_\_\_\_ ☐ am ☐ pm (check one)

\*Time at which 75% of children have been seated

Date of observation: \_\_\_\_\_ / \_\_\_\_\_ / **2017**  
Month Day

- 0 ☐ Breakfast      3 ☐ Morning Snack  
1 ☐ Lunch      4 ☐ Afternoon Snack  
2 ☐ Dinner/Supper      5 ☐ Evening Snack

Meal **END** time: \_\_\_\_\_ : \_\_\_\_\_ ☐ am ☐ pm (check one)

\*Time at which 75% of children have left the table

☐ Meal ongoing (see decision log for details)

1. How were the initial portions of this meal **served** to children? (check **ONLY** one)

3 ☐ Other (please describe) \_\_\_\_\_

- 0 ☐ Family Style – serving dishes on community tables and children self-serve most food items  
1 ☐ Serving dishes arrive in classroom and staff plate for children on individual dishes/trays at the table  
2 ☐ Individual dishes/trays arrive in the classroom already portioned for children, staff pass them out

| <b>Meal Components:</b><br>(and Condiments)<br><br><small>Check "VE" if visual observation was used to estimate portion size (e.g. self-serve condiments)*</small> | Child 1 ID #: _____      |                     |                                           | Child 2 ID #: _____      |                     |                                           | Child 3 ID #: _____      |                     |                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|-------------------------------------------|--------------------------|---------------------|-------------------------------------------|--------------------------|---------------------|-------------------------------------------|
|                                                                                                                                                                    | Child 1 Description:     |                     |                                           | Child 2 Description:     |                     |                                           | Child 3 Description:     |                     |                                           |
|                                                                                                                                                                    | Reference Portion Served | Additions/Deletions | Reference Portion Remaining (Plate Waste) | Reference Portion Served | Additions/Deletions | Reference Portion Remaining (Plate Waste) | Reference Portion Served | Additions/Deletions | Reference Portion Remaining (Plate Waste) |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |

(+) **Additions** to the meal include: 2<sup>nd</sup> portions, items taken from another child

(-) **Deletions** include: items dropped or spilled, items given to another child

\*For items, such as condiments served at the table, in which you were not able to obtain a reference portion weight, please estimate the amount in tsp/Tbsp/cups.

## Meal Observation Form, pg. 2

### These 3 questions pertain to only the 3 children being observed during this meal/snack

1. During this meal/snack did **any** staff member sitting at the table with the 3 observed children **eat** the same food as the children?
  - ☐ No
  - ☐ Yes, complete meal
  - ☐ Yes, but only certain items
  - ☐ No staff sitting at this table
2. During this meal/snack did **any** staff member sitting at the table with the 3 observed children **drink** the same food as the children?
  - ☐ No
  - ☐ Yes
  - ☐ No staff sitting at this table
3. For the 3 observed children, did you observe staff encouraging them to eat any of the following meal components?
 

3a. Child 1: ☐ No

3b. Child 2: ☐ No

3c. Child 3: ☐ No

- ☐ Yes, fruits
  - ☐ Yes, vegetables
  - ☐ Yes, breads/grains
  - ☐ Yes, meats/beans/nuts (proteins)
  - ☐ Yes, dairy

### These 3 questions pertain to ALL children participating in this meal/snack

4. Were children seated at a **table** for the meal/snack?
  - ☐ No. If not, specify? \_\_\_\_\_
  - ☐ Yes
5. During this meal, how many children in the classroom participated in the meal by eating the food provided by the child care site?
6. For this meal or snack, were any food items brought in from home or elsewhere that were provided for the entire class?
  - ☐ No
  - ☐ Yes, single items
  - ☐ Yes, complete meals

6a. If yes, who brought in the food item(s)?

  - ☐ Teacher/other staff member
  - ☐ Parent/child
  - ☐ Other \_\_\_\_\_

6b. What foods/drinks were brought in? \_\_\_\_\_

## Meal Observation Form

Interviewer ID #: \_\_\_\_\_

Meal: (check one)

Meal **START** time: \_\_\_\_\_ : \_\_\_\_\_ ☐ am ☐ pm (check one)

\*Time at which 75% of children have been seated

Date of observation: \_\_\_\_\_ / \_\_\_\_\_ / **2017**  
Month Day

- 0 ☐ Breakfast      3 ☐ Morning Snack  
1 ☐ Lunch      4 ☐ Afternoon Snack  
2 ☐ Dinner/Supper      5 ☐ Evening Snack

Meal **END** time: \_\_\_\_\_ : \_\_\_\_\_ ☐ am ☐ pm (check one)

\*Time at which 75% of children have left the table

☐ Meal ongoing (see decision log for details)

1. How were the initial portions of this meal **served** to children? (check **ONLY** one)

3 ☐ Other (please describe) \_\_\_\_\_

- 0 ☐ Family Style – serving dishes on community tables and children self-serve most food items  
1 ☐ Serving dishes arrive in classroom and staff plate for children on individual dishes/trays at the table  
2 ☐ Individual dishes/trays arrive in the classroom already portioned for children, staff pass them out

| <b>Meal Components:</b><br>(and Condiments)<br><br><small>Check "VE" if visual observation was used to estimate portion size (e.g. self-serve condiments)*</small> | Child 1 ID #: _____      |                     |                                           | Child 2 ID #: _____      |                     |                                           | Child 3 ID #: _____      |                     |                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|-------------------------------------------|--------------------------|---------------------|-------------------------------------------|--------------------------|---------------------|-------------------------------------------|
|                                                                                                                                                                    | Child 1 Description:     |                     |                                           | Child 2 Description:     |                     |                                           | Child 3 Description:     |                     |                                           |
|                                                                                                                                                                    | Reference Portion Served | Additions/Deletions | Reference Portion Remaining (Plate Waste) | Reference Portion Served | Additions/Deletions | Reference Portion Remaining (Plate Waste) | Reference Portion Served | Additions/Deletions | Reference Portion Remaining (Plate Waste) |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |

(+) **Additions** to the meal include: 2<sup>nd</sup> portions, items taken from another child

(-) **Deletions** include: items dropped or spilled, items given to another child

\*For items, such as condiments served at the table, in which you were not able to obtain a reference portion weight, please estimate the amount in tsp/Tbsp/cups.

## Meal Observation Form, pg. 2

### These 3 questions pertain to only the 3 children being observed during this meal/snack

1. During this meal/snack did **any** staff member sitting at the table with the 3 observed children **eat** the same food as the children?
  - ☐ No
  - ☐ Yes, complete meal
  - ☐ Yes, but only certain items
  - ☐ No staff sitting at this table
2. During this meal/snack did **any** staff member sitting at the table with the 3 observed children **drink** the same food as the children?
  - ☐ No
  - ☐ Yes
  - ☐ No staff sitting at this table
3. For the 3 observed children, did you observe staff encouraging them to eat any of the following meal components?
 

3a. Child 1: ☐ No

3b. Child 2: ☐ No

3c. Child 3: ☐ No

- ☐ Yes, fruits
  - ☐ Yes, vegetables
  - ☐ Yes, breads/grains
  - ☐ Yes, meats/beans/nuts (proteins)
  - ☐ Yes, dairy

### These 3 questions pertain to ALL children participating in this meal/snack

4. Were children seated at a **table** for the meal/snack?
  - ☐ No. If not, specify? \_\_\_\_\_
  - ☐ Yes
5. During this meal, how many children in the classroom participated in the meal by eating the food provided by the child care site?
6. For this meal or snack, were any food items brought in from home or elsewhere that were provided for the entire class?
  - ☐ No
  - ☐ Yes, single items
  - ☐ Yes, complete meals

6a. If yes, who brought in the food item(s)?

  - ☐ Teacher/other staff member
  - ☐ Parent/child
  - ☐ Other \_\_\_\_\_

6b. What foods/drinks were brought in? \_\_\_\_\_

## Meal Observation Form

Interviewer ID #: \_\_\_\_\_

Meal: (check one)

Meal **START** time: \_\_\_\_\_ : \_\_\_\_\_ ☐ am ☐ pm (check one)

\*Time at which 75% of children have been seated

Date of observation: \_\_\_\_\_ / \_\_\_\_\_ / **2017**  
Month Day

0 ☐ Breakfast

3 ☐ Morning Snack

Meal **END** time: \_\_\_\_\_ : \_\_\_\_\_ ☐ am ☐ pm (check one)

1 ☐ Lunch

4 ☐ Afternoon Snack

\*Time at which 75% of children have left the table

2 ☐ Dinner/Supper

5 ☐ Evening Snack

☐ Meal ongoing (see decision log for details)

1. How were the initial portions of this meal **served** to children? (check **ONLY** one)

3 ☐ Other (please describe) \_\_\_\_\_

0 ☐ Family Style – serving dishes on community tables and children self-serve most food items

1 ☐ Serving dishes arrive in classroom and staff plate for children on individual dishes/trays at the table

2 ☐ Individual dishes/trays arrive in the classroom already portioned for children, staff pass them out

| Meal Components:<br>(and Condiments) | Child 1 ID #: _____                   |                         |                                                           | Child 2 ID #: _____                   |                         |                                                           | Child 3 ID #: _____                   |                         |                                                           |
|--------------------------------------|---------------------------------------|-------------------------|-----------------------------------------------------------|---------------------------------------|-------------------------|-----------------------------------------------------------|---------------------------------------|-------------------------|-----------------------------------------------------------|
|                                      | Child 1 Description:                  |                         |                                                           | Child 2 Description:                  |                         |                                                           | Child 3 Description:                  |                         |                                                           |
|                                      | Reference<br>Portion<br><b>Served</b> | Additions/<br>Deletions | Reference<br>Portion<br><b>Remaining</b><br>(Plate Waste) | Reference<br>Portion<br><b>Served</b> | Additions/<br>Deletions | Reference<br>Portion<br><b>Remaining</b><br>(Plate Waste) | Reference<br>Portion<br><b>Served</b> | Additions/<br>Deletions | Reference<br>Portion<br><b>Remaining</b><br>(Plate Waste) |
| <input type="checkbox"/> VE          |                                       |                         |                                                           |                                       |                         |                                                           |                                       |                         |                                                           |
| <input type="checkbox"/> VE          |                                       |                         |                                                           |                                       |                         |                                                           |                                       |                         |                                                           |
| <input type="checkbox"/> VE          |                                       |                         |                                                           |                                       |                         |                                                           |                                       |                         |                                                           |
| <input type="checkbox"/> VE          |                                       |                         |                                                           |                                       |                         |                                                           |                                       |                         |                                                           |
| <input type="checkbox"/> VE          |                                       |                         |                                                           |                                       |                         |                                                           |                                       |                         |                                                           |
| <input type="checkbox"/> VE          |                                       |                         |                                                           |                                       |                         |                                                           |                                       |                         |                                                           |
| <input type="checkbox"/> VE          |                                       |                         |                                                           |                                       |                         |                                                           |                                       |                         |                                                           |
| <input type="checkbox"/> VE          |                                       |                         |                                                           |                                       |                         |                                                           |                                       |                         |                                                           |
| <input type="checkbox"/> VE          |                                       |                         |                                                           |                                       |                         |                                                           |                                       |                         |                                                           |
| <input type="checkbox"/> VE          |                                       |                         |                                                           |                                       |                         |                                                           |                                       |                         |                                                           |
| <input type="checkbox"/> VE          |                                       |                         |                                                           |                                       |                         |                                                           |                                       |                         |                                                           |
| <input type="checkbox"/> VE          |                                       |                         |                                                           |                                       |                         |                                                           |                                       |                         |                                                           |

(+) **Additions** to the meal include: 2<sup>nd</sup> portions, items taken from another child

(-) **Deletions** include: items dropped or spilled, items given to another child

\*For items, such as condiments served at the table, in which you were not able to obtain a reference portion weight, please estimate the amount in tsp/Tbsp/cups.

## Meal Observation Form, pg. 2

### These 3 questions pertain to only the 3 children being observed during this meal/snack

1. During this meal/snack did **any** staff member sitting at the table with the 3 observed children **eat** the same food as the children?
  - ☐ No
  - ☐ Yes, complete meal
  - ☐ Yes, but only certain items
  - ☐ No staff sitting at this table
2. During this meal/snack did **any** staff member sitting at the table with the 3 observed children **drink** the same food as the children?
  - ☐ No
  - ☐ Yes
  - ☐ No staff sitting at this table
3. For the 3 observed children, did you observe staff encouraging them to eat any of the following meal components?
 

3a. Child 1: ☐ No

3b. Child 2: ☐ No

3c. Child 3: ☐ No

- ☐ Yes, fruits
  - ☐ Yes, vegetables
  - ☐ Yes, breads/grains
  - ☐ Yes, meats/beans/nuts (proteins)
  - ☐ Yes, dairy

### These 3 questions pertain to ALL children participating in this meal/snack

4. Were children seated at a **table** for the meal/snack?
  - ☐ No. If not, specify? \_\_\_\_\_
  - ☐ Yes
5. During this meal, how many children in the classroom participated in the meal by eating the food provided by the child care site?
6. For this meal or snack, were any food items brought in from home or elsewhere that were provided for the entire class?
  - ☐ No
  - ☐ Yes, single items
  - ☐ Yes, complete meals

6a. If yes, who brought in the food item(s)?

  - ☐ Teacher/other staff member
  - ☐ Parent/child
  - ☐ Other \_\_\_\_\_

6b. What foods/drinks were brought in? \_\_\_\_\_



## Meal Observation Form

Interviewer ID #: \_\_\_\_\_

Meal: (check one)

Meal **START** time: \_\_\_\_\_ : \_\_\_\_\_ ☐ am ☐ pm (check one)

\*Time at which 75% of children have been seated

Date of observation: \_\_\_\_\_ / \_\_\_\_\_ / **2017**  
Month Day

- 0 ☐ Breakfast      3 ☐ Morning Snack  
1 ☐ Lunch      4 ☐ Afternoon Snack  
2 ☐ Dinner/Supper      5 ☐ Evening Snack

Meal **END** time: \_\_\_\_\_ : \_\_\_\_\_ ☐ am ☐ pm (check one)

\*Time at which 75% of children have left the table

☐ Meal ongoing (see decision log for details)

1. How were the initial portions of this meal **served** to children? (check **ONLY** one)

3 ☐ Other (please describe) \_\_\_\_\_

- 0 ☐ Family Style – serving dishes on community tables and children self-serve most food items  
1 ☐ Serving dishes arrive in classroom and staff plate for children on individual dishes/trays at the table  
2 ☐ Individual dishes/trays arrive in the classroom already portioned for children, staff pass them out

| <b>Meal Components:</b><br>(and Condiments)<br><br><small>Check "VE" if visual observation was used to estimate portion size (e.g. self-serve condiments)*</small> | Child 1 ID #: _____      |                     |                                           | Child 2 ID #: _____      |                     |                                           | Child 3 ID #: _____      |                     |                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|-------------------------------------------|--------------------------|---------------------|-------------------------------------------|--------------------------|---------------------|-------------------------------------------|
|                                                                                                                                                                    | Child 1 Description:     |                     |                                           | Child 2 Description:     |                     |                                           | Child 3 Description:     |                     |                                           |
|                                                                                                                                                                    | Reference Portion Served | Additions/Deletions | Reference Portion Remaining (Plate Waste) | Reference Portion Served | Additions/Deletions | Reference Portion Remaining (Plate Waste) | Reference Portion Served | Additions/Deletions | Reference Portion Remaining (Plate Waste) |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                        |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |

(+) **Additions** to the meal include: 2<sup>nd</sup> portions, items taken from another child

(-) **Deletions** include: items dropped or spilled, items given to another child

\*For items, such as condiments served at the table, in which you were not able to obtain a reference portion weight, please estimate the amount in tsp/Tbsp/cups.

## Meal Observation Form, pg. 2

### These 3 questions pertain to only the 3 children being observed during this meal/snack

1. During this meal/snack did **any** staff member sitting at the table with the 3 observed children **eat** the same food as the children?
  - ☐ No
  - ☐ Yes, complete meal
  - ☐ Yes, but only certain items
  - ☐ No staff sitting at this table
2. During this meal/snack did **any** staff member sitting at the table with the 3 observed children **drink** the same food as the children?
  - ☐ No
  - ☐ Yes
  - ☐ No staff sitting at this table
3. For the 3 observed children, did you observe staff encouraging them to eat any of the following meal components?
 

3a. Child 1: ☐ No

3b. Child 2: ☐ No

3c. Child 3: ☐ No

- ☐ Yes, fruits
  - ☐ Yes, vegetables
  - ☐ Yes, breads/grains
  - ☐ Yes, meats/beans/nuts (proteins)
  - ☐ Yes, dairy

### These 3 questions pertain to ALL children participating in this meal/snack

4. Were children seated at a **table** for the meal/snack?
  - ☐ No. If not, specify? \_\_\_\_\_
  - ☐ Yes
5. During this meal, how many children in the classroom participated in the meal by eating the food provided by the child care site?
6. For this meal or snack, were any food items brought in from home or elsewhere that were provided for the entire class?
  - ☐ No
  - ☐ Yes, single items
  - ☐ Yes, complete meals

6a. If yes, who brought in the food item(s)?

  - ☐ Teacher/other staff member
  - ☐ Parent/child
  - ☐ Other \_\_\_\_\_

6b. What foods/drinks were brought in? \_\_\_\_\_

## Meal Observation Form

Interviewer ID #: \_\_\_\_\_

Date of observation: \_\_\_\_/\_\_\_\_/ **2017**  
Month Day

Meal: (check one)

- ☐ Breakfast      ☐ Morning Snack  
☐ Lunch      ☐ Afternoon Snack  
☐ Dinner/Supper      ☐ Evening Snack

Meal **START** time: \_\_\_\_ : \_\_\_\_ ☐ am ☐ pm (check one)

\*Time at which 75% of children have been seated

Meal **END** time: \_\_\_\_ : \_\_\_\_ ☐ am ☐ pm (check one)

\*Time at which 75% of children have left the table

☐ Meal ongoing (see decision log for details)

1. How were the initial portions of this meal **served** to children? (check **ONLY** one)

☐ Other (please describe) \_\_\_\_\_

- ☐ Family Style – serving dishes on community tables and children self-serve most food items  
☐ Serving dishes arrive in classroom and staff plate for children on individual dishes/trays at the table  
☐ Individual dishes/trays arrive in the classroom already portioned for children, staff pass them out

| Meal Components:<br>(and Condiments)<br><br><small>Check "VE" if visual observation was used to estimate portion size (e.g. self-serve condiments)*</small> | Child 1 ID #: _____      |                     |                                           | Child 2 ID #: _____      |                     |                                           | Child 3 ID #: _____      |                     |                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|-------------------------------------------|--------------------------|---------------------|-------------------------------------------|--------------------------|---------------------|-------------------------------------------|
|                                                                                                                                                             | Child 1 Description:     |                     |                                           | Child 2 Description:     |                     |                                           | Child 3 Description:     |                     |                                           |
|                                                                                                                                                             | Reference Portion Served | Additions/Deletions | Reference Portion Remaining (Plate Waste) | Reference Portion Served | Additions/Deletions | Reference Portion Remaining (Plate Waste) | Reference Portion Served | Additions/Deletions | Reference Portion Remaining (Plate Waste) |
| <input type="checkbox"/> VE                                                                                                                                 |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                 |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                 |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                 |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                 |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                 |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                 |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                 |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                 |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                 |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                 |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                 |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                 |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |
| <input type="checkbox"/> VE                                                                                                                                 |                          |                     |                                           |                          |                     |                                           |                          |                     |                                           |

(+) **Additions** to the meal include: 2<sup>nd</sup> portions, items taken from another child

(-) **Deletions** include: items dropped or spilled, items given to another child

\*For items, such as condiments served at the table, in which you were not able to obtain a reference portion weight, please estimate the amount in tsp/Tbsp/cups.

## Meal Observation Form, pg. 2

**These 3 questions pertain to only the 3 children being observed during this meal/snack**

1. During this meal/snack did **any** staff member sitting at the table with the 3 observed children **eat** the same food as the children?
  - ☐ No
  - ☐ Yes, complete meal
  - ☐ Yes, but only certain items
  - ☐ No staff sitting at this table
2. During this meal/snack did **any** staff member sitting at the table with the 3 observed children **drink** the same food as the children?
  - ☐ No
  - ☐ Yes
  - ☐ No staff sitting at this table
3. For the 3 observed children, did you observe staff encouraging them to eat any of the following meal components?
 

3a. Child 1:    ☐ No            ☐ Yes, fruits  
                                          ☐ Yes, vegetables  
                                          ☐ Yes, breads/grains  
                                          ☐ Yes, meats/beans/nuts (proteins)  
                                          ☐ Yes, dairy

3b. Child 2:    ☐ No            ☐ Yes, fruits  
                                          ☐ Yes, vegetables  
                                          ☐ Yes, breads/grains  
                                          ☐ Yes, meats/beans/nuts (proteins)  
                                          ☐ Yes, dairy

3c. Child 3:    ☐ No            ☐ Yes, fruits  
                                          ☐ Yes, vegetables  
                                          ☐ Yes, breads/grains  
                                          ☐ Yes, meats/beans/nuts (proteins)  
                                          ☐ Yes, dairy

**These 3 questions pertain to ALL children participating in this meal/snack**

4. Were children seated at a **table** for the meal/snack?
  - ☐ No. If not, specify? \_\_\_\_\_
  - ☐ Yes
5. During this meal, how many children in the classroom participated in the meal by eating the food provided by the child care site?  
 \_\_\_\_\_
6. For this meal or snack, were any food items brought in from home or elsewhere that were provided for the entire class?
  - ☐ No
  - ☐ Yes, single items
  - ☐ Yes, complete meals

6a. If yes, who brought in the food item(s)?

  - ☐ Teacher/other staff member
  - ☐ Parent/child
  - ☐ Other \_\_\_\_\_

6b. What foods/drinks were brought in? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEAL OBSERVATION FORMS – Meals brought from Home**

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### Meal Observation Form – Meals Brought from Home

Interviewer ID #: | | | | | | |

Meal from Home: (check one)

Meal **START** time: \_\_\_\_\_ : \_\_\_\_\_ ☐ am ☐ pm (check one)

\*Time at which 75% of children have been seated

Date of observation: |\_\_|\_\_| / |\_\_|\_\_| / **2017**  
Month Day

0 ☐ Breakfast      3 ☐ Morning Snack

Meal **END** time: \_\_\_\_\_ : \_\_\_\_\_ ☐ am ☐ pm (check one)

\*Time at which 75% of children have left the table

☐ Meal ongoing (see decision log for details)

1 ☐ Lunch                  4 ☐ Afternoon Snack

2 ☐ Dinner/Supper      5 ☐ Evening Snack

[illegible]

(+) **Additions** to the meal include: 2<sup>nd</sup> portions, items taken from another child

(-) **Deletions** include: items dropped or spilled, items given to another child

## Meal Observation Form– Meals Brought from Home, pg. 2

**These 2 questions pertain to only the 3 children being observed during this meal/snack**

1. During this meal/snack did **any** staff member sit and eat a meal with the children?
  - ☐ No
  - ☐ Yes
  - ☐ Yes, beverages only
  
2. For the 3 observed children, did you observe staff encouraging them to eat any of the following meal components?
 

2a. Child 1:    ☐ No

2b. Child 2:    ☐ No

2c. Child 3:    ☐ No

☐ Yes, fruits

☐ Yes, vegetables

☐ Yes, breads/grains

☐ Yes, meats/beans/nuts (proteins)

☐ Yes, dairy

**These 3 questions pertain to ALL children participating in this meal/snack**

3. Were children seated at a **table** for the meal/snack?
  - ☐ No. If not, specify? \_\_\_\_\_
  - ☐ Yes
  
4. During this meal, how many children in the classroom participated in the meal?
 

\_\_\_\_\_
  
5. For this meal or snack, were any **single** food items brought in from home or elsewhere that were provided for the entire class?
  - ☐ No
  - ☐ Yes

5a. If yes, who brought in the food item(s)?

☐ Teacher/other staff member

☐ Parent/child

☐ Other \_\_\_\_\_

5b. What foods/drinks were brought in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Observation Form – Meals Brought from Home

Interviewer ID #: |\_|\_|\_|\_|\_|\_|\_|\_|

Meal from Home: (check one)

Meal **START** time: \_\_\_\_ : \_\_\_\_ ☐ am ☐ pm (check one)

Date of observation: |\_|\_|\_| / |\_|\_|\_| / **2017**  
Month Day

- 0 ☐ Breakfast      3 ☐ Morning Snack  
1 ☐ Lunch      4 ☐ Afternoon Snack  
2 ☐ Dinner/Supper      5 ☐ Evening Snack

\*Time at which 75% of children have been seated

Meal **END** time: \_\_\_\_ : \_\_\_\_ ☐ am ☐ pm (check one)

\*Time at which 75% of children have left the table

☐ Meal ongoing (see decision log for details)

| <b>Meal Component:</b><br><i>(a complete and detailed description of each item should be included in the Food Diary after speaking to the parent)</i> | Child 1 ID #:  _ _ _ _ _ _ _ _                        |                                                       |                                                                           | Child 2 ID #:  _ _ _ _ _ _ _ _                        |                                                       |                                                                           | Child 3 ID #:  _ _ _ _ _ _ _ _                        |                                                       |                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------|
|                                                                                                                                                       | Child 1 Description:                                  |                                                       |                                                                           | Child 2 Description:                                  |                                                       |                                                                           | Child 3 Description:                                  |                                                       |                                                                           |
|                                                                                                                                                       | Amount<br><b>Served</b><br>(cups, Tbsp,<br>tsp, oz/g) | Additions/<br>Deletions<br>(cups, Tbsp,<br>tsp, oz/g) | Amount<br><b>Remaining</b><br>(Plate Waste)<br>(cups, Tbsp,<br>tsp, oz/g) | Amount<br><b>Served</b><br>(cups, Tbsp,<br>tsp, oz/g) | Additions/<br>Deletions<br>(cups, Tbsp,<br>tsp, oz/g) | Amount<br><b>Remaining</b><br>(Plate Waste)<br>(cups, Tbsp,<br>tsp, oz/g) | Amount<br><b>Served</b><br>(cups, Tbsp,<br>tsp, oz/g) | Additions/<br>Deletions<br>(cups, Tbsp,<br>tsp, oz/g) | Amount<br><b>Remaining</b><br>(Plate Waste)<br>(cups, Tbsp,<br>tsp, oz/g) |
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(+) **Additions** to the meal include: 2<sup>nd</sup> portions, items taken from another child

(-) **Deletions** include: items dropped or spilled, items given to another child

## Meal Observation Form– Meals Brought from Home, pg. 2

**These 2 questions pertain to only the 3 children being observed during this meal/snack**

1. During this meal/snack did **any** staff member sit and eat a meal with the children?
  - ☐ No
  - ☐ Yes
  - ☐ Yes, beverages only
  
2. For the 3 observed children, did you observe staff encouraging them to eat any of the following meal components?
 

2a. Child 1: ☐ No

2b. Child 2: ☐ No

2c. Child 3: ☐ No

☐ Yes, fruits

☐ Yes, vegetables

☐ Yes, breads/grains

☐ Yes, meats/beans/nuts (proteins)

☐ Yes, dairy

**These 3 questions pertain to ALL children participating in this meal/snack**

3. Were children seated at a **table** for the meal/snack?
  - ☐ No. If not, specify? \_\_\_\_\_
  - ☐ Yes
  
4. During this meal, how many children in the classroom participated in the meal?
 

\_\_\_\_\_
  
5. For this meal or snack, were any **single** food items brought in from home or elsewhere that were provided for the entire class?
  - ☐ No
  - ☐ Yes

5a. If yes, who brought in the food item(s)?

☐ Teacher/other staff member

☐ Parent/child

☐ Other \_\_\_\_\_

5b. What foods/drinks were brought in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Observation Form – Meals Brought from Home

Interviewer ID #: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Meal from Home: (check one)

Meal **START** time: \_\_\_\_ : \_\_\_\_ ☐ am ☐ pm (check one)

Date of observation: |\_|\_|\_| / |\_|\_|\_| / **2017**  
Month Day

- 0 ☐ Breakfast      3 ☐ Morning Snack  
1 ☐ Lunch      4 ☐ Afternoon Snack  
2 ☐ Dinner/Supper      5 ☐ Evening Snack

\*Time at which 75% of children have been seated

Meal **END** time: \_\_\_\_ : \_\_\_\_ ☐ am ☐ pm (check one)

\*Time at which 75% of children have left the table

☐ Meal ongoing (see decision log for details)

| Meal Component:<br><small>(a complete and detailed description of each item should be included in the Food Diary after speaking to the parent)</small> | Child 1 ID #:  _ _ _ _ _ _ _ _                          |                                                               |                                                                              | Child 2 ID #:  _ _ _ _ _ _ _ _                          |                                                               |                                                                              | Child 3 ID #:  _ _ _ _ _ _ _ _                          |                                                               |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------|
|                                                                                                                                                        | Child 1 Description:                                    |                                                               |                                                                              | Child 2 Description:                                    |                                                               |                                                                              | Child 3 Description:                                    |                                                               |                                                                              |
|                                                                                                                                                        | Amount Served<br><small>(cups, Tbsp, tsp, oz/g)</small> | Additions/Deletions<br><small>(cups, Tbsp, tsp, oz/g)</small> | Amount Remaining<br><small>(Plate Waste)<br/>(cups, Tbsp, tsp, oz/g)</small> | Amount Served<br><small>(cups, Tbsp, tsp, oz/g)</small> | Additions/Deletions<br><small>(cups, Tbsp, tsp, oz/g)</small> | Amount Remaining<br><small>(Plate Waste)<br/>(cups, Tbsp, tsp, oz/g)</small> | Amount Served<br><small>(cups, Tbsp, tsp, oz/g)</small> | Additions/Deletions<br><small>(cups, Tbsp, tsp, oz/g)</small> | Amount Remaining<br><small>(Plate Waste)<br/>(cups, Tbsp, tsp, oz/g)</small> |
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(+) **Additions** to the meal include: 2<sup>nd</sup> portions, items taken from another child

(-) **Deletions** include: items dropped or spilled, items given to another child

## Meal Observation Form– Meals Brought from Home, pg. 2

**These 2 questions pertain to only the 3 children being observed during this meal/snack**

1. During this meal/snack did **any** staff member sit and eat a meal with the children?
  - ☐ No
  - ☐ Yes
  - ☐ Yes, beverages only
  
2. For the 3 observed children, did you observe staff encouraging them to eat any of the following meal components?
 

2a. Child 1: ☐ No

2b. Child 2: ☐ No

2c. Child 3: ☐ No

☐ Yes, fruits

☐ Yes, vegetables

☐ Yes, breads/grains

☐ Yes, meats/beans/nuts (proteins)

☐ Yes, dairy

**These 3 questions pertain to ALL children participating in this meal/snack**

3. Were children seated at a **table** for the meal/snack?
  - ☐ No. If not, specify? \_\_\_\_\_
  - ☐ Yes
  
4. During this meal, how many children in the classroom participated in the meal?
 

\_\_\_\_\_
  
5. For this meal or snack, were any **single** food items brought in from home or elsewhere that were provided for the entire class?
  - ☐ No
  - ☐ Yes

5a. If yes, who brought in the food item(s)?

☐ Teacher/other staff member

☐ Parent/child

☐ Other \_\_\_\_\_

5b. What foods/drinks were brought in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Observation Form – Meals Brought from Home

Interviewer ID #: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Meal from Home: (check one)

Meal **START** time: \_\_\_\_ : \_\_\_\_ ☐ am ☐ pm (check one)

Date of observation: |\_|\_|\_| / |\_|\_|\_| / **2017**  
Month Day

0 ☐ Breakfast

3 ☐ Morning Snack

\*Time at which 75% of children have been seated

1 ☐ Lunch

4 ☐ Afternoon Snack

Meal **END** time: \_\_\_\_ : \_\_\_\_ ☐ am ☐ pm (check one)

2 ☐ Dinner/Supper

5 ☐ Evening Snack

\*Time at which 75% of children have left the table

☐ Meal ongoing (see decision log for details)

| Meal Component:<br><small>(a complete and detailed description of each item should be included in the Food Diary after speaking to the parent)</small> | Child 1 ID #:  _ _ _ _ _ _ _ _ _ _       |                                                |                                                              | Child 2 ID #:  _ _ _ _ _ _ _ _ _ _       |                                                |                                                              | Child 3 ID #:  _ _ _ _ _ _ _ _ _ _       |                                                |                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------|--------------------------------------------------------------|------------------------------------------|------------------------------------------------|--------------------------------------------------------------|------------------------------------------|------------------------------------------------|--------------------------------------------------------------|
|                                                                                                                                                        | Child 1 Description:                     |                                                |                                                              | Child 2 Description:                     |                                                |                                                              | Child 3 Description:                     |                                                |                                                              |
|                                                                                                                                                        | Amount Served<br>(cups, Tbsp, tsp, oz/g) | Additions/Deletions<br>(cups, Tbsp, tsp, oz/g) | Amount Remaining<br>(Plate Waste)<br>(cups, Tbsp, tsp, oz/g) | Amount Served<br>(cups, Tbsp, tsp, oz/g) | Additions/Deletions<br>(cups, Tbsp, tsp, oz/g) | Amount Remaining<br>(Plate Waste)<br>(cups, Tbsp, tsp, oz/g) | Amount Served<br>(cups, Tbsp, tsp, oz/g) | Additions/Deletions<br>(cups, Tbsp, tsp, oz/g) | Amount Remaining<br>(Plate Waste)<br>(cups, Tbsp, tsp, oz/g) |
|                                                                                                                                                        |                                          |                                                |                                                              |                                          |                                                |                                                              |                                          |                                                |                                                              |
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(+) **Additions** to the meal include: 2<sup>nd</sup> portions, items taken from another child

(-) **Deletions** include: items dropped or spilled, items given to another child

## Meal Observation Form– Meals Brought from Home, pg. 2

**These 2 questions pertain to only the 3 children being observed during this meal/snack**

1. During this meal/snack did **any** staff member sit and eat a meal with the children?
  - ☐ No
  - ☐ Yes
  - ☐ Yes, beverages only
  
2. For the 3 observed children, did you observe staff encouraging them to eat any of the following meal components?
 

2a. Child 1: ☐ No

2b. Child 2: ☐ No

2c. Child 3: ☐ No

☐ Yes, fruits

☐ Yes, vegetables

☐ Yes, breads/grains

☐ Yes, meats/beans/nuts (proteins)

☐ Yes, dairy

**These 3 questions pertain to ALL children participating in this meal/snack**

3. Were children seated at a **table** for the meal/snack?
  - ☐ No. If not, specify? \_\_\_\_\_
  - ☐ Yes
  
4. During this meal, how many children in the classroom participated in the meal?
 

\_\_\_\_\_
  
5. For this meal or snack, were any **single** food items brought in from home or elsewhere that were provided for the entire class?
  - ☐ No
  - ☐ Yes

5a. If yes, who brought in the food item(s)?

☐ Teacher/other staff member

☐ Parent/child

☐ Other \_\_\_\_\_

5b. What foods/drinks were brought in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Observation Form – Meals Brought from Home

Interviewer ID #: |\_|\_|\_|\_|\_|\_|\_|\_|

Meal from Home: (check one)

Meal **START** time: \_\_\_\_ : \_\_\_\_ ☐ am ☐ pm (check one)

Date of observation: |\_|\_|\_| / |\_|\_|\_| / **2017**  
Month Day

- 0 ☐ Breakfast      3 ☐ Morning Snack  
1 ☐ Lunch      4 ☐ Afternoon Snack  
2 ☐ Dinner/Supper      5 ☐ Evening Snack

\*Time at which 75% of children have been seated \_\_\_\_\_

Meal **END** time: \_\_\_\_ : \_\_\_\_ ☐ am ☐ pm (check one)

\*Time at which 75% of children have left the table \_\_\_\_\_

☐ Meal ongoing (see decision log for details)

| Meal Component:<br><small>(a complete and detailed description of each item should be included in the Food Diary after speaking to the parent)</small> | Child 1 ID #:  _ _ _ _ _ _ _ _           |                                                |                                                              | Child 2 ID #:  _ _ _ _ _ _ _ _           |                                                |                                                              | Child 3 ID #:  _ _ _ _ _ _ _ _           |                                                |                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------|--------------------------------------------------------------|------------------------------------------|------------------------------------------------|--------------------------------------------------------------|------------------------------------------|------------------------------------------------|--------------------------------------------------------------|
|                                                                                                                                                        | Child 1 Description:                     |                                                |                                                              | Child 2 Description:                     |                                                |                                                              | Child 3 Description:                     |                                                |                                                              |
|                                                                                                                                                        | Amount Served<br>(cups, Tbsp, tsp, oz/g) | Additions/Deletions<br>(cups, Tbsp, tsp, oz/g) | Amount Remaining<br>(Plate Waste)<br>(cups, Tbsp, tsp, oz/g) | Amount Served<br>(cups, Tbsp, tsp, oz/g) | Additions/Deletions<br>(cups, Tbsp, tsp, oz/g) | Amount Remaining<br>(Plate Waste)<br>(cups, Tbsp, tsp, oz/g) | Amount Served<br>(cups, Tbsp, tsp, oz/g) | Additions/Deletions<br>(cups, Tbsp, tsp, oz/g) | Amount Remaining<br>(Plate Waste)<br>(cups, Tbsp, tsp, oz/g) |
|                                                                                                                                                        |                                          |                                                |                                                              |                                          |                                                |                                                              |                                          |                                                |                                                              |
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(+) **Additions** to the meal include: 2<sup>nd</sup> portions, items taken from another child

(-) **Deletions** include: items dropped or spilled, items given to another child

## Meal Observation Form– Meals Brought from Home, pg. 2

**These 2 questions pertain to only the 3 children being observed during this meal/snack**

1. During this meal/snack did **any** staff member sit and eat a meal with the children?
  - ☐ No
  - ☐ Yes
  - ☐ Yes, beverages only
  
2. For the 3 observed children, did you observe staff encouraging them to eat any of the following meal components?
 

2a. Child 1: ☐ No

2b. Child 2: ☐ No

2c. Child 3: ☐ No

☐ Yes, fruits

☐ Yes, vegetables

☐ Yes, breads/grains

☐ Yes, meats/beans/nuts (proteins)

☐ Yes, dairy

**These 3 questions pertain to ALL children participating in this meal/snack**

3. Were children seated at a **table** for the meal/snack?
  - ☐ No. If not, specify? \_\_\_\_\_
  - ☐ Yes
  
4. During this meal, how many children in the classroom participated in the meal?
 

\_\_\_\_\_
  
5. For this meal or snack, were any **single** food items brought in from home or elsewhere that were provided for the entire class?
  - ☐ No
  - ☐ Yes

5a. If yes, who brought in the food item(s)?

☐ Teacher/other staff member

☐ Parent/child

☐ Other \_\_\_\_\_

5b. What foods/drinks were brought in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## **CLASSROOM WASTE OBSERVATION FORMS**

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## Classroom Waste Observation Form – Pg. 1

Interviewer ID #: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Date of observation: |\_|\_|\_| / |\_|\_|\_| / **2017**  
                                   Month           Day

Meal: (check one)

- |                                      |                                          |                                            |
|--------------------------------------|------------------------------------------|--------------------------------------------|
| 0 <input type="checkbox"/> Breakfast | 2 <input type="checkbox"/> Dinner/Supper | 4 <input type="checkbox"/> Afternoon Snack |
| 1 <input type="checkbox"/> Lunch     | 3 <input type="checkbox"/> Morning Snack | 5 <input type="checkbox"/> Evening Snack   |

**When children do not consume all the meal components, what happens to the food remaining in the classroom?** *(This refers to food remaining in the classroom after the meal is over. It is NOT the amount of food left on individual children's plates.)*

| Meal Component<br>(including condiments brought to the table) | How is it used?<br>(check all that apply)                                          |                                                                                                         |                                                                                              |  |
|---------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--|
| 1.                                                            | 0 <input type="checkbox"/> Thrown in garbage<br>1 <input type="checkbox"/> Donated | 2 <input type="checkbox"/> Saved to be served again<br>3 <input type="checkbox"/> Taken home by parents | 4 <input type="checkbox"/> Given to/eaten by staff<br>5 <input type="checkbox"/> Other _____ |  |
| 2.                                                            | 0 <input type="checkbox"/> Thrown in garbage<br>1 <input type="checkbox"/> Donated | 2 <input type="checkbox"/> Saved to be served again<br>3 <input type="checkbox"/> Taken home by parents | 4 <input type="checkbox"/> Given to/eaten by staff<br>5 <input type="checkbox"/> Other _____ |  |
| 3.                                                            | 0 <input type="checkbox"/> Thrown in garbage<br>1 <input type="checkbox"/> Donated | 2 <input type="checkbox"/> Saved to be served again<br>3 <input type="checkbox"/> Taken home by parents | 4 <input type="checkbox"/> Given to/eaten by staff<br>5 <input type="checkbox"/> Other _____ |  |
| 4.                                                            | 0 <input type="checkbox"/> Thrown in garbage<br>1 <input type="checkbox"/> Donated | 2 <input type="checkbox"/> Saved to be served again<br>3 <input type="checkbox"/> Taken home by parents | 4 <input type="checkbox"/> Given to/eaten by staff<br>5 <input type="checkbox"/> Other _____ |  |
| 5.                                                            | 0 <input type="checkbox"/> Thrown in garbage<br>1 <input type="checkbox"/> Donated | 2 <input type="checkbox"/> Saved to be served again<br>3 <input type="checkbox"/> Taken home by parents | 4 <input type="checkbox"/> Given to/eaten by staff<br>5 <input type="checkbox"/> Other _____ |  |
| 6.                                                            | 0 <input type="checkbox"/> Thrown in garbage<br>1 <input type="checkbox"/> Donated | 2 <input type="checkbox"/> Saved to be served again<br>3 <input type="checkbox"/> Taken home by parents | 4 <input type="checkbox"/> Given to/eaten by staff<br>5 <input type="checkbox"/> Other _____ |  |
| 7.                                                            | 0 <input type="checkbox"/> Thrown in garbage<br>1 <input type="checkbox"/> Donated | 2 <input type="checkbox"/> Saved to be served again<br>3 <input type="checkbox"/> Taken home by parents | 4 <input type="checkbox"/> Given to/eaten by staff<br>5 <input type="checkbox"/> Other _____ |  |
| 8.                                                            | 0 <input type="checkbox"/> Thrown in garbage<br>1 <input type="checkbox"/> Donated | 2 <input type="checkbox"/> Saved to be served again<br>3 <input type="checkbox"/> Taken home by parents | 4 <input type="checkbox"/> Given to/eaten by staff<br>5 <input type="checkbox"/> Other _____ |  |
| 9.                                                            | 0 <input type="checkbox"/> Thrown in garbage<br>1 <input type="checkbox"/> Donated | 2 <input type="checkbox"/> Saved to be served again<br>3 <input type="checkbox"/> Taken home by parents | 4 <input type="checkbox"/> Given to/eaten by staff<br>5 <input type="checkbox"/> Other _____ |  |

\*If you checked "thrown in garbage" for any meal component, continue to the next page. If not, stop here.

## Classroom Waste Observation Form – Pg. 2

For items “thrown in the garbage” ONLY, please record HOW MUCH was wasted in the classroom, using only ONE of the three methods listed below. If the reference portions remaining are not able to be visualized either weigh remaining amounts (minus weight of service bowl/plate) or visually estimate using tsp/Tbsp/cups.

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|------------------------------|------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------|
| 1.                           |                                          |                                                                                    |                                           |
| 2.                           |                                          |                                                                                    |                                           |
| 3.                           |                                          |                                                                                    |                                           |
| 4.                           |                                          |                                                                                    |                                           |
| 5.                           |                                          |                                                                                    |                                           |
| 6.                           |                                          |                                                                                    |                                           |
| 7.                           |                                          |                                                                                    |                                           |
| 8.                           |                                          |                                                                                    |                                           |
| 9.                           |                                          |                                                                                    |                                           |
| <i>Interviewer comments:</i> |                                          |                                                                                    |                                           |

## Classroom Waste Observation Form – Pg. 1

Interviewer ID #: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Date of observation: |\_|\_|\_| / |\_|\_|\_| / **2017**  
                                   Month           Day

Meal: (check one)

0 ☐ Breakfast

2 ☐ Dinner/Supper

4 ☐ Afternoon Snack

1 ☐ Lunch

3 ☐ Morning Snack

5 ☐ Evening Snack

**When children do not consume all the meal components, what happens to the food remaining in the classroom?** *(This refers to food remaining in the classroom after the meal is over. It is NOT the amount of food left over on individual children's plates.)*

| Meal Component<br>(including condiments brought to the table) | How is it used?<br>(check all that apply)                                          |                                                                                                         |                                                                                              |  |
|---------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--|
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| 7.                                                            | 0 <input type="checkbox"/> Thrown in garbage<br>1 <input type="checkbox"/> Donated | 2 <input type="checkbox"/> Saved to be served again<br>3 <input type="checkbox"/> Taken home by parents | 4 <input type="checkbox"/> Given to/eaten by staff<br>5 <input type="checkbox"/> Other _____ |  |
| 8.                                                            | 0 <input type="checkbox"/> Thrown in garbage<br>1 <input type="checkbox"/> Donated | 2 <input type="checkbox"/> Saved to be served again<br>3 <input type="checkbox"/> Taken home by parents | 4 <input type="checkbox"/> Given to/eaten by staff<br>5 <input type="checkbox"/> Other _____ |  |
| 9.                                                            | 0 <input type="checkbox"/> Thrown in garbage<br>1 <input type="checkbox"/> Donated | 2 <input type="checkbox"/> Saved to be served again<br>3 <input type="checkbox"/> Taken home by parents | 4 <input type="checkbox"/> Given to/eaten by staff<br>5 <input type="checkbox"/> Other _____ |  |

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## Classroom Waste Observation Form – Pg. 2

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|-----------------------|------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------|
| 1.                    |                                          |                                                                                    |                                           |
| 2.                    |                                          |                                                                                    |                                           |
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| 7.                    |                                          |                                                                                    |                                           |
| 8.                    |                                          |                                                                                    |                                           |
| 9.                    |                                          |                                                                                    |                                           |

*Interviewer comments:*

## Classroom Waste Observation Form – Pg. 1

Interviewer ID #: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Date of observation: |\_|\_|\_| / |\_|\_|\_| / **2017**  
                                     Month                      Day

Meal: (check one)

0 ☐ Breakfast

2 ☐ Dinner/Supper

4 ☐ Afternoon Snack

1 ☐ Lunch

3 ☐ Morning Snack

5 ☐ Evening Snack

**When children do not consume all the meal components, what happens to the food remaining in the classroom?** *(This refers to food remaining in the classroom after the meal is over. It is NOT the amount of food left over on individual children's plates.)*

| Meal Component<br>(including condiments brought to the table) | How is it used?<br>(check all that apply)                                          |                                                                                                         |                                                                                              |  |
|---------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--|
| 1.                                                            | 0 <input type="checkbox"/> Thrown in garbage<br>1 <input type="checkbox"/> Donated | 2 <input type="checkbox"/> Saved to be served again<br>3 <input type="checkbox"/> Taken home by parents | 4 <input type="checkbox"/> Given to/eaten by staff<br>5 <input type="checkbox"/> Other _____ |  |
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## Classroom Waste Observation Form – Pg. 2

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|-----------------------|------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------|
| 1.                    |                                          |                                                                                    |                                           |
| 2.                    |                                          |                                                                                    |                                           |
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| 7.                    |                                          |                                                                                    |                                           |
| 8.                    |                                          |                                                                                    |                                           |
| 9.                    |                                          |                                                                                    |                                           |

*Interviewer comments:*



## Classroom Waste Observation Form – Pg. 1

Interviewer ID #: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Date of observation: |\_|\_|\_| / |\_|\_|\_| / **2017**  
                                     Month                      Day

Meal: (check one)

0 ☐ Breakfast

2 ☐ Dinner/Supper

4 ☐ Afternoon Snack

1 ☐ Lunch

3 ☐ Morning Snack

5 ☐ Evening Snack

**When children do not consume all the meal components, what happens to the food remaining in the classroom?** *(This refers to food remaining in the classroom after the meal is over. It is NOT the amount of food left over on individual children's plates.)*

| Meal Component<br>(including condiments brought to the table) | How is it used?<br>(check all that apply)                                          |                                                                                                         |                                                                                              |  |
|---------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--|
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| 9.                                                            | 0 <input type="checkbox"/> Thrown in garbage<br>1 <input type="checkbox"/> Donated | 2 <input type="checkbox"/> Saved to be served again<br>3 <input type="checkbox"/> Taken home by parents | 4 <input type="checkbox"/> Given to/eaten by staff<br>5 <input type="checkbox"/> Other _____ |  |

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## Classroom Waste Observation Form – Pg. 2

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|-----------------------|------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------|
| 1.                    |                                          |                                                                                    |                                           |
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| 8.                    |                                          |                                                                                    |                                           |
| 9.                    |                                          |                                                                                    |                                           |

*Interviewer comments:*

## Classroom Waste Observation Form – Pg. 1

Interviewer ID #: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Date of observation: |\_|\_|\_| / |\_|\_|\_| / **2017**  
                                     Month                      Day

Meal: (check one)

- |                                      |                                          |                                            |
|--------------------------------------|------------------------------------------|--------------------------------------------|
| 0 <input type="checkbox"/> Breakfast | 2 <input type="checkbox"/> Dinner/Supper | 4 <input type="checkbox"/> Afternoon Snack |
| 1 <input type="checkbox"/> Lunch     | 3 <input type="checkbox"/> Morning Snack | 5 <input type="checkbox"/> Evening Snack   |

**When children do not consume all the meal components, what happens to the food remaining in the classroom?** *(This refers to food remaining in the classroom after the meal is over. It is NOT the amount of food left over on individual children's plates.)*

| Meal Component<br>(including condiments brought to the table) | How is it used?<br>(check all that apply)                                          |                                                                                                         |                                                                                              |  |
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|------------------------------|------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------|
| 1.                           |                                          |                                                                                    |                                           |
| 2.                           |                                          |                                                                                    |                                           |
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| 4.                           |                                          |                                                                                    |                                           |
| 5.                           |                                          |                                                                                    |                                           |
| 6.                           |                                          |                                                                                    |                                           |
| 7.                           |                                          |                                                                                    |                                           |
| 8.                           |                                          |                                                                                    |                                           |
| 9.                           |                                          |                                                                                    |                                           |
| <i>Interviewer comments:</i> |                                          |                                                                                    |                                           |

## Meal Observation Decision Log

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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## ***I.5 Infant Menu Survey***

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OMB Control No: 0584-0615  
OMB Approval Expiration Date: 10/31/2019

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

## Infant Menu Survey

Child Care Site ID

Target Week

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 0584-0615. The time required to complete this information collection is estimated to average 20 minutes per response, per day (for five consecutive weekdays), including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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**About the Study.** The Study of Nutrition and Activity in Child Care Settings (SNACS) is intended to study nutrition and activity in child care centers, family day care homes, afterschool programs, and at-risk programs participating in the Child and Adult Care Food Program (CACFP). More than 1,400 child care providers in over 20 states were selected to be part of the study. Abt Associates is conducting this study for the USDA Food and Nutrition Service (FNS). Participation in the study by selected sponsors and child care providers who receive CACFP funds is required under Section 305 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA).

**About this Survey.** The purpose of the Infant Menu Survey is to collect information about all of the foods offered to infants less than 12 months in your child care facility during the assigned target week. An overview of the booklet is included on the next page.

**Protecting Privacy.** All information gathered from child care sponsors, child care centers, family day care homes, child care administrators and staff, and families participating in this study is for research purposes only and will be kept private to the full extent allowed by law except for general geographic location. Responses will be grouped with those of other study participants, and no individual participants, program administrators, program staff, parents, or children will be identified in any study report. Being part of the study will not affect any USDA benefits received by programs or families participating in this data collection.

**Questions.** If you have any questions about the study please call our toll-free study number at 1-866-890-6950 or email [SNACS@srbi.com](mailto:SNACS@srbi.com). We will be happy to answer your questions and to help you in any way we can.

**Thank you for participating in the Study of Nutrition and Activity in Child Care Settings (SNACS)**

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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 a person who prepares the infant food, and a different person who provides care to the infants. We would like the infant food preparer to complete the form with information about **what** infant food is prepared, and **how** it is prepared.

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

- Tab 1:**     **Infant Menu Survey Instructions** – Please read all the instructions before you begin filling it out.
- Tab 2:**     **Infant Daily Menu Pages** – Each daily section of this booklet is marked with a colored divider page (Monday, Tuesday, Wednesday, Thursday, Friday) and for each day, includes a set of four Menu pages to allow for four separate feeding periods per day.
- Tab 3:**     **Food You Prepared forms** –You will use these pages to tell us more about foods you prepare by **combining two or more ingredients**.

Included with the Infant Menu Survey is a separate booklet called the “**Food Description Guide**.” The booklet provides guidance for what details to include about each food listed on the **Infant Daily Menu Pages**.

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## **Infant Menu Survey Instructions**

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## Infant Menu Survey Instructions

You will be providing information about foods and drinks provided to infants in the age groups specified during the same period noted on the front of this booklet, the “Target Week.”

Please use the **Infant Daily Menu pages** to describe all the foods and drinks you serve to **infants under 12 months old**.

More detailed instructions for completing the survey are given below. There are also **examples** of completed forms facing the pages to be filled out, which can help guide you for completing the forms correctly.

Please read all of the instructions before you begin.

**Printed Menu:** 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 printed copy with your completed Infant Menu Survey.

**If you have any questions** at any time please call our toll-free number at 1-866-890-6950. We will be happy to answer your questions and to help you in any way we can.

Someone from Abt Associates will be calling you soon to make sure you received the survey and to answer any questions you may have before you begin filling it out.

**Thank you very much for your help with this important study.**

**The following pages provide instructions for each section of the booklet.**

# How to fill out the Infant Daily Menu Pages

## (Tab 2 of this booklet)

Each day, 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 menu forms, one per time frame:

- Morning, before 10am
- 10am-1pm
- 1pm-4pm
- Evening, after 4pm

You will write in the foods provided during those times.

|                                                                                                                |                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Infant Menu for Before 10am</b>                                                                             |                                                                                                                                                                                    |
| 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 |
| Please use this form to record all food served in the morning <i>before 10am</i> to children under 1 year old. |                                                                                                                                                                                    |
|                             | <input type="checkbox"/> Check this box if you did not serve any items in the morning before 10am.                                                                                 |

There is an option to check off a box if the meal on that page was not served that day. The example here is for food served before 10am. If you did not serve any food or drink before 10am, you would select this box and leave the rest of that form blank.

## Filling out the rest of the Infant Daily Menu Pages:

Please fill in the form to tell us all food and drink items that you provided to the infants under 12 months old in your care. **This does NOT include items parents bring from home (including breast milk).**

Follow the instructions at the top of each column:

### 1. List each food and drink served during the timeframe indicated at the top of the page

- List each food or drink under the food category it belongs to:
  - Formula
  - Infant Cereal (include what it is mixed with)
  - Fruits, Vegetables, and Fruit/Vegetable Juice
  - 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” category.

In the first column, you will see pre-filled rows for two common formula brands. If you provide either Similac or Enfamil to infants in your care, please use these checkboxes. Select the checkbox which describes how the formula is prepared:

- RTF: Ready to Feed**
- Liquid Conc.: Liquid Concentrate**
- Powder: Powder mixed with water**

**NOTE:** Please only list foods and beverages provided to the majority of infants in your care. If you prepare alternate meals for infants with dietary restrictions, you do not need to include these items on the Infant Daily Menu Pages.

You can provide additional information about the formula in the next column (Please Describe Each Food or Drink...), as discussed below.

| List Each Food and Drink Served During This Time                                                           | Please Describe Each Food or Drink                                                                     | Food Preparation         | Age Group(s) Served      |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|
| RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate                                                   | For detailed information on what to include in this column, please refer to the Food Description Guide | Foods You Prepared*      | 0-3 months               | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                             |                                                                                                        |                          |                          |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |

**Juice:** Enter information for juices served to infants under the “Fruits, Vegetables, and Fruit/Vegetable Juice” category.

Also note in the Food Description column if the juice is 100% juice, fortified, from concentrate, etc. You can find examples of how to record this information on the **Example** pages, as well as in the **“Food Description Guide.”**

**NOTE:** Please only list foods and beverages provided to the majority of children in your care. If you prepare alternate meals for children with dietary restrictions, you do not need to include these items on the Daily Menus.

## 2. Please Describe Each Food or Drink

- Describe each food and drink in detail. Include details such as brand name or manufacturer and type or flavor variety of food.

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column please refer to the Food Description Guide | Food Preparation<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |            |            |                            |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|------------|------------|----------------------------|
|                                                                                                                  |                                                                                                                                                 |                                             | 0-3 months                                                                                          | 4-5 months | 6-7 months | 8 months through 11 months |

- A separate booklet labeled **“Food Description Guide”** provided with this booklet lists the kinds of things we need you to write down in this column.
- If you receive foods that are prepared off-site** (such as 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 pages.

## 3. Food Preparation: Foods you Prepared

- If you prepared the food by combining two or more ingredients, check the box for each food and drink you list. The checkmark will tell us that the food was prepared by you, and that you filled out a “Foods you Prepared” form.

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |            |            |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|------------|------------|----------------------------|
|                                                                                                                  |                                                                                                                                                  |                                             | 0-3 months                                                                                          | 4-5 months | 6-7 months | 8 months through 11 months |

**DO NOT** use the Foods you Prepared form for food which need little or no preparation on your part, or can be eaten as is.

- Foods that only need to be heated to be served are considered “ready to eat.”

- Foods that only need to be cut, sliced, poured are considered “ready to eat.”

**The chart below provides examples of when to fill out a “Foods you Prepared” form and when it is not needed.**

| <b><u>Use</u> the Foods you Prepared form</b>                                          | <b><u>DO NOT</u> Use the Foods you Prepared form</b>          |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Rice you cooked                                                                        | Commercially prepared applesauce                              |
| Baby food with 2 or more ingredients prepared in your child care facility              | Sliced fruit                                                  |
| Leftover foods mixed with additional foods                                             | Infant formula, if prepared according to package instructions |
| Hot cereal with any additions<br>(See <b>Sample Completed Foods You Prepared</b> form) | Packaged crackers                                             |

**Important to Note:**

- You do not need to fill this out for **concentrate, powdered, or packaged formula** as long as you are following the package instructions to prepare the formula.
- **Infant cereal** – we would like to know what it is mixed with; you do not need to fill out a “food you prepared” form. Please write directly on the form if it is mixed with milk, water, etc.

**Important to Note:** If you are able to provide a **printed copy** of the recipe, and it has all of the information that we ask for on the Foods You Prepared form, you do not need to fill out the Foods You Prepared form. Instead, please attach the printed recipe to the form. If there are any revisions to the recipe, please write them on the recipe.

**If you do not have a copy of the recipe**, please fill out a page in the Foods You Prepared form located at the back of the booklet behind the Foods You Prepared tab. Use one Foods You Prepared form for each recipe.

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

| Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |            |            |                            |
|-----------------------------------------------------------------------------------------------------|------------|------------|----------------------------|
| 0-3 months                                                                                          | 4-5 months | 6-7 months | 8 months through 11 months |

- Check the boxes to tell us the ages of the infants to whom each food or drink was served. The age groupings include 0-3 months, 4-5 months, 6-7 months, and 8 months through 11 months.
- If an infant is 3 months and 2 weeks old, you would select the 0-3 month category.
- If served to multiple age groups, select all that were served that item.
- If different types of the same food were served for different ages of infants, you should list the different type of food on a separate row, and select the age group receiving the specified food.

**Please also note the following:**

**Water:** If water is served specifically as a beverage that goes with the meal or snack, rather than just being available in the room please include it on the form as an item that was served. Write this in under the “Other food and beverage items” category, and describe how it was provided.

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                          |                                     |                                     |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--|--|--|--|--|
|                                                                                                                  |                                                                                                                                                  |                          | 0-3 months                                                                                          | 4-5 months               | 6-7 months                          | 8 months through 11 months          |  |  |  |  |  |
|                                                                                                                  |                                                                                                                                                  | Foods You Prepared*      |                                                                                                     |                          |                                     |                                     |  |  |  |  |  |
| Other food and beverage items (include milk and water here)                                                      |                                                                                                                                                  |                          |                                                                                                     |                          |                                     |                                     |  |  |  |  |  |
| Water                                                                                                            | Served in sippy cups                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |  |  |  |  |

**An example of a completed Infant Daily Menu can be found on the opposing page of the infant menu for each timeframe for one day.**

## 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 Infant Menu forms, unless you can provide a printed recipe. This should include any food you made from scratch or prepared by combining two or more foods or ingredients. A sample, completed *Foods You Prepared Form* is shown behind Tab 3 (Foods You Prepared Forms).

**If you receive foods that are prepared off-site** (such as a vendor or school district), please ask your representative if they can provide a recipe for foods that they prepare from scratch or by combining two or more ingredients. Attach the recipe to the form in this booklet and indicate the details described in 1-4 below on the form.

### How to Fill in the Foods You Prepared Form

| Foods You Prepared                                                                                                                                                                      |                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.). |                                                                                                                                                                                             |
| <b>Name of Food:</b> _____<br>(Please use same name you used on the Infant Menu Pages)                                                                                                  | <b>When Was Food Served?</b><br><small>Check all that apply and indicate date(s) served:</small><br>Date(s) Served: _____                                                                   |
| <b>Number of Servings Prepared:</b> _____                                                                                                                                               | <input type="checkbox"/> Before 10am _____<br><input type="checkbox"/> Between 10-1pm _____<br><input type="checkbox"/> Between 1-4pm _____<br><input type="checkbox"/> Between 4-7pm _____ |
| <b>Size of each serving:</b> _____<br>(Examples: ½ cup, 4fl. oz., 1 cup, 3 TBSP)                                                                                                        |                                                                                                                                                                                             |

- 1. Name of the Food:** Write the name of the food in the space provided at the top of the page. Please use the same name you used on the Menu page in Tab 2.
- 2. Number of Servings Prepared:** Write down the number of servings you made.
- 3. Size of each Serving:** Write down the size of each serving (for example, ½ cup, 4 oz. 1 sandwich, etc.)
- 4. When was Food Served?:** Check the box beside the timeframe when the food was served. Write in the dates the food was served during the target week.

5. Fill in the chart using the instructions at the top of each column:

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

**What Ingredients or Foods Did You Use?**

- List each ingredient and food by name on separate line. Include everything you used including salt, added fats like butter, margarine, mayonnaise, and oil, pan drippings, water and stock.

**How Much Did You Use?**

- Show the amount of each ingredient or food you used. Be sure to write both the number and the type of measurement:

*Examples:*

- 2 Tbsp. mayonnaise
  - 2 tsp. salt
  - 4 oz. shredded cheese
  - 2 pounds (lb.) ground beef
  - ¾ cup cooked rice
  - 1 quart (qt.) milk
- If you use an ingredient that is not measured, write down how much or many you used. If possible, write whether the item was small, regular (medium), or large.

*Examples:*

- 1 large carrot
  - ½ large green pepper
  - 15 crackers (saltine size)
  - 3 small bananas



- 2 regular slices bread
- 8 squares graham crackers

## 6. 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 kinds of information to write for each ingredient or food (brand, type, flavor, etc.)
- Be sure to write whether it was raw or cooked, shredded, chopped, sliced, ground, grated, crushed or whole.

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

## 7. Preparation and Cooking Method (if Applicable)

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

| Preparation and Cooking Method (If Applicable):                                      |                                       |                                                 |                                    |
|--------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------|------------------------------------|
| 1. If cooked:                                                                        |                                       |                                                 |                                    |
| a. What cooking method did you use? (check one)                                      |                                       |                                                 |                                    |
| <input type="checkbox"/> Bake/Roast                                                  | <input type="checkbox"/> Broil/Grill  | <input type="checkbox"/> Pan Fry/Sauté          | <input type="checkbox"/> Stir Fry  |
| <input type="checkbox"/> Deep Fry                                                    | <input type="checkbox"/> Boil/Parboil | <input 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 you prepared meat (chicken, beef, pork, etc.), did you: (Check all that apply) |                                       |                                                 |                                    |
| a. Trim the visible fat?                                                             |                                       | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No        |
|                                                                                      |                                       | <input type="checkbox"/> No visible fat to trim |                                    |
| b. Drain the fat after cooking?                                                      |                                       | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No        |
|                                                                                      |                                       | <input type="checkbox"/> No fat to drain        |                                    |
| 3. If you prepared fruit(s) or vegetable(s), did you:                                |                                       |                                                 |                                    |
| a. Peel the fruit or vegetable?                                                      |                                       | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No        |
|                                                                                      |                                       | <input type="checkbox"/> No peel to remove      |                                    |
| b. Mash or blend the fruit or vegetable?                                             |                                       | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No        |
| 4. Was salt added during the cooking process?                                        |                                       |                                                 |                                    |
|                                                                                      |                                       | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No        |

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## **Infant Daily Menus**

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**Monday**

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### Infant Menu for Before 10am

Today's Date: 2/6/17

Day of Week: ☒ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served in the morning **before 10am** to children under 1 year old.

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

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate      | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation                    | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                                     |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                                                                                                       |                                                                                                                                                  | Foods You Prepared*                 | 0-3 months                                                                                          | 4-5 months                          | 6-7 months                          | 8 months through 11 months          |
| Similac <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder | <i>Go &amp; Grow 9-24 months</i>                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Enfamil <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"/>            |
| <i>Gerber Good Start</i>                                                                                              | <i>Gentle - milk based w/iron - Powder</i>                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                                       |                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>Homemade Banana Oatmeal</i>                                                                                        |                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                                                                                                       |                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                       |                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                                  |                                                                                                                                                  |                                     |                                                                                                     |                                     |                                     |                                     |
| <i>Applesauce</i>                                                                                                     | <i>Gerber - jar</i>                                                                                                                              | <input type="checkbox"/>            | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>Banana, strawberry, blueberry</i>                                                                                  | <i>Gerber - pouch</i>                                                                                                                            | <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"/>            |
| <b>Grains &amp; Bread</b>                                                                                             |                                                                                                                                                  |                                     |                                                                                                     |                                     |                                     |                                     |
| <i>Cheerios</i>                                                                                                       | <i>General Mills</i>                                                                                                                             | <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"/>            |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                                  |                                                                                                                                                  |                                     |                                                                                                     |                                     |                                     |                                     |
|                                                                                                                       |                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                       |                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                       |                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                       |                                                                                                                                                  | <input type="checkbox"/>            | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Other food and beverage items (include milk and water here)</b>                                                    |                                                                                                                                                  |                                     |                                                                                                     |                                     |                                     |                                     |
| <i>Water</i>                                                                                                          | <i>Served in Sippy cups</i>                                                                                                                      | <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"/>            |

For foods or beverages 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 for Before 10am

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served in the morning ***before 10am*** to children under 1 year old.

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

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
|                                                                                                                  |                                                                                                                                                  | Foods You Prepared*      | 0-3 months                                                                                          | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                                   |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                      |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Grains &amp; Bread</b>                                                                                        |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Other food and beverage items (include milk and water here)</b>                                               |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages 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 for Between 10am and 1pm

Today's Date: 2/6/17

Day of Week: ☒ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

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

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

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate      | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                                     |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                                                                                                       |                                                                                                                                                  |                                             | 0-3 months                                                                                          | 4-5 months                          | 6-7 months                          | 8 months through 11 months          |
| <b>Formula</b>                                                                                                        |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| Similac <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder | <i>Go &amp; Grow 9-24 months</i>                                                                                                                 | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Enfamil <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"/>            |
| <i>Gerber Good Start</i>                                                                                              | <i>Gentle - milk based w/iron - Powder</i>                                                                                                       | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                                       |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                           |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
|                                                                                                                       |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                       |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                       |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                                  |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Carrots</i>                                                                                                        | <i>Gerber - jar</i>                                                                                                                              | <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"/>            |
| <b>Grains &amp; Bread</b>                                                                                             |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Puffs</i>                                                                                                          | <i>Gerber Graduates, strawberry banana</i>                                                                                                       | <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"/>            |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                                  |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Pureed chicken</i>                                                                                                 | <i>Gerber - jar</i>                                                                                                                              | <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"/>            |
| <b>Other food and beverage items (include milk and water here)</b>                                                    |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Water</i>                                                                                                          | <i>Served in Sippy cups</i>                                                                                                                      | <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"/>            |

For foods or beverages 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 for Between 10am and 1pm

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

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

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

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
|                                                                                                                  |                                                                                                                                                  | Foods You Prepared*      | 0-3 months                                                                                          | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                                   |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                      |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Grains &amp; Bread</b>                                                                                        |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Other food and beverage items (include milk and water here)</b>                                               |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages 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 for Between 1pm and 4pm

Today's Date: 2/6/17

Day of Week: ☒ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served **between 1pm and 4pm** to children under 1 year old.

☐ Check this box if you did not serve any items **between 1pm and 4pm**.

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate             | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                                     |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                                                                                                              |                                                                                                                                                  |                                             | 0-3 months                                                                                          | 4-5 months                          | 6-7 months                          | 8 months through 11 months          |
| <b>Formula</b>                                                                                                               |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <b>Similac</b> <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder | <i>Go &amp; Grow 9-24 months</i>                                                                                                                 | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Enfamil <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"/>            |
| <i>Gerber Good Start</i>                                                                                                     | <i>Gentle - milk based w/iron - Powder</i>                                                                                                       | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                                  |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Avocado</i>                                                                                                               | <i>Fresh, sliced</i>                                                                                                                             | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <i>Avocado</i>                                                                                                               | <i>Fresh, mashed</i>                                                                                                                             | <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"/>            |
| <b>Grains &amp; Bread</b>                                                                                                    |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Cheerios</i>                                                                                                              | <i>General Mills</i>                                                                                                                             | <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"/>            |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Other food and beverage items (include milk and water here)</b>                                                           |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Water</i>                                                                                                                 | <i>Served in Sippy cups</i>                                                                                                                      | <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"/>            |

\*For foods or beverages 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 for Between 1pm and 4pm

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served ***between 1pm and 4pm*** to children under 1 year old.

☐ Check this box if you did not serve any items ***between 1pm and 4pm***.

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
|                                                                                                                  |                                                                                                                                                  | Foods You Prepared*      | 0-3 months                                                                                          | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                                   |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                      |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Grains &amp; Bread</b>                                                                                        |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Other food and beverage items (include milk and water here)</b>                                               |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages 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 for Between 4pm and 7pm

Today's Date: 2/6/17

Day of Week: ☒ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served **between 4pm and 7pm** to children under 1 year old.

☐ Check this box if you did not serve any items **between 4pm and 7pm**.

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate             | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                                     |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                                                                                                              |                                                                                                                                                  |                                             | 0-3 months                                                                                          | 4-5 months                          | 6-7 months                          | 8 months through 11 months          |
| <b>Formula</b>                                                                                                               |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <b>Similac</b> <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder | <i>Go &amp; Grow 9-24 months</i>                                                                                                                 | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Enfamil <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"/>            |
| <i>Gerber Good Start</i>                                                                                                     | <i>Gentle - milk based w/iron - Powder</i>                                                                                                       | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                                  |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Oatmeal Cereal</i>                                                                                                        | <i>Gerber, Single Grain, added water</i>                                                                                                         | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Garden Vegetable</i>                                                                                                      | <i>Gerber - pouch</i>                                                                                                                            | <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"/>            |
| <b>Grains &amp; Bread</b>                                                                                                    |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Puffs</i>                                                                                                                 | <i>Gerber Graduates - Sweet Potato</i>                                                                                                           | <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"/>            |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Chicken and gravy</i>                                                                                                     | <i>Gerber - pouch</i>                                                                                                                            | <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"/>            |
| <b>Other food and beverage items (include milk and water here)</b>                                                           |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Water</i>                                                                                                                 | <i>Served in Sippy cups</i>                                                                                                                      | <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"/>            |

\*For foods or beverages 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 for Between 4pm and 7pm

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served ***between 4pm and 7pm*** to children under 1 year old.

☐ Check this box if you did not serve any items ***between 4pm and 7pm***.

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
|                                                                                                                  |                                                                                                                                                  | Foods You Prepared*      | 0-3 months                                                                                          | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                                   |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                      |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Grains &amp; Bread</b>                                                                                        |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Other food and beverage items (include milk and water here)</b>                                               |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages 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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### Infant Menu for Before 10am

Today's Date: 2/7/17

Day of Week: ☐ Monday ☒ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served in the morning **before 10am** to children under 1 year old.

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

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate             | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                                     |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                                                                                                              |                                                                                                                                                  |                                             | 0-3 months                                                                                          | 4-5 months                          | 6-7 months                          | 8 months through 11 months          |
| <b>Formula</b>                                                                                                               |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <b>Similac</b> <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder | <i>Go &amp; Grow 9-24 months</i>                                                                                                                 | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Enfamil <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"/>            |
| <i>Gerber Good Start</i>                                                                                                     | <i>Gentle - milk based w/iron - Powder</i>                                                                                                       | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                                  |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Homemade Banana Oatmeal</i>                                                                                               |                                                                                                                                                  | <input checked="" type="checkbox"/>         | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Applesauce</i>                                                                                                            | <i>Gerber - jar</i>                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>Banana, strawberry, blueberry</i>                                                                                         | <i>Gerber - pouch</i>                                                                                                                            | <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"/>            |
| <b>Grains &amp; Bread</b>                                                                                                    |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Cheerios</i>                                                                                                              | <i>General Mills</i>                                                                                                                             | <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"/>            |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Other food and beverage items (include milk and water here)</b>                                                           |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Water</i>                                                                                                                 | <i>Served in Sippy cups</i>                                                                                                                      | <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"/>            |

For foods or beverages 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 for Before 10am

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served in the morning ***before 10am*** to children under 1 year old.

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

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
|                                                                                                                  |                                                                                                                                                  | Foods You Prepared*      | 0-3 months                                                                                          | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                                   |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                      |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Grains &amp; Bread</b>                                                                                        |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Other food and beverage items (include milk and water here)</b>                                               |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages 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 for Between 10am and 1pm

Today's Date: 2/7/17

Day of Week: ☐ Monday ☒ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

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

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

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate             | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                                     |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                                                                                                              |                                                                                                                                                  | Foods You Prepared*      | 0-3 months                                                                                          | 4-5 months                          | 6-7 months                          | 8 months through 11 months          |
| <b>Formula</b>                                                                                                               |                                                                                                                                                  |                          |                                                                                                     |                                     |                                     |                                     |
| <b>Similac</b> <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder | <i>Go &amp; Grow 9-24 months</i>                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Enfamil <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"/>            |
| <i>Gerber Good Start</i>                                                                                                     | <i>Gentle - milk based w/iron - Powder</i>                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                                  |                                                                                                                                                  |                          |                                                                                                     |                                     |                                     |                                     |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                                         |                                                                                                                                                  |                          |                                                                                                     |                                     |                                     |                                     |
| <i>Carrots</i>                                                                                                               | <i>Gerber - jar</i>                                                                                                                              | <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"/>            |
| <b>Grains &amp; Bread</b>                                                                                                    |                                                                                                                                                  |                          |                                                                                                     |                                     |                                     |                                     |
| <i>Puffs</i>                                                                                                                 | <i>Gerber Graduates, strawberry banana</i>                                                                                                       | <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"/>            |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                                         |                                                                                                                                                  |                          |                                                                                                     |                                     |                                     |                                     |
| <i>Pureed chicken</i>                                                                                                        | <i>Gerber - jar</i>                                                                                                                              | <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"/>            |
| <b>Other food and beverage items (include milk and water here)</b>                                                           |                                                                                                                                                  |                          |                                                                                                     |                                     |                                     |                                     |
| <i>Water</i>                                                                                                                 | <i>Served in Sippy cups</i>                                                                                                                      | <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"/>            |

For foods or beverages 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 for Between 10am and 1pm

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

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

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

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
|                                                                                                                  |                                                                                                                                                  | Foods You Prepared*      | 0-3 months                                                                                          | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                                   |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                      |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Grains &amp; Bread</b>                                                                                        |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Other food and beverage items (include milk and water here)</b>                                               |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages 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 for Between 1pm and 4pm

Today's Date: 2/7/17

Day of Week: ☐ Monday ☒ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served **between 1pm and 4pm** to children under 1 year old.

☐ Check this box if you did not serve any items **between 1pm and 4pm**.

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate             | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                                     |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                                                                                                              |                                                                                                                                                  |                                             | 0-3 months                                                                                          | 4-5 months                          | 6-7 months                          | 8 months through 11 months          |
| <b>Formula</b>                                                                                                               |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <b>Similac</b> <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder | <i>Go &amp; Grow 9-24 months</i>                                                                                                                 | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Enfamil <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"/>            |
| <i>Gerber Good Start</i>                                                                                                     | <i>Gentle - milk based w/iron - Powder</i>                                                                                                       | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                                  |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Avocado</i>                                                                                                               | <i>Fresh, sliced</i>                                                                                                                             | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <i>Avocado</i>                                                                                                               | <i>Fresh, mashed</i>                                                                                                                             | <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"/>            |
| <b>Grains &amp; Bread</b>                                                                                                    |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Cheerios</i>                                                                                                              | <i>General Mills</i>                                                                                                                             | <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"/>            |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Other food and beverage items (include milk and water here)</b>                                                           |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Water</i>                                                                                                                 | <i>Served in Sippy cups</i>                                                                                                                      | <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"/>            |

\*For foods or beverages 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 for Between 1pm and 4pm

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served *between 1pm and 4pm* to children under 1 year old.

☐ Check this box if you did not serve any items *between 1pm and 4pm*.

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
|                                                                                                                  |                                                                                                                                                  | Foods You Prepared*      | 0-3 months                                                                                          | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                                   |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                      |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Grains &amp; Bread</b>                                                                                        |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Other food and beverage items (include milk and water here)</b>                                               |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages 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 for Between 4pm and 7pm

Today's Date: 2/7/17

Day of Week: ☐ Monday ☒ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served **between 4pm and 7pm** to children under 1 year old.

☐ Check this box if you did not serve any items **between 4pm and 7pm**.

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate             | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                                     |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                                                                                                              |                                                                                                                                                  |                                             | 0-3 months                                                                                          | 4-5 months                          | 6-7 months                          | 8 months through 11 months          |
| <b>Formula</b>                                                                                                               |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <b>Similac</b> <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder | <i>Go &amp; Grow 9-24 months</i>                                                                                                                 | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Enfamil <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"/>            |
| <i>Gerber Good Start</i>                                                                                                     | <i>Gentle - milk based w/iron - Powder</i>                                                                                                       | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                                  |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Oatmeal Cereal</i>                                                                                                        | <i>Gerber, Single Grain, added water</i>                                                                                                         | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Garden Vegetable</i>                                                                                                      | <i>Gerber - pouch</i>                                                                                                                            | <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"/>            |
| <b>Grains &amp; Bread</b>                                                                                                    |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Puffs</i>                                                                                                                 | <i>Gerber Graduates - Sweet Potato</i>                                                                                                           | <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"/>            |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Chicken and gravy</i>                                                                                                     | <i>Gerber - pouch</i>                                                                                                                            | <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"/>            |
| <b>Other food and beverage items (include milk and water here)</b>                                                           |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Water</i>                                                                                                                 | <i>Served in Sippy cups</i>                                                                                                                      | <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"/>            |

\*For foods or beverages 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 for Between 4pm and 7pm

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served ***between 4pm and 7pm*** to children under 1 year old.

☐ Check this box if you did not serve any items ***between 4pm and 7pm***.

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
|                                                                                                                  |                                                                                                                                                  | Foods You Prepared*      | 0-3 months                                                                                          | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                                   |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                      |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Grains &amp; Bread</b>                                                                                        |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Other food and beverage items (include milk and water here)</b>                                               |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages 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.)



**Wednesday**

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### Infant Menu for Before 10am

Today's Date: 2/8/17

Day of Week: ☐ Monday ☐ Tuesday ☒ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served in the morning **before 10am** to children under 1 year old.

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

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate             | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                                     |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                                                                                                              |                                                                                                                                                  |                                             | 0-3 months                                                                                          | 4-5 months                          | 6-7 months                          | 8 months through 11 months          |
| <b>Similac</b> <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder | <i>Go &amp; Grow 9-24 months</i>                                                                                                                 | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Enfamil <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"/>            |
| <i>Gerber Good Start</i>                                                                                                     | <i>Gentle - milk based w/iron - Powder</i>                                                                                                       | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>Homemade Banana Oatmeal</i>                                                                                               |                                                                                                                                                  | <input checked="" type="checkbox"/>         | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Applesauce</i>                                                                                                            | <i>Gerber - jar</i>                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>Banana, strawberry, blueberry</i>                                                                                         | <i>Gerber - pouch</i>                                                                                                                            | <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"/>            |
| <b>Grains &amp; Bread</b>                                                                                                    |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Cheerios</i>                                                                                                              | <i>General Mills</i>                                                                                                                             | <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"/>            |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Other food and beverage items (include milk and water here)</b>                                                           |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Water</i>                                                                                                                 | <i>Served in Sippy cups</i>                                                                                                                      | <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"/>            |

For foods or beverages 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 for Before 10am

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served in the morning ***before 10am*** to children under 1 year old.

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

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
|                                                                                                                  |                                                                                                                                                  | Foods You Prepared*      | 0-3 months                                                                                          | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                                   |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                      |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Grains &amp; Bread</b>                                                                                        |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Other food and beverage items (include milk and water here)</b>                                               |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages 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 for Between 10am and 1pm

Today's Date: 2/8/17

Day of Week: ☐ Monday ☐ Tuesday ☒ Wednesday ☐ Thursday ☐ Friday

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

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

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate             | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                                     |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                                                                                                              |                                                                                                                                                  |                                             | 0-3 months                                                                                          | 4-5 months                          | 6-7 months                          | 8 months through 11 months          |
| <b>Formula</b>                                                                                                               |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <b>Similac</b> <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder | <i>Go &amp; Grow 9-24 months</i>                                                                                                                 | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Enfamil <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"/>            |
| <i>Gerber Good Start</i>                                                                                                     | <i>Gentle - milk based w/iron - Powder</i>                                                                                                       | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                                  |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Carrots</i>                                                                                                               | <i>Gerber - jar</i>                                                                                                                              | <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"/>            |
| <b>Grains &amp; Bread</b>                                                                                                    |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Puffs</i>                                                                                                                 | <i>Gerber Graduates, strawberry banana</i>                                                                                                       | <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"/>            |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Pureed chicken</i>                                                                                                        | <i>Gerber - jar</i>                                                                                                                              | <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"/>            |
| <b>Other food and beverage items (include milk and water here)</b>                                                           |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Water</i>                                                                                                                 | <i>Served in Sippy cups</i>                                                                                                                      | <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"/>            |

For foods or beverages 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 for Between 10am and 1pm

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

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

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

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
|                                                                                                                  |                                                                                                                                                  | Foods You Prepared*      | 0-3 months                                                                                          | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                                   |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                      |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Grains &amp; Bread</b>                                                                                        |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Other food and beverage items (include milk and water here)</b>                                               |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages 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 for Between 1pm and 4pm

Today's Date: 2/8/17

Day of Week: ☐ Monday ☐ Tuesday ☒ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served **between 1pm and 4pm** to children under 1 year old.

☐ Check this box if you did not serve any items **between 1pm and 4pm**.

| List Each Food and Drink Served During This Time                                                                             | Please Describe Each Food or Drink         | Food Preparation         | Age Group(s) Served                 |                                     |                                     |                                     |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                                                                                                              |                                            | Foods You Prepared*      | 0-3 months                          | 4-5 months                          | 6-7 months                          | 8 months through 11 months          |
| <b>Formula</b>                                                                                                               |                                            |                          |                                     |                                     |                                     |                                     |
| <b>Similac</b> <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder | <i>Go &amp; Grow 9-24 months</i>           | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Enfamil <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"/>            |
| <i>Gerber Good Start</i>                                                                                                     | <i>Gentle - milk based w/iron - Powder</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                                              |                                            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                                  |                                            |                          |                                     |                                     |                                     |                                     |
|                                                                                                                              |                                            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                                         |                                            |                          |                                     |                                     |                                     |                                     |
| <i>Avocado</i>                                                                                                               | <i>Fresh, sliced</i>                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <i>Avocado</i>                                                                                                               | <i>Fresh, mashed</i>                       | <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"/>            |
| <b>Grains &amp; Bread</b>                                                                                                    |                                            |                          |                                     |                                     |                                     |                                     |
| <i>Cheerios</i>                                                                                                              | <i>General Mills</i>                       | <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"/>            |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                                         |                                            |                          |                                     |                                     |                                     |                                     |
|                                                                                                                              |                                            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Other food and beverage items (include milk and water here)</b>                                                           |                                            |                          |                                     |                                     |                                     |                                     |
| <i>Water</i>                                                                                                                 | <i>Served in Sippy cups</i>                | <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"/>            |

For foods or beverages 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 for Between 1pm and 4pm

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served *between 1pm and 4pm* to children under 1 year old.

☐ Check this box if you did not serve any items *between 1pm and 4pm*.

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
|                                                                                                                  |                                                                                                                                                  | Foods You Prepared*      | 0-3 months                                                                                          | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                                   |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                      |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Grains &amp; Bread</b>                                                                                        |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Other food and beverage items (include milk and water here)</b>                                               |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages 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 for Between 4pm and 7pm

Today's Date: 2/8/17

Day of Week: ☐ Monday ☐ Tuesday ☒ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served **between 4pm and 7pm** to children under 1 year old.

☐ Check this box if you did not serve any items **between 4pm and 7pm**.

| List Each Food and Drink Served During This Time                                                                                                                                                                                                                       | Please Describe Each Food or Drink                                                 | Food Preparation                                                                                             | Age Group(s) Served                                                                                                     |                                                                                                                         |                                                                                                                         |                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                        |                                                                                    | Foods You Prepared*                                                                                          | 0-3 months                                                                                                              | 4-5 months                                                                                                              | 6-7 months                                                                                                              | 8 months through 11 months                                                                                              |
| <b>Formula</b>                                                                                                                                                                                                                                                         |                                                                                    |                                                                                                              |                                                                                                                         |                                                                                                                         |                                                                                                                         |                                                                                                                         |
| <b>Similac</b> <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder<br>Enfamil <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input type="checkbox"/> Powder<br><i>Gerber Good Start</i> | <i>Go &amp; Grow 9-24 months</i><br><br><i>Gentle - milk based w/iron - Powder</i> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/> | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                                                                                                                                                                            |                                                                                    |                                                                                                              |                                                                                                                         |                                                                                                                         |                                                                                                                         |                                                                                                                         |
| <i>Oatmeal Cereal</i>                                                                                                                                                                                                                                                  | <i>Gerber, Single Grain, added water</i>                                           | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                        | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                                                                                                                                                                                   |                                                                                    |                                                                                                              |                                                                                                                         |                                                                                                                         |                                                                                                                         |                                                                                                                         |
| <i>Garden Vegetable</i>                                                                                                                                                                                                                                                | <i>Gerber - pouch</i>                                                              | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            |
| <b>Grains &amp; Bread</b>                                                                                                                                                                                                                                              |                                                                                    |                                                                                                              |                                                                                                                         |                                                                                                                         |                                                                                                                         |                                                                                                                         |
| <i>Puffs</i>                                                                                                                                                                                                                                                           | <i>Gerber Graduates - Sweet Potato</i>                                             | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                        | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                        | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                                                                                                                                                                                   |                                                                                    |                                                                                                              |                                                                                                                         |                                                                                                                         |                                                                                                                         |                                                                                                                         |
| <i>Chicken and gravy</i>                                                                                                                                                                                                                                               | <i>Gerber - pouch</i>                                                              | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| <b>Other food and beverage items (include milk and water here)</b>                                                                                                                                                                                                     |                                                                                    |                                                                                                              |                                                                                                                         |                                                                                                                         |                                                                                                                         |                                                                                                                         |
| <i>Water</i>                                                                                                                                                                                                                                                           | <i>Served in Sippy cups</i>                                                        | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |

For foods or beverages 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 for Between 4pm and 7pm

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served ***between 4pm and 7pm*** to children under 1 year old.

☐ Check this box if you did not serve any items ***between 4pm and 7pm***.

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
|                                                                                                                  |                                                                                                                                                  | Foods You Prepared*      | 0-3 months                                                                                          | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                                   |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                      |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Grains &amp; Bread</b>                                                                                        |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Other food and beverage items (include milk and water here)</b>                                               |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages 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.)

**Thursday**

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### Infant Menu for Before 10am

Today's Date: 2/9/17

Day of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☒ Thursday ☐ Friday

Please use this form to record all food served in the morning **before 10am** to children under 1 year old.

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

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate             | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                                     |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                                                                                                              |                                                                                                                                                  |                                             | 0-3 months                                                                                          | 4-5 months                          | 6-7 months                          | 8 months through 11 months          |
| <b>Similac</b> <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder | <i>Go &amp; Grow 9-24 months</i>                                                                                                                 | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Enfamil <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"/>            |
| <i>Gerber Good Start</i>                                                                                                     | <i>Gentle - milk based w/iron - Powder</i>                                                                                                       | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>Homemade Banana Oatmeal</i>                                                                                               |                                                                                                                                                  | <input checked="" type="checkbox"/>         | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Applesauce</i>                                                                                                            | <i>Gerber - jar</i>                                                                                                                              | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>Banana, strawberry, blueberry</i>                                                                                         | <i>Gerber - pouch</i>                                                                                                                            | <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"/>            |
| <b>Grains &amp; Bread</b>                                                                                                    |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Cheerios</i>                                                                                                              | <i>General Mills</i>                                                                                                                             | <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"/>            |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Other food and beverage items (include milk and water here)</b>                                                           |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Water</i>                                                                                                                 | <i>Served in Sippy cups</i>                                                                                                                      | <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"/>            |

For foods or beverages 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 for Before 10am

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served in the morning ***before 10am*** to children under 1 year old.

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

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
|                                                                                                                  |                                                                                                                                                  | Foods You Prepared*      | 0-3 months                                                                                          | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                                   |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                      |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Grains &amp; Bread</b>                                                                                        |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Other food and beverage items (include milk and water here)</b>                                               |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages 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 for Between 10am and 1pm

Today's Date: 2/9/17

Day of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☒ Thursday ☐ Friday

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

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

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate             | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                                     |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                                                                                                              |                                                                                                                                                  |                                             | 0-3 months                                                                                          | 4-5 months                          | 6-7 months                          | 8 months through 11 months          |
| <b>Formula</b>                                                                                                               |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <b>Similac</b> <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder | <i>Go &amp; Grow 9-24 months</i>                                                                                                                 | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Enfamil <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"/>            |
| <i>Gerber Good Start</i>                                                                                                     | <i>Gentle - milk based w/iron - Powder</i>                                                                                                       | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                                  |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Carrots</i>                                                                                                               | <i>Gerber - jar</i>                                                                                                                              | <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"/>            |
| <b>Grains &amp; Bread</b>                                                                                                    |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Puffs</i>                                                                                                                 | <i>Gerber Graduates, strawberry banana</i>                                                                                                       | <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"/>            |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Pureed chicken</i>                                                                                                        | <i>Gerber - jar</i>                                                                                                                              | <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"/>            |
| <b>Other food and beverage items (include milk and water here)</b>                                                           |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Water</i>                                                                                                                 | <i>Served in Sippy cups</i>                                                                                                                      | <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"/>            |

For foods or beverages 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 for Between 10am and 1pm

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

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

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

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
|                                                                                                                  |                                                                                                                                                  | Foods You Prepared*      | 0-3 months                                                                                          | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                                   |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                      |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Grains &amp; Bread</b>                                                                                        |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Other food and beverage items (include milk and water here)</b>                                               |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages 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 for Between 1pm and 4pm

Today's Date: 2/9/17

Day of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☒ Thursday ☐ Friday

Please use this form to record all food served **between 1pm and 4pm** to children under 1 year old.

☐ Check this box if you did not serve any items **between 1pm and 4pm**.

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate             | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                                     |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                                                                                                              |                                                                                                                                                  |                                             | 0-3 months                                                                                          | 4-5 months                          | 6-7 months                          | 8 months through 11 months          |
| <b>Formula</b>                                                                                                               |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <b>Similac</b> <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder | <i>Go &amp; Grow 9-24 months</i>                                                                                                                 | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Enfamil <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"/>            |
| <i>Gerber Good Start</i>                                                                                                     | <i>Gentle - milk based w/iron - Powder</i>                                                                                                       | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                                  |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Avocado</i>                                                                                                               | <i>Fresh, sliced</i>                                                                                                                             | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <i>Avocado</i>                                                                                                               | <i>Fresh, mashed</i>                                                                                                                             | <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"/>            |
| <b>Grains &amp; Bread</b>                                                                                                    |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Cheerios</i>                                                                                                              | <i>General Mills</i>                                                                                                                             | <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"/>            |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Other food and beverage items (include milk and water here)</b>                                                           |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Water</i>                                                                                                                 | <i>Served in Sippy cups</i>                                                                                                                      | <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"/>            |

For foods or beverages 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 for Between 1pm and 4pm

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served *between 1pm and 4pm* to children under 1 year old.

☐ Check this box if you did not serve any items *between 1pm and 4pm*.

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
|                                                                                                                  |                                                                                                                                                  | Foods You Prepared*      | 0-3 months                                                                                          | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                                   |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                      |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Grains &amp; Bread</b>                                                                                        |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Other food and beverage items (include milk and water here)</b>                                               |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages 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 for Between 4pm and 7pm

Today's Date: 2/9/17

Day of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☒ Thursday ☐ Friday

Please use this form to record all food served **between 4pm and 7pm** to children under 1 year old.

☐ Check this box if you did not serve any items **between 4pm and 7pm**.

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate             | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                                     |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                                                                                                              |                                                                                                                                                  |                                             | 0-3 months                                                                                          | 4-5 months                          | 6-7 months                          | 8 months through 11 months          |
| <b>Formula</b>                                                                                                               |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <b>Similac</b> <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder | <i>Go &amp; Grow 9-24 months</i>                                                                                                                 | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Enfamil <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"/>            |
| <i>Gerber Good Start</i>                                                                                                     | <i>Gentle - milk based w/iron - Powder</i>                                                                                                       | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                                  |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Oatmeal Cereal</i>                                                                                                        | <i>Gerber, Single Grain, added water</i>                                                                                                         | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Garden Vegetable</i>                                                                                                      | <i>Gerber - pouch</i>                                                                                                                            | <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"/>            |
| <b>Grains &amp; Bread</b>                                                                                                    |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Puffs</i>                                                                                                                 | <i>Gerber Graduates - Sweet Potato</i>                                                                                                           | <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"/>            |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Chicken and gravy</i>                                                                                                     | <i>Gerber - pouch</i>                                                                                                                            | <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"/>            |
| <b>Other food and beverage items (include milk and water here)</b>                                                           |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Water</i>                                                                                                                 | <i>Served in Sippy cups</i>                                                                                                                      | <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"/>            |

For foods or beverages 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 for Between 4pm and 7pm

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served ***between 4pm and 7pm*** to children under 1 year old.

☐ Check this box if you did not serve any items ***between 4pm and 7pm***.

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
|                                                                                                                  |                                                                                                                                                  | Foods You Prepared*      | 0-3 months                                                                                          | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                                   |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                      |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Grains &amp; Bread</b>                                                                                        |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Other food and beverage items (include milk and water here)</b>                                               |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages 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.)

**Friday**

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### Infant Menu for Before 10am

**Today's Date:** 2/10/17 **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☒ Friday

Please use this form to record all food served in the morning **before 10am** to children under 1 year old.

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

| List Each Food and Drink Served During This Time                                                                             | Please Describe Each Food or Drink                                                                     | Food Preparation                    | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                                     |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate                                                                     | For detailed information on what to include in this column, please refer to the Food Description Guide | Foods You Prepared*                 | 0-3 months                                                                                          | 4-5 months                          | 6-7 months                          | 8 months through 11 months          |
| <b>Similac</b> <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder | <i>Go &amp; Grow 9-24 months</i>                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Enfamil <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"/>            |
| <i>Gerber Good Start</i>                                                                                                     | <i>Gentle - milk based w/iron - Powder</i>                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>Homemade Banana Oatmeal</i>                                                                                               |                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                                                                                                              |                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                                         |                                                                                                        |                                     |                                                                                                     |                                     |                                     |                                     |
| <i>Applesauce</i>                                                                                                            | <i>Gerber - jar</i>                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <i>Banana, strawberry, blueberry</i>                                                                                         | <i>Gerber - pouch</i>                                                                                  | <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"/>            |
| <b>Grains &amp; Bread</b>                                                                                                    |                                                                                                        |                                     |                                                                                                     |                                     |                                     |                                     |
| <i>Cheerios</i>                                                                                                              | <i>General Mills</i>                                                                                   | <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"/>            |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                                         |                                                                                                        |                                     |                                                                                                     |                                     |                                     |                                     |
|                                                                                                                              |                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Other food and beverage items (include milk and water here)</b>                                                           |                                                                                                        |                                     |                                                                                                     |                                     |                                     |                                     |
| <i>Water</i>                                                                                                                 | <i>Served in Sippy cups</i>                                                                            | <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"/>            |

\*For foods or beverages 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 for Before 10am

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served in the morning ***before 10am*** to children under 1 year old.

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

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
|                                                                                                                  |                                                                                                                                                  | Foods You Prepared*      | 0-3 months                                                                                          | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                                   |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                      |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Grains &amp; Bread</b>                                                                                        |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Other food and beverage items (include milk and water here)</b>                                               |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages 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 for Between 10am and 1pm

Today's Date: 2/10/17 Day of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☒ Friday

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

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

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate             | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                                     |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                                                                                                              |                                                                                                                                                  |                                             | 0-3 months                                                                                          | 4-5 months                          | 6-7 months                          | 8 months through 11 months          |
| <b>Formula</b>                                                                                                               |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <b>Similac</b> <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder | <i>Go &amp; Grow 9-24months</i>                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Enfamil <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"/>            |
| <i>Gerber Good Start</i>                                                                                                     | <i>Gentle - milk based w/iron - Powder</i>                                                                                                       | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                                  |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Carrots</i>                                                                                                               | <i>Gerber - jar</i>                                                                                                                              | <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"/>            |
| <b>Grains &amp; Bread</b>                                                                                                    |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Puffs</i>                                                                                                                 | <i>Gerber Graduates, strawberry banana</i>                                                                                                       | <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"/>            |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Pureed chicken</i>                                                                                                        | <i>Gerber - jar</i>                                                                                                                              | <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"/>            |
| <b>Other food and beverage items (include milk and water here)</b>                                                           |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Water</i>                                                                                                                 | <i>Served in Sippy cups</i>                                                                                                                      | <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"/>            |

For foods or beverages 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 for Between 10am and 1pm

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

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

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

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
|                                                                                                                  |                                                                                                                                                  | Foods You Prepared*      | 0-3 months                                                                                          | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                                   |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                      |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Grains &amp; Bread</b>                                                                                        |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Other food and beverage items (include milk and water here)</b>                                               |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages 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 for Between 1pm and 4pm

Today's Date: 2/10/17 Day of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☒ Friday

Please use this form to record all food served **between 1pm and 4pm** to children under 1 year old.

☐ Check this box if you did not serve any items **between 1pm and 4pm**.

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate             | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation<br><br>Foods you Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                                     |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                                                                                                              |                                                                                                                                                  |                                             | 0-3 months                                                                                          | 4-5 months                          | 6-7 months                          | 8 months through 11 months          |
| <b>Formula</b>                                                                                                               |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <b>Similac</b> <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder | <i>Go &amp; Grow 9-24 months</i>                                                                                                                 | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Enfamil <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"/>            |
| <i>Gerber Good Start</i>                                                                                                     | <i>Gentle - milk based w/iron - Powder</i>                                                                                                       | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                                  |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Avocado</i>                                                                                                               | <i>Fresh, sliced</i>                                                                                                                             | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <i>Avocado</i>                                                                                                               | <i>Fresh, mashed</i>                                                                                                                             | <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"/>            |
| <b>Grains &amp; Bread</b>                                                                                                    |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Cheerios</i>                                                                                                              | <i>General Mills</i>                                                                                                                             | <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"/>            |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Other food and beverage items (include milk and water here)</b>                                                           |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Water</i>                                                                                                                 | <i>Served in Sippy cups</i>                                                                                                                      | <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"/>            |

\*For foods or beverages 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 for Between 1pm and 4pm

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served *between 1pm and 4pm* to children under 1 year old.

☐ Check this box if you did not serve any items *between 1pm and 4pm*.

| List Each Food and Drink Served During This Time                                                           | Please Describe Each Food or Drink                                                                     | Food Preparation         | Age Group(s) Served                                                          |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
| RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate                                                   | For detailed information on what to include in this column, please refer to the Food Description Guide | Foods You Prepared*      | Select the column(s) for each age group to whom you served the food or drink |                          |                          |                            |
|                                                                                                            |                                                                                                        |                          | 0-3 months                                                                   | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                             |                                                                                                        |                          |                                                                              |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                |                                                                                                        |                          |                                                                              |                          |                          |                            |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                       |                                                                                                        |                          |                                                                              |                          |                          |                            |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Grains &amp; Bread</b>                                                                                  |                                                                                                        |                          |                                                                              |                          |                          |                            |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                       |                                                                                                        |                          |                                                                              |                          |                          |                            |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Other food and beverage items (include milk and water here)</b>                                         |                                                                                                        |                          |                                                                              |                          |                          |                            |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                            |                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                     | <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 beverages 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 for Between 4pm and 7pm

Today's Date: 2/10/17 Day of Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☒ Friday

Please use this form to record all food served **between 4pm and 7pm** to children under 1 year old.

☐ Check this box if you did not serve any items **between 4pm and 7pm**.

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate             | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation<br><br>Foods You Prepared* | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                                     |                                     |                                     |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                                                                                                              |                                                                                                                                                  |                                             | 0-3 months                                                                                          | 4-5 months                          | 6-7 months                          | 8 months through 11 months          |
| <b>Formula</b>                                                                                                               |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <b>Similac</b> <input type="checkbox"/> RTF <input type="checkbox"/> Liquid Conc. <input checked="" type="checkbox"/> Powder | <i>Go &amp; Grow 9-24 months</i>                                                                                                                 | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Enfamil <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"/>            |
| <i>Gerber Good Start</i>                                                                                                     | <i>Gentle - milk based w/iron - Powder</i>                                                                                                       | <input type="checkbox"/>                    | <input checked="" type="checkbox"/>                                                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                                  |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Oatmeal Cereal</i>                                                                                                        | <i>Gerber, Single Grain, added water</i>                                                                                                         | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                                                                              |                                                                                                                                                  | <input type="checkbox"/>                    | <input type="checkbox"/>                                                                            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Garden Vegetable</i>                                                                                                      | <i>Gerber - pouch</i>                                                                                                                            | <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"/>            |
| <b>Grains &amp; Bread</b>                                                                                                    |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Puffs</i>                                                                                                                 | <i>Gerber Graduates - Sweet Potato</i>                                                                                                           | <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"/>            |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                                         |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Chicken and gravy</i>                                                                                                     | <i>Gerber - pouch</i>                                                                                                                            | <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"/>            |
| <b>Other food and beverage items (include milk and water here)</b>                                                           |                                                                                                                                                  |                                             |                                                                                                     |                                     |                                     |                                     |
| <i>Water</i>                                                                                                                 | <i>Served in Sippy cups</i>                                                                                                                      | <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"/>            |

\*For foods or beverages 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 for Between 4pm and 7pm

**Today's Date:** \_\_\_\_\_ **Day of Week:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Please use this form to record all food served *between 4pm and 7pm* to children under 1 year old.

☐ Check this box if you did not serve any items *between 4pm and 7pm*.

| List Each Food and Drink Served During This Time<br><br>RTF = Ready to Feed<br>Liquid Conc. = Liquid Concentrate | Please Describe Each Food or Drink<br><br>For detailed information on what to include in this column, please refer to the Food Description Guide | Food Preparation         | Age Group(s) Served<br>Select the column(s) for each age group to whom you served the food or drink |                          |                          |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|
|                                                                                                                  |                                                                                                                                                  | Foods You Prepared*      | 0-3 months                                                                                          | 4-5 months               | 6-7 months               | 8 months through 11 months |
| <b>Formula</b>                                                                                                   |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
| Similac <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"/>   |
| Enfamil <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"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Infant Cereal (please include what it is mixed with)</b>                                                      |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Fruits, Vegetables, and Fruit/Vegetable Juice</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Grains &amp; Bread</b>                                                                                        |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Meat/Meat Alternate and Mixed Component Foods</b>                                                             |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
| <b>Other food and beverage items (include milk and water here)</b>                                               |                                                                                                                                                  |                          |                                                                                                     |                          |                          |                            |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |
|                                                                                                                  |                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/>                                                                            | <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 beverages 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.)

## **Foods You Prepared Form**

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Please fill out a **Foods You Prepared Form** for any food items with a checkbox in the “Food Preparation” column.

These are items made from two or more ingredients, made at the child care facility, listed on your **Infant Daily Menu pages**.

**Note:** If you are able to provide a **printed copy of the recipe**, and it has all of the information that we ask for on the “Foods You Prepared” form, you do not need to fill out the “Foods You Prepared” form. Instead, please attach the printed recipe to the form. If there are any revisions to the recipe, please write them on the recipe.

## Foods You Prepared

Fill out one page 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:** Homemade Banana Oatmeal  
(Please use same name you used on the Infant Menu Pages)

### When Was Food Served?

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

Date(s) Served:

- ☒ Before 10am 2/8/17  
☐ Between 10-1pm \_\_\_\_\_  
☐ Between 1-4pm \_\_\_\_\_  
☐ Between 4-7pm \_\_\_\_\_

**Number of Servings Prepared:** 6

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

| What Ingredients or Foods Did You Use?<br>(List all ingredients and foods.) | How Much Did You Use?<br>(Examples: 2 tsp, 1/2 cup, 1 pound, 4fl oz., etc.) | Please Describe Each Ingredient or Food.<br>(Provide as much detail as possible. Check the Food Description Guide.) |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Ground oats                                                                 | 3 cups                                                                      | Quaker Oats; old fashioned                                                                                          |
| Brown sugar                                                                 | 2 Tbsp                                                                      |                                                                                                                     |
| Cinnamon                                                                    | 3/4 tsp                                                                     |                                                                                                                     |
| Water                                                                       | 3 cups                                                                      |                                                                                                                     |
| banana                                                                      | 1 whole                                                                     |                                                                                                                     |
|                                                                             |                                                                             |                                                                                                                     |
|                                                                             |                                                                             |                                                                                                                     |
|                                                                             |                                                                             |                                                                                                                     |
|                                                                             |                                                                             |                                                                                                                     |
|                                                                             |                                                                             |                                                                                                                     |
|                                                                             |                                                                             |                                                                                                                     |

### Preparation and/or Cooking Method (If Applicable):

- If cooked:
  - What cooking method did you use? (check one)  
☐ Bake/Roast   ☐ Broil/Grill   ☐ Pan Fry/Sauté   ☐ Stir Fry   ☐ Deep Fry   ☒ Boil/Parboil   ☐ Other (specify): \_\_\_\_\_
  - What fat was added during the cooking process? (check one)  
☐ Vegetable Oil   ☐ Olive Oil   ☐ Butter   ☐ Margarine   ☐ Other (specify) \_\_\_\_\_   ☒ None
- If you prepared meat (chicken, beef, pork, etc.), did you: (Check all that apply)
  - Trim the visible fat?   ☐ Yes   ☐ No   ☐ No visible fat to trim
  - Drain the fat after cooking?   ☐ Yes   ☐ No   ☐ No fat to drain
- If you prepared fruit(s) or vegetable(s), did you:
  - Peel the fruit or vegetable?   ☒ Yes   ☐ No   ☐ No peel to remove
  - Mash or blend the fruit or vegetable?   ☒ Yes   ☐ No
- Was salt added during the cooking process?   ☐ Yes   ☒ No

## Foods You Prepared

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:** \_\_\_\_\_  
*(Please use same name you used on the Infant Menu Pages)*

**Number of Servings Prepared:** \_\_\_\_\_

**Size of each serving:** \_\_\_\_\_  
 (Examples: ½ cup, 4fl. oz., 1 cup, 3 TBSP)

### When Was Food Served?

*Check all that apply and indicate date(s) served:*

Date(s) Served: \_\_\_\_\_

- ☐ Before 10am \_\_\_\_\_
- ☐ Between 10-1pm \_\_\_\_\_
- ☐ Between 1-4pm \_\_\_\_\_
- ☐ Between 4-7pm \_\_\_\_\_

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

### Preparation and Cooking Method (If Applicable):

- If cooked:
  - What cooking method did you use? *(check one)*  
☐ Bake/Roast   ☐ Broil/Grill   ☐ Pan Fry/Sauté   ☐ Stir Fry   ☐ Deep Fry   ☐ Boil/Parboil   ☐ Other (specify): \_\_\_\_\_
  - What fat was added during the cooking process? (check one)  
☐ Vegetable Oil   ☐ Olive Oil   ☐ Butter   ☐ Margarine   ☐ Other (specify) \_\_\_\_\_   ☐ None
- If you prepared meat (chicken, beef, pork, etc.), did you: *(Check all that apply)*
  - Trim the visible fat?   ☐ Yes   ☐ No   ☐ No visible fat to trim
  - Drain the fat after cooking?   ☐ Yes   ☐ No   ☐ No fat to drain
- If you prepared fruit(s) or vegetable(s), did you:
  - Peel the fruit or vegetable?   ☐ Yes   ☐ No   ☐ No peel to remove
  - Mash or blend the fruit or vegetable?   ☐ Yes   ☐ No
- Was salt added during the cooking process?   ☐ Yes   ☐ No

## Foods You Prepared

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:** \_\_\_\_\_  
*(Please use same name you used on the Infant Menu Pages)*

**Number of Servings Prepared:** \_\_\_\_\_

**Size of each serving:** \_\_\_\_\_  
 (Examples: ½ cup, 4fl. oz., 1 cup, 3 TBSP)

### When Was Food Served?

*Check all that apply and indicate date(s) served:*

Date(s) Served: \_\_\_\_\_

- ☐ Before 10am \_\_\_\_\_
- ☐ Between 10-1pm \_\_\_\_\_
- ☐ Between 1-4pm \_\_\_\_\_
- ☐ Between 4-7pm \_\_\_\_\_

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

### Preparation and Cooking Method (If Applicable):

- If cooked:
  - What cooking method did you use? *(check one)*  
☐ Bake/Roast   ☐ Broil/Grill   ☐ Pan Fry/Sauté   ☐ Stir Fry   ☐ Deep Fry   ☐ Boil/Parboil   ☐ Other (specify): \_\_\_\_\_
  - What fat was added during the cooking process? (check one)  
☐ Vegetable Oil   ☐ Olive Oil   ☐ Butter   ☐ Margarine   ☐ Other (specify) \_\_\_\_\_   ☐ None
- If you prepared meat (chicken, beef, pork, etc.), did you: *(Check all that apply)*
  - Trim the visible fat?   ☐ Yes   ☐ No   ☐ No visible fat to trim
  - Drain the fat after cooking?   ☐ Yes   ☐ No   ☐ No fat to drain
- If you prepared fruit(s) or vegetable(s), did you:
  - Peel the fruit or vegetable?   ☐ Yes   ☐ No   ☐ No peel to remove
  - Mash or blend the fruit or vegetable?   ☐ Yes   ☐ No
- Was salt added during the cooking process?   ☐ Yes   ☐ No

## Foods You Prepared

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:** \_\_\_\_\_  
*(Please use same name you used on the Infant Menu Pages)*

**Number of Servings Prepared:** \_\_\_\_\_

**Size of each serving:** \_\_\_\_\_  
 (Examples: ½ cup, 4fl. oz., 1 cup, 3 TBSP)

### When Was Food Served?

*Check all that apply and indicate date(s) served:*

Date(s) Served: \_\_\_\_\_

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### Preparation and Cooking Method (If Applicable):

- If cooked:
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☐ Bake/Roast   ☐ Broil/Grill   ☐ Pan Fry/Sauté   ☐ Stir Fry   ☐ Deep Fry   ☐ Boil/Parboil   ☐ Other (specify): \_\_\_\_\_
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## Foods You Prepared

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:** \_\_\_\_\_  
*(Please use same name you used on the Infant Menu Pages)*

**Number of Servings Prepared:** \_\_\_\_\_

**Size of each serving:** \_\_\_\_\_  
 (Examples: ½ cup, 4fl. oz., 1 cup, 3 TBSP)

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[illegible]**Preparation and Cooking Method (If Applicable):**

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  - 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 you prepared fruit(s) or vegetable(s), 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

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.).

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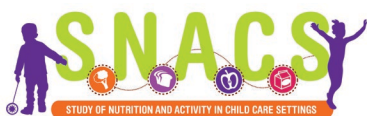
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- Was salt added during the cooking process?   ☐ Yes   ☐ No

## ***I.6 Infant Food Intake Form***

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OMB Control No: 0584-0615  
OMB Approval Expiration Date: 10/31/2019

Abt IRB Approval No. 0804

# Study on Nutrition and Activity in Child Care Settings (SNACS)

## Infant Food Intake

Child Care Center ID

Target Week

Infant Caregiver Initials:

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 0584-0615. The time required to complete this information collection is estimated to average 10 minutes per infant, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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**About the Study.** The Study on Nutrition and Activity in Child Care Settings is intended to study nutrition and activity in child care centers, family day care homes, afterschool programs, and at-risk programs participating in the Child and Adult Care Food Program (CACFP). More than 1,500 child care providers in over 20 states were selected to be part of the study. Abt Associates is conducting this study for the USDA Food and Nutrition Service (FNS).

**About this Booklet.** This booklet is to be filled out by the infant care provider, and will be used to collect information about the foods and beverages consumed by up to four infants for one day, and the time of each feeding while in the provider's care. This includes foods brought in from home as well as prepared at the center. The infant care provider will receive \$5 for completing the form for each sampled infant.

**Protecting Privacy.** All information gathered from child care sponsors, child care centers, family day care homes, child care administrators and staff, and families participating in this study is for research purposes only and will be kept private to the full extent allowed by law. Responses will be grouped with those of other study participants, and no individual participants, program administrators, program staff, parents, or children will be identified in any study report.

**Questions.** If you have any questions about the study please call our toll-free study number at 1-866-890-6950 or email [SNACS@srbi.com](mailto:SNACS@srbi.com). We will be happy to answer your questions and to help you in any way we can.

**Thank you for participating in the Study on Nutrition and Activity in Child Care Settings.**

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# Instructions

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## INSTRUCTIONS

Please use this form to record all the foods, drinks, formula, and/or breast milk you served to the infants being observed while he/she is in your child care facility on the day noted on the front cover. **Please be sure to include anything brought in from home by the parent or guardian that was served to the infant.**

### USE ONE BOOKLET FOR FOUR INFANTS:

**One booklet** should be used to record the intake of up to **four infants** on **one day**. Each infant care provider will receive one booklet to record information for these four infants. Write the **first** name of the infant on each separate form, found on **Tabs 4, 5, 6, and 7**.

### This booklet contains:

- **TAB 1:** Instructions
- **TAB 2:** Measurement Guide
- **TAB 3:** Example of a completed Infant Intake Form
- **TAB 4:** Infant Intake Form – Infant 1
- **TAB 5:** Infant Intake Form – Infant 2
- **TAB 6:** Infant Intake Form – Infant 3
- **TAB 7:** Infant Intake Form – Infant 4

**Each infant should be recorded in a separate tab (space for 4 infants is provided)**

## HOW TO FILL OUT THIS BOOKLET

Fill out the information at the top of the form: Date, Day of the Week, Infant Name, Infant Birthdate, Age Group of Infant, and Gender. When selecting the age group, keep in mind the age groups are as follows:

- Birth through 3 months
- 4 through 5 months
- 6 through 7 months
- 8 through 11 months

For example, you would circle “6 - 7 months” for an infant who is 7.5 months old.

Then follow the instructions at the top of each column:

### Time of Feeding

- Write down the time you started each feeding, including a.m. or p.m. This will help you keep track of the feedings you have recorded.

### What Did You Serve or Feed (to the Infant)?

- For each feeding, write down everything you fed to the infant, including formula, breast milk, solid foods (including purees and blended/mashed foods), snacks, and any other drinks. Use a separate row for each food or beverage.
- If you serve juice, please indicate if it is 100% juice in the “What did you serve or feed” column. Please see the last row of the example form.
- Check the box to indicate whether the food or drink was **brought from home** or **prepared in the center**.
- **Please also list any time the mother comes to the center and nurses the infant being observed** in the center. You can indicate this by selecting the checkbox labeled “mom nursed” in the “What did you serve or feed” column.
  - *Do not worry about recording the amount of breast milk consumed during nursing sessions. Simply write “N/A” for not applicable in the last column. Please see the first row of the example form.*

### How Much Did the Infant Eat or Drink?

- Write down how much of each item the sampled infant ate or drank.

## If you use standard measuring tools:

- For **liquids** (formula, breast milk, water, juice, whole milk, and any other liquids or drinks), record amount eaten in fluid ounces. Do NOT record liquids in numbers of cups. For example, write "4 fl. oz." NOT "1/2 cup."
- For foods, use standard measures such as "1 Tablespoon." Do NOT use non-standard measures such as "two bites."
- For certain foods such as a banana or apple, you may write how much the child ate from the whole fruit, such as "½ apple" then fill in the blank next to the last check box by writing "whole" for the unit of measure. You can write the word "piece" or "whole" in the blank space.

| Office Use Only | Time of Feeding | What did you serve or feed?<br>Use one line for each food or drink. (List all formula, breast milk, foods and drinks)                            | How much did the infant eat or drink?<br>(Include units: Fluid ounces (FL OZ), cups, teaspoons (tsp), Tablespoons (TB)) |                                                                                                                                           | If you used the Measurement Guide to estimate amount consumed, check box.<br>Measurement Guide? |
|-----------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
|                 |                 |                                                                                                                                                  | Food                                                                                                                    | Drink/Beverage                                                                                                                            |                                                                                                 |
| 5               | 12:00pm         | Banana, mashed<br><input type="checkbox"/> Mom nursed<br><input checked="" type="checkbox"/> From home<br><input type="checkbox"/> From provider | 1/4                                                                                                                     | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input checked="" type="checkbox"/> whole | <input type="checkbox"/> FL OZ                                                                  |

- Write down the number or fraction of teaspoons, tablespoons, ounces or cups.
- Below is a list of conversions for your convenience.
  - 8 fluid Oz = 1 cup
  - 3 level teaspoons (tsp) = 1 level Tablespoon (TB)

## If you do not use standard measuring tools:

- Use the images found on the following pages to estimate how much the infant ate or drank.
- Indicate which serving dish was used (bowl, cup, spoon) by writing the code found beneath the image (B1, B2, B3, B4, C1, C2, S1, S2, S3, S4).
- Estimate how much was eaten (None, ¼, ½, ¾, All); for spoons, indicate whether the spoonful was mounded or not.

Add a checkmark to the final column of the Infant Intake Module Form to indicate that you used the Measurement Guide to approximate the amount consumed.

| Office Use Only | Time of Feeding | What did you serve or feed?<br>Use one line for each food or drink. (List all formula, breast milk, foods and drinks)                               | How much did the infant eat or drink?<br>(Include units: Fluid ounces (FL OZ), cups, teaspoons (tsp), Tablespoons (TB)) |                                                                                                                                            | If you used the Measurement Guide to estimate amount consumed, check box.<br>Measurement Guide? |
|-----------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
|                 |                 |                                                                                                                                                     | Food                                                                                                                    | Drink/Beverage                                                                                                                             |                                                                                                 |
| 7               | 3:00pm          | 100% Juice: Apple<br><input type="checkbox"/> Mom nursed<br><input type="checkbox"/> From home<br><input checked="" type="checkbox"/> From provider |                                                                                                                         | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input checked="" type="checkbox"/> 1/4 C1 | <input type="checkbox"/> FL OZ                                                                  |

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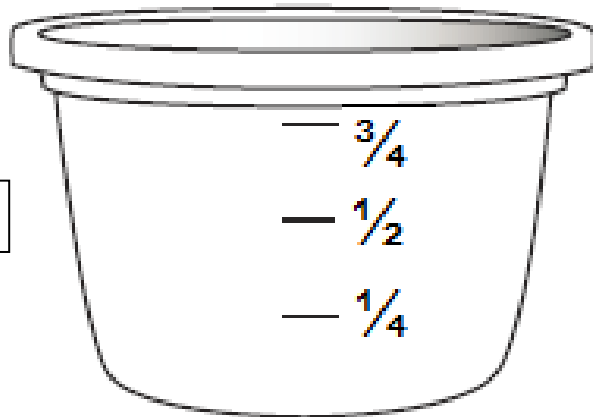


# **Measurement Guide**

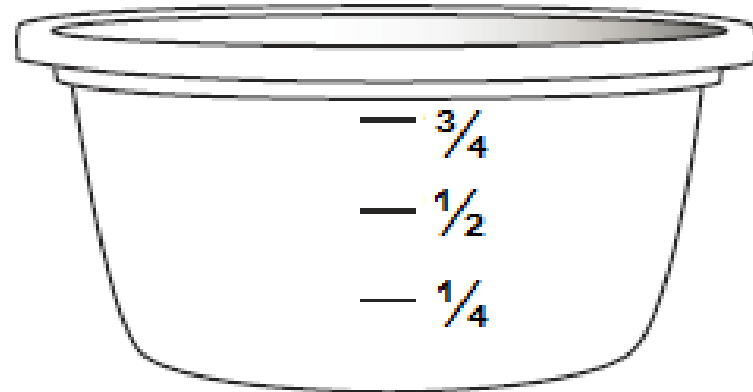
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## Measurement Guide

### Infant Bowls

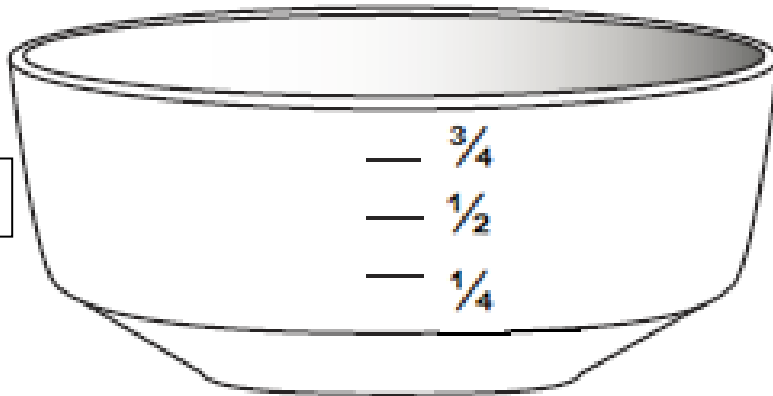


**B 1**

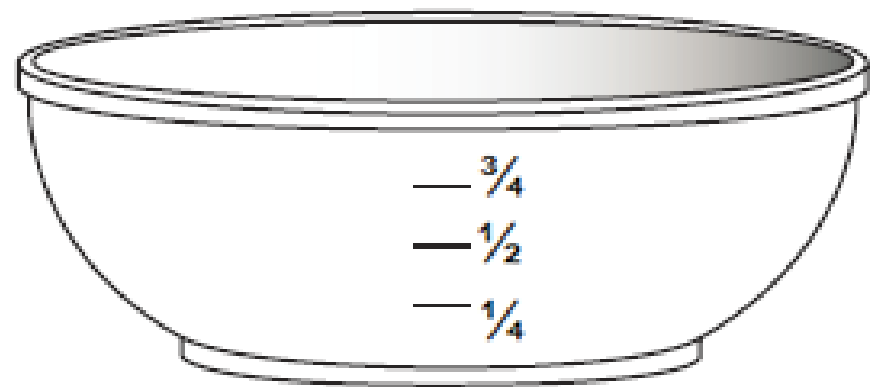


**B 2**

### Child Bowls



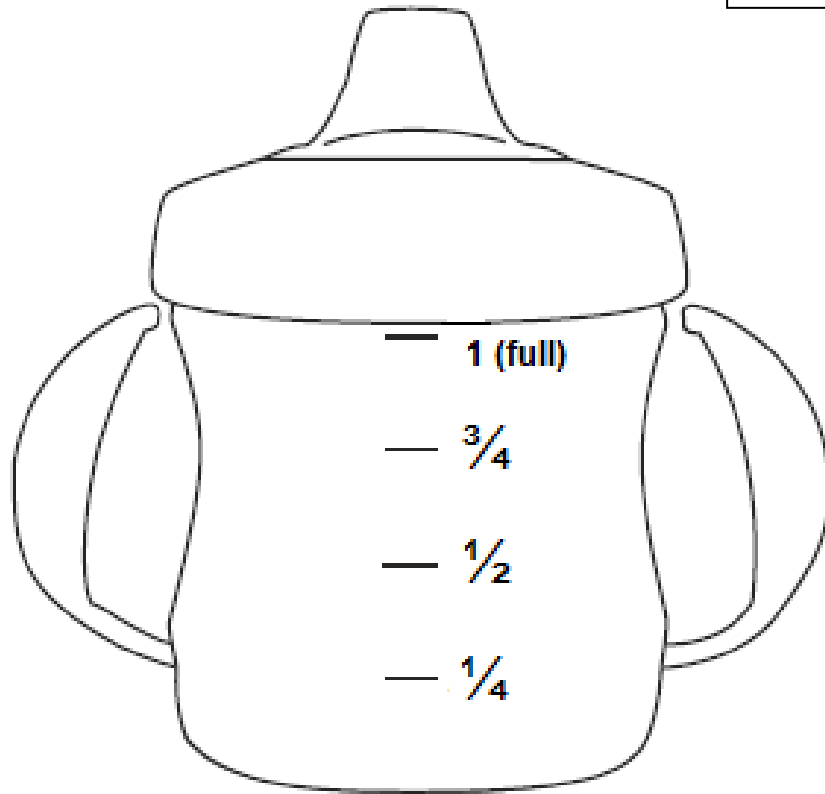
**B 3**



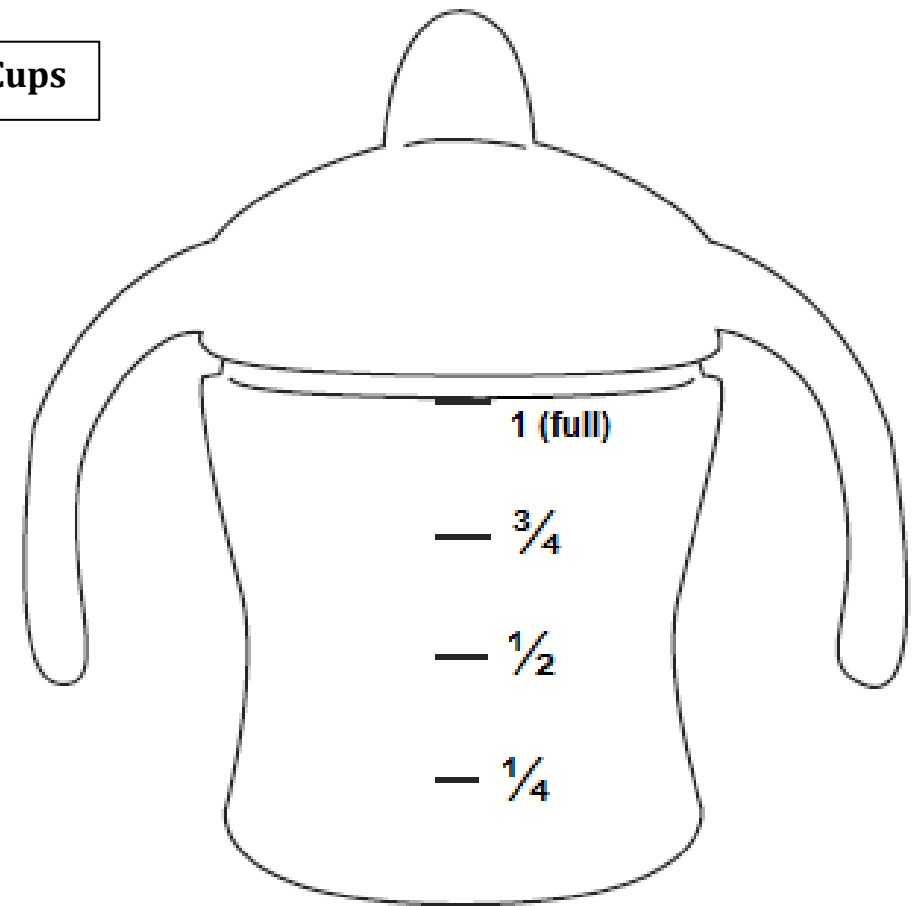
**B 4**

## Measurement Guide, continued

### Sippy Cups

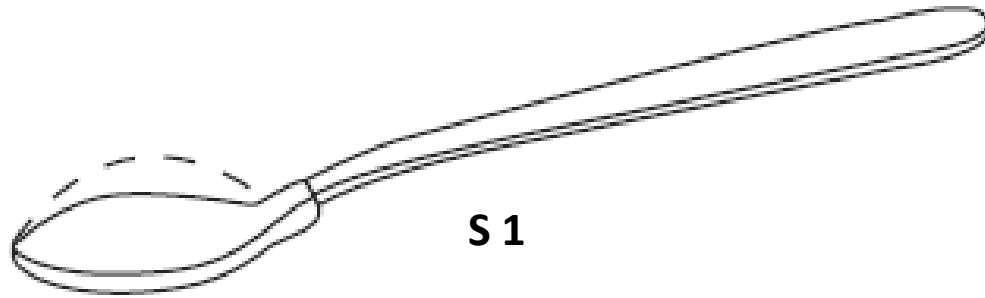


**C 1**



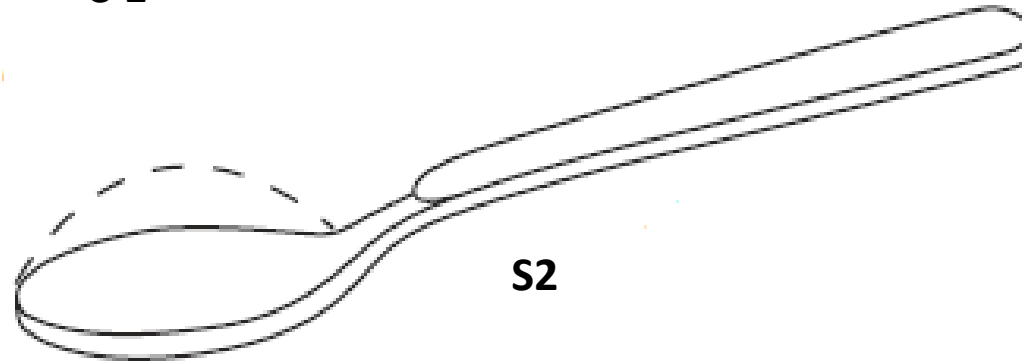
**C 2**

## Measurement Guide, continued

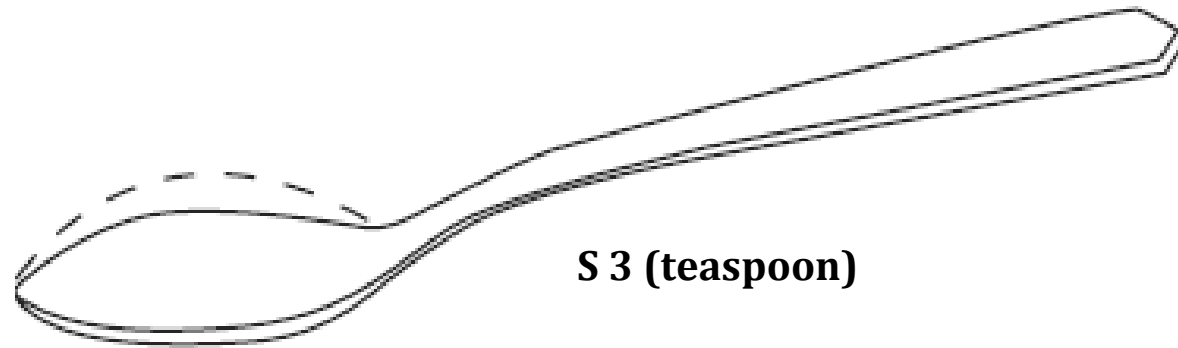


**S 1**

**Infant Spoons**

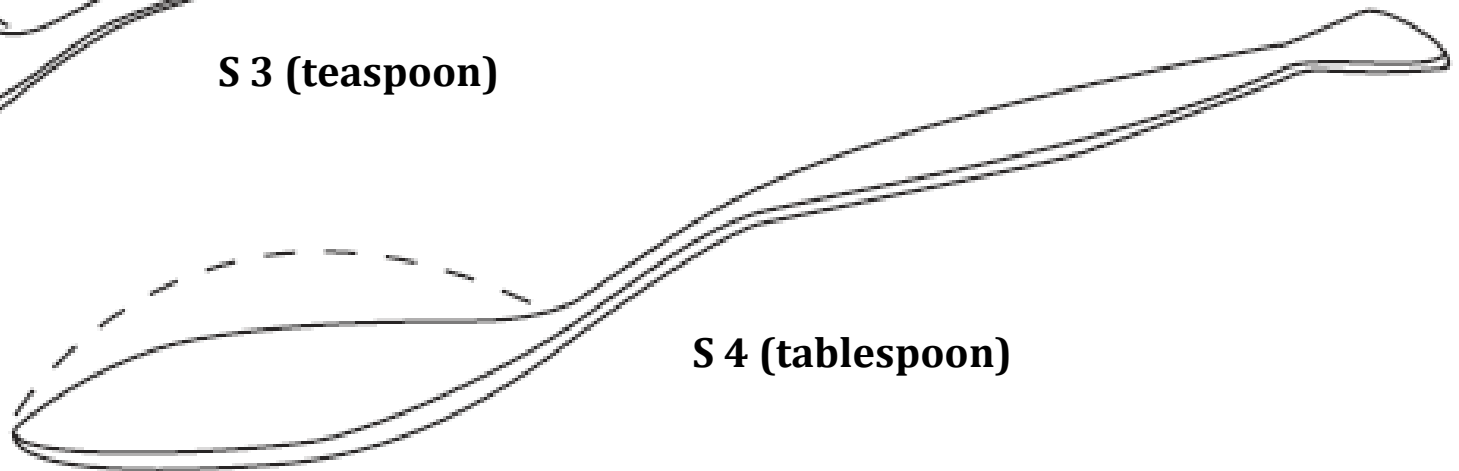


**S2**



**S 3 (teaspoon)**

**Standard Spoons**



**S 4 (tablespoon)**

If you have any questions, please talk with the study team member that is at your program today. If you are unable to talk with the study team member while they are onsite, please call (toll-free) Abt Associates at toll-free 866-890-6950, or email [SNACS@srbi.com](mailto:SNACS@srbi.com).

**Thank you very much for your help with this important study.**

## **Example of a Completed Infant Intake Form**

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Child ID #:       Today's Date: 2/14/17Day of the Week (Please circle one): MON **TUES** WED THURS FRI  
**INFANT FOOD INTAKE FORM**Name of infant: Jackson Birthdate of infant: 8/3/16 Gender (circle one): M **F**Age of Infant (please circle one): 0 – 3 months 4 – 5 months **6 – 7 months** 8 months through 11 months

| Office Use Only | Time of Feeding | What did you serve or feed?<br>Use one line for each food or drink. (List all formula, breast milk, foods and drinks)                             | How much did the infant eat or drink?<br>(Include units: Fluid ounces (FL OZ), cups, teaspoons (tsp), Tablespoons (TB), or other |                                                                                                                                           | If you used the Measurement Guide to estimate amount consumed, check box.<br><b>Measurement Guide?</b> |                                     |
|-----------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------|
|                 |                 |                                                                                                                                                   | Food                                                                                                                             | Drink/Beverage                                                                                                                            |                                                                                                        |                                     |
| 1               | 8:00am          | Breast milk <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input checked="" type="checkbox"/> Mom nursed        |                                                                                                                                  | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____            | N/A <input type="checkbox"/> FL OZ                                                                     |                                     |
| 2               | 10:00am         | Apple Sauce <input type="checkbox"/> From home<br><input checked="" type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed        | 2                                                                                                                                | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input checked="" type="checkbox"/> TB<br><input type="checkbox"/> _____ | <input type="checkbox"/> FL OZ                                                                         |                                     |
| 3               | 12:00pm         | Oatmeal <input type="checkbox"/> From home<br><input checked="" type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed            | 1/4                                                                                                                              | <input checked="" type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____ | <input type="checkbox"/> FL OZ                                                                         |                                     |
| 4               | 12:00pm         | Breast milk <input checked="" type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed        |                                                                                                                                  | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____            | 5 <input checked="" type="checkbox"/> FL OZ                                                            |                                     |
| 5               | 12:00pm         | Banana, mashed <input checked="" type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed     | 1/4                                                                                                                              | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input checked="" type="checkbox"/> whole | <input type="checkbox"/> FL OZ                                                                         |                                     |
| 6               | 3:00pm          | Breast milk <input checked="" type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed        |                                                                                                                                  | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____            | 6 <input checked="" type="checkbox"/> FL OZ                                                            |                                     |
| 7               | 3:00pm          | 100% Juice : Apple <input type="checkbox"/> From home<br><input checked="" type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed |                                                                                                                                  | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____            | 1/4 C1 <input type="checkbox"/> FL OZ                                                                  | <input checked="" type="checkbox"/> |

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# **INFANT FOOD INTAKE FORM**

**Infant 1**

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Child ID #:                         

Today's Date:               

Day of the Week (Please circle one): **MON** **TUES** **WED** **THURS** **FRI**

### INFANT FOOD INTAKE FORM

Name of infant:                                      Birthdate of infant:                     

Gender (circle one): **M** **F**

Age of Infant (please circle one): **0 – 3 months** **4 – 5 months** **6 – 7 months** **8 months through 11 months**

| Office<br>Use<br>Only | Time of<br>Feeding | What did you serve or feed?<br><small>Use one line for each food or drink. (List all formula,<br/>breast milk, foods and drinks)</small> | How much did the infant eat or drink?<br><i>(Include units: Fluid ounces (FL OZ), cups,<br/>teaspoons (tsp), Tablespoons (TB), or other</i> |                                | If you used the<br>Measurement Guide<br>to estimate amount<br>consumed, check<br>box. |
|-----------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------|
|                       |                    |                                                                                                                                          | Food                                                                                                                                        | Drink/Beverage                 | Measurement<br>Guide?                                                                 |
| 1                     |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed                      | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____              | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 2                     |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed                      | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____              | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 3                     |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed                      | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____              | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 4                     |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed                      | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____              | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 5                     |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed                      | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____              | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 6                     |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed                      | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____              | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 7                     |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed                      | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____              | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |

# **INFANT FOOD INTAKE FORM continued**

| Office<br>Use<br>Only | Time of<br>Feeding | <b>What did you serve or feed?</b><br>Use one line for each food or drink. (List all formula, breast milk, foods and drinks) | <b>How much did the infant eat or drink?</b><br><i>(Include units: Fluid ounces (FL OZ), cups, teaspoons (tsp), Tablespoons (TB), or other</i> |                                | If you used the Measurement Guide to estimate amount consumed, check box. |
|-----------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------|
|                       |                    |                                                                                                                              | Food                                                                                                                                           | Drink/Beverage                 | Measurement Guide?                                                        |
| 8                     |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed          | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 9                     |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed          | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 10                    |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed          | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 11                    |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed          | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 12                    |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed          | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 13                    |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed          | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 14                    |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed          | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 15                    |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed          | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |

| Office Use Only | Time of Feeding | <b>What did you serve or feed?</b><br>Use one line for each food or drink. (List all formula, breast milk, foods and drinks) | <b>How much did the infant eat or drink?</b><br><i>(Include units: Fluid ounces (FL OZ), cups, teaspoons (tsp), Tablespoons (TB), or other</i> |                                | If you used the Measurement Guide to estimate amount consumed, check box. |
|-----------------|-----------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------|
|                 |                 |                                                                                                                              | Food                                                                                                                                           | Drink/Beverage                 | Measurement Guide?                                                        |
| 16              |                 | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 17              |                 | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 18              |                 | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 19              |                 | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 20              |                 | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 21              |                 | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 22              |                 | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 23              |                 | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 24              |                 | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |

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# **INFANT FOOD INTAKE FORM**

**Infant 2**

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Child ID #: | | | | | | | |

Today's Date: | | | | | |

Day of the Week (Please circle one): MON TUES WED THURS FRI

# INFANT FOOD INTAKE FORM

Name of infant: | | | | | | | | Birthdate of infant: | | | | | | | |

Gender (circle one): M F

Age of Infant (please circle one): 0 – 3 months 4 – 5 months 6 – 7 months 8 months through 11 months

| Office Use Only | Time of Feeding | What did you serve or feed?<br>Use one line for each food or drink. (List all formula, breast milk, foods and drinks) | How much did the infant eat or drink?<br>(Include units: Fluid ounces (FL OZ), cups, teaspoons (tsp), Tablespoons (TB), or other |                                | If you used the Measurement Guide to estimate amount consumed, check box. |
|-----------------|-----------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------|
|                 |                 |                                                                                                                       | Food                                                                                                                             | Drink/Beverage                 | Measurement Guide?                                                        |
| 1               |                 | <input type="checkbox"/> Mom nursed<br><input type="checkbox"/> From home<br><input type="checkbox"/> From provider   | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____   | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 2               |                 | <input type="checkbox"/> Mom nursed<br><input type="checkbox"/> From home<br><input type="checkbox"/> From provider   | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____   | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 3               |                 | <input type="checkbox"/> Mom nursed<br><input type="checkbox"/> From home<br><input type="checkbox"/> From provider   | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____   | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 4               |                 | <input type="checkbox"/> Mom nursed<br><input type="checkbox"/> From home<br><input type="checkbox"/> From provider   | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____   | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 5               |                 | <input type="checkbox"/> Mom nursed<br><input type="checkbox"/> From home<br><input type="checkbox"/> From provider   | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____   | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 6               |                 | <input type="checkbox"/> Mom nursed<br><input type="checkbox"/> From home<br><input type="checkbox"/> From provider   | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____   | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 7               |                 | <input type="checkbox"/> Mom nursed<br><input type="checkbox"/> From home<br><input type="checkbox"/> From provider   | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____   | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |

### INFANT FOOD INTAKE FORM continued

| Office<br>Use<br>Only | Time of<br>Feeding | <b>What did you serve or feed?</b><br>Use one line for each food or drink. (List all formula,<br>breast milk, foods and drinks)                                 | <b>How much did the infant eat or drink?</b><br><i>(Include units: Fluid ounces (FL OZ), cups,<br/>           teaspoons (tsp), Tablespoons (TB), or other</i> |                                | If you used the<br>Measurement Guide<br>to estimate amount<br>consumed, check<br>box. |
|-----------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------|
|                       |                    |                                                                                                                                                                 | Food                                                                                                                                                          | Drink/Beverage                 | Measurement<br>Guide?                                                                 |
| 8                     |                    | <input type="checkbox"/> Mom nursed <div style="float: right;"> <input type="checkbox"/> From home<br/> <input type="checkbox"/> From provider           </div> | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                                | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 9                     |                    | <input type="checkbox"/> Mom nursed <div style="float: right;"> <input type="checkbox"/> From home<br/> <input type="checkbox"/> From provider           </div> | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                                | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 10                    |                    | <input type="checkbox"/> Mom nursed <div style="float: right;"> <input type="checkbox"/> From home<br/> <input type="checkbox"/> From provider           </div> | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                                | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 11                    |                    | <input type="checkbox"/> Mom nursed <div style="float: right;"> <input type="checkbox"/> From home<br/> <input type="checkbox"/> From provider           </div> | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                                | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 12                    |                    | <input type="checkbox"/> Mom nursed <div style="float: right;"> <input type="checkbox"/> From home<br/> <input type="checkbox"/> From provider           </div> | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                                | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 13                    |                    | <input type="checkbox"/> Mom nursed <div style="float: right;"> <input type="checkbox"/> From home<br/> <input type="checkbox"/> From provider           </div> | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                                | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 14                    |                    | <input type="checkbox"/> Mom nursed <div style="float: right;"> <input type="checkbox"/> From home<br/> <input type="checkbox"/> From provider           </div> | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                                | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 15                    |                    | <input type="checkbox"/> Mom nursed <div style="float: right;"> <input type="checkbox"/> From home<br/> <input type="checkbox"/> From provider           </div> | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                                | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |

| Office<br>Use<br>Only | Time of<br>Feeding | <b>What did you serve or feed?</b><br>Use one line for each food or drink. (List all formula, breast milk, foods and drinks) | <b>How much did the infant eat or drink?</b><br><i>(Include units: Fluid ounces (FL OZ), cups, teaspoons (tsp), Tablespoons (TB), or other</i> |                                | If you used the Measurement Guide to estimate amount consumed, check box. |
|-----------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------|
|                       |                    |                                                                                                                              | Food                                                                                                                                           | Drink/Beverage                 | Measurement Guide?                                                        |
| 16                    |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 17                    |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 18                    |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 19                    |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 20                    |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 21                    |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 22                    |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 23                    |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 24                    |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |

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# **INFANT FOOD INTAKE FORM**

**Infant 3**

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Child ID #: | | | | | | | |

Today's Date: \_\_\_\_\_

Day of the Week (Please circle one): MON TUES WED THURS FRI

# INFANT FOOD INTAKE FORM

Name of infant: \_\_\_\_\_ Birthdate of infant: \_\_\_\_\_

Gender (circle one): M F

Age of Infant (please circle one): 0 – 3 months 4 – 5 months 6 – 7 months 8 months through 11 months

| Office Use Only | Time of Feeding | What did you serve or feed?<br>Use one line for each food or drink. (List all formula, breast milk, foods and drinks) | How much did the infant eat or drink?<br>(Include units: Fluid ounces (FL OZ), cups, teaspoons (tsp), Tablespoons (TB), or other |                                | If you used the Measurement Guide to estimate amount consumed, check box. |
|-----------------|-----------------|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------|
|                 |                 |                                                                                                                       | Food                                                                                                                             | Drink/Beverage                 | Measurement Guide?                                                        |
| 1               |                 | <input type="checkbox"/> Mom nursed<br><input type="checkbox"/> From home<br><input type="checkbox"/> From provider   | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____   | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 2               |                 | <input type="checkbox"/> Mom nursed<br><input type="checkbox"/> From home<br><input type="checkbox"/> From provider   | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____   | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 3               |                 | <input type="checkbox"/> Mom nursed<br><input type="checkbox"/> From home<br><input type="checkbox"/> From provider   | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____   | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 4               |                 | <input type="checkbox"/> Mom nursed<br><input type="checkbox"/> From home<br><input type="checkbox"/> From provider   | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____   | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 5               |                 | <input type="checkbox"/> Mom nursed<br><input type="checkbox"/> From home<br><input type="checkbox"/> From provider   | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____   | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 6               |                 | <input type="checkbox"/> Mom nursed<br><input type="checkbox"/> From home<br><input type="checkbox"/> From provider   | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____   | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 7               |                 | <input type="checkbox"/> Mom nursed<br><input type="checkbox"/> From home<br><input type="checkbox"/> From provider   | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____   | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |

### INFANT FOOD INTAKE FORM continued

| Office Use Only | Time of Feeding | <b>What did you serve or feed?</b><br>Use one line for each food or drink. (List all formula, breast milk, foods and drinks)                                    | <b>How much did the infant eat or drink?</b><br><i>(Include units: Fluid ounces (FL OZ), cups, teaspoons (tsp), Tablespoons (TB), or other</i> |                                | If you used the Measurement Guide to estimate amount consumed, check box. |
|-----------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------|
|                 |                 |                                                                                                                                                                 | Food                                                                                                                                           | Drink/Beverage                 | Measurement Guide?                                                        |
| 8               |                 | <input type="checkbox"/> Mom nursed <div style="float: right;"> <input type="checkbox"/> From home<br/> <input type="checkbox"/> From provider           </div> | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 9               |                 | <input type="checkbox"/> Mom nursed <div style="float: right;"> <input type="checkbox"/> From home<br/> <input type="checkbox"/> From provider           </div> | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 10              |                 | <input type="checkbox"/> Mom nursed <div style="float: right;"> <input type="checkbox"/> From home<br/> <input type="checkbox"/> From provider           </div> | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 11              |                 | <input type="checkbox"/> Mom nursed <div style="float: right;"> <input type="checkbox"/> From home<br/> <input type="checkbox"/> From provider           </div> | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 12              |                 | <input type="checkbox"/> Mom nursed <div style="float: right;"> <input type="checkbox"/> From home<br/> <input type="checkbox"/> From provider           </div> | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 13              |                 | <input type="checkbox"/> Mom nursed <div style="float: right;"> <input type="checkbox"/> From home<br/> <input type="checkbox"/> From provider           </div> | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 14              |                 | <input type="checkbox"/> Mom nursed <div style="float: right;"> <input type="checkbox"/> From home<br/> <input type="checkbox"/> From provider           </div> | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 15              |                 | <input type="checkbox"/> Mom nursed <div style="float: right;"> <input type="checkbox"/> From home<br/> <input type="checkbox"/> From provider           </div> | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |

| Office Use Only | Time of Feeding | <b>What did you serve or feed?</b><br>Use one line for each food or drink. (List all formula, breast milk, foods and drinks) | <b>How much did the infant eat or drink?</b><br><i>(Include units: Fluid ounces (FL OZ), cups, teaspoons (tsp), Tablespoons (TB), or other</i> |                                | If you used the Measurement Guide to estimate amount consumed, check box. |
|-----------------|-----------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------|
|                 |                 |                                                                                                                              | Food                                                                                                                                           | Drink/Beverage                 | Measurement Guide?                                                        |
| 16              |                 | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 17              |                 | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 18              |                 | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 19              |                 | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 20              |                 | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 21              |                 | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 22              |                 | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 23              |                 | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 24              |                 | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |

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## **INFANT FOOD INTAKE FORM**

**Infant 4**

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Child ID #:                                 

Today's Date:                     

Day of the Week (Please circle one): **MON**    **TUES**    **WED**    **THURS**    **FRI**

### INFANT FOOD INTAKE FORM

Name of infant:                                      Birthdate of infant:                                     

Gender (circle one):    **M**        **F**

Age of Infant (please circle one):    **0 – 3 months**        **4 – 5 months**        **6 – 7 months**        **8 months through 11 months**

| Office<br>Use<br>Only | Time of<br>Feeding | What did you serve or feed?<br><small>Use one line for each food or drink. (List all formula,<br/>breast milk, foods and drinks)</small> | How much did the infant eat or drink?<br><i>(Include units: Fluid ounces (FL OZ), cups,<br/>teaspoons (tsp), Tablespoons (TB), or other</i> |                                | If you used the<br>Measurement Guide<br>to estimate amount<br>consumed, check<br>box. |
|-----------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------|
|                       |                    |                                                                                                                                          | Food                                                                                                                                        | Drink/Beverage                 | Measurement<br>Guide?                                                                 |
| 1                     |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider                         | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____              | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 2                     |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider                         | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____              | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 3                     |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider                         | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____              | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 4                     |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider                         | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____              | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 5                     |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider                         | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____              | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 6                     |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider                         | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____              | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 7                     |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider                         | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____              | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |

**INFANT FOOD INTAKE FORM continued**

| Office<br>Use<br>Only | Time of<br>Feeding | What did you serve or feed?<br>Use one line for each food or drink. (List all formula,<br>breast milk, foods and drinks) | How much did the infant eat or drink?<br>(Include units: Fluid ounces (FL OZ), cups,<br>teaspoons (tsp), Tablespoons (TB), or other |                                | If you used the<br>Measurement Guide<br>to estimate amount<br>consumed, check<br>box. |
|-----------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------|
|                       |                    |                                                                                                                          | Food                                                                                                                                | Drink/Beverage                 | Measurement<br>Guide?                                                                 |
| 8                     |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed      | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____      | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 9                     |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed      | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____      | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 10                    |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed      | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____      | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 11                    |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed      | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____      | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 12                    |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed      | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____      | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 13                    |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed      | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____      | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 14                    |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed      | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____      | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |
| 15                    |                    | <input type="checkbox"/> From home<br><input type="checkbox"/> From provider<br><input type="checkbox"/> Mom nursed      | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____      | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                              |



| Office<br>Use<br>Only | Time of<br>Feeding | <b>What did you serve or feed?</b><br>Use one line for each food or drink. (List all formula, breast milk, foods and drinks) | <b>How much did the infant eat or drink?</b><br><i>(Include units: Fluid ounces (FL OZ), cups, teaspoons (tsp), Tablespoons (TB), or other</i> |                                | If you used the Measurement Guide to estimate amount consumed, check box. |
|-----------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------|
|                       |                    |                                                                                                                              | Food                                                                                                                                           | Drink/Beverage                 | Measurement Guide?                                                        |
| 16                    |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 17                    |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 18                    |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 19                    |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 20                    |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 21                    |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 22                    |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 23                    |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |
| 24                    |                    | <input type="checkbox"/> Mom nursed <input type="checkbox"/> From home<br><input type="checkbox"/> From provider             | <input type="checkbox"/> Cups<br><input type="checkbox"/> tsp<br><input type="checkbox"/> TB<br><input type="checkbox"/> _____                 | <input type="checkbox"/> FL OZ | <input type="checkbox"/>                                                  |

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**Thank you for your time completing the Infant Intake Forms.**

Please provide your contact information below so that we may send you the incentive:

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If a second caregiver filled out the booklet, provide your contact information here:

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

You should receive your incentive in a few weeks.

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## ***I.7 Standing Height and Weight Form***

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

### Standing Height and Weight Form – Ages 2 and Up

Child ID Label

Field Interviewer ID #: |\_|\_|\_|\_|\_|\_|\_|\_|

|\_|\_| / |\_|\_| / **2017**  
Month Day

**ASK CHILD TO REMOVE SHOES, HATS, HEAVY CLOTHING, REMOVABLE HAIR PIECES AND EMPTY POCKETS. ENSURE THAT THE CHILD IS NOT HOLDING ANYTHING DURING THE MEASUREMENT.**

#### 1. Standing Height

|                             |   |   |   |   |   |             |
|-----------------------------|---|---|---|---|---|-------------|
| 1 <sup>st</sup> measurement | _ | _ | _ | . | _ | Centimeters |
| 2 <sup>nd</sup> measurement | _ | _ | _ | . | _ | Centimeters |
| 3 <sup>rd</sup> measurement | _ | _ | _ | . | _ | Centimeters |

**IF DIFFERENCE BETWEEN 1<sup>ST</sup> & 2<sup>ND</sup> MEASUREMENT IS GREATER THAN 0.5 CM, TAKE 3<sup>RD</sup> MEASUREMENT.**

2. Check all concerns you have regarding the measurement above. If none, check “no concerns”.

- |                                                                |                                                                                             |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 0 <input type="checkbox"/> No concerns                         | 3 <input type="checkbox"/> Difficulty obtaining measurement ( <i>Describe in Comments</i> ) |
| 1 <input type="checkbox"/> Wearing shoes or boots              | 4 <input type="checkbox"/> Refusal (no measurement or report)                               |
| 2 <input type="checkbox"/> Hair, hair piece, or hat interfered | 5 <input type="checkbox"/> Other ( <i>Specify</i> ) _____                                   |

#### 3. Weight

|                             |   |   |   |   |   |           |
|-----------------------------|---|---|---|---|---|-----------|
| 1 <sup>st</sup> measurement | _ | _ | _ | . | _ | Kilograms |
| 2 <sup>nd</sup> measurement | _ | _ | _ | . | _ | Kilograms |
| 3 <sup>rd</sup> measurement | _ | _ | _ | . | _ | Kilograms |

**IF DIFFERENCE BETWEEN 1<sup>ST</sup> & 2<sup>ND</sup> MEASUREMENT IS GREATER THAN 0.1 KG, TAKE 3<sup>RD</sup> MEASUREMENT.**

4. Check all concerns you have regarding the measurement below. If none, check “no concerns”.

- |                                                   |                                                                                             |
|---------------------------------------------------|---------------------------------------------------------------------------------------------|
| 0 <input type="checkbox"/> No concerns            | 4 <input type="checkbox"/> Difficulty obtaining measurement ( <i>Describe in Comments</i> ) |
| 1 <input type="checkbox"/> Wearing heavy clothing | 5 <input type="checkbox"/> Refusal (no measurement or report)                               |
| 2 <input type="checkbox"/> Wearing shoes          | 6 <input type="checkbox"/> Other ( <i>Specify</i> ) _____                                   |
| 3 <input type="checkbox"/> Wearing cast or brace  |                                                                                             |

**Comments:** \_\_\_\_\_

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## ***I.8 Standing and Holding Weight Form***

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

### Standing and Holding Weight Form

For use with children ages 1 to 2 years or children unable to stand unassisted

Child ID Label

Field Interviewer ID #: |\_|\_|\_|\_|\_|\_|\_|\_|

|\_|\_| / |\_|\_| / **2017**  
Month Day

REMOVE SHOES, HATS, HEAVY CLOTHING, AND REMOVE HAIR PIECES AND EMPTY POCKETS.  
ENSURE THAT THE CHILD IS NOT HOLDING ANYTHING DURING THE MEASUREMENT.

If child is unable to stand on scale unassisted, use the following procedure:

1. Have adult care-giver step on scale.
2. Zero (tare) the scale so that it now reads 0 kg.
3. Place child into the arms of the care giver.
4. Obtain reading

#### 1. Weight

|                             |     |     |     |   |     |           |
|-----------------------------|-----|-----|-----|---|-----|-----------|
| 1 <sup>st</sup> measurement | _ _ | _ _ | _ _ | . | _ _ | Kilograms |
| 2 <sup>nd</sup> measurement | _ _ | _ _ | _ _ | . | _ _ | Kilograms |
| 3 <sup>rd</sup> measurement | _ _ | _ _ | _ _ | . | _ _ | Kilograms |

IF DIFFERENCE BETWEEN 1<sup>ST</sup> & 2<sup>ND</sup>  
MEASUREMENT IS GREATER THAN  
0.1 KG, TAKE 3<sup>RD</sup> MEASUREMENT.

2. Check all concerns you have regarding the measurement below. If none, check "no concerns".

- |                                                   |                                                                                             |
|---------------------------------------------------|---------------------------------------------------------------------------------------------|
| 0 <input type="checkbox"/> No concerns            | 4 <input type="checkbox"/> Difficulty obtaining measurement ( <i>Describe in Comments</i> ) |
| 1 <input type="checkbox"/> Wearing heavy clothing | 5 <input type="checkbox"/> Refusal (no measurement or report)                               |
| 2 <input type="checkbox"/> Wearing shoes          | 6 <input type="checkbox"/> Other ( <i>Specify</i> ) _____                                   |
| 3 <input type="checkbox"/> Wearing cast or brace  |                                                                                             |

Comments: \_\_\_\_\_

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***I.9 Child Food Diary—Child Care Day – English***

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

### Child Food Diary—Child Care Day

Respondent ID

Respondent Name

Other Name/Contact Info

Interviewer ID #: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**START** recording food on: \_\_\_\_ / \_\_\_\_ / **2017** at \_\_\_\_ : \_\_\_\_ **am/ pm**  
Month Day Time (circle one)

**STOP** recording food on: \_\_\_\_ / \_\_\_\_ / **2017** at \_\_\_\_ : \_\_\_\_ **am/ pm**  
Month Day Time (circle one)

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 0584-0615. The time required to complete this information collection is estimated to average 30 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.

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Thank you for agreeing to be part of the Study of Nutrition and Activity in Child Care Settings. As we explained when you signed up for the study, parents are being asked to complete this Child Food Diary.

**About this Diary:** The Child Food Diary will take approximately 30 minutes to complete. The Child Food Diary will gather information about everything your child had to eat and drink for the time frame indicated on the first page of this diary. This will include food preparation details and portion sizes on all foods and drinks.

Everything you report in the food diary will be kept private and used for research purposes according to state and federal law. We will not include your name or your child's name in any of our reports – we will be reporting overall results for all children and parents participating in the study.

**If you have any questions about how to fill out this diary, please call our toll-free study number at 1-866-890-6950 or email [SNACS@srbi.com](mailto:SNACS@srbi.com).** We will be happy to answer your questions and to help you in any way we can.

For questions or concerns about your rights as a research participant, call Teresa Doksum at the Abt Associates Institutional Review Board at toll-free 877-520-6835.

Thank you for participating in the Study of Nutrition and Activity in Child Care Settings (SNACS).

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# Food diary for the day your child attends child care

Please write down EVERYTHING your child eats and drinks from the moment he/she leaves the child care center today, until she/he arrives at the center tomorrow morning (or the designated time to stop recording on the front cover of this booklet). **Please remember to include all food and beverages your child has tomorrow before going to child care!**

Include all meals, snacks, tastes, and bites of food and all drinks, including water. Keep this booklet with you and write down items immediately after each meal and snack. **If your child is going to be in the care of someone else after leaving child care, please ask them to keep note of what food and drinks your child consumes for you to record in this booklet.** There are no right or wrong answers; we just want to know what your child ate. Don't include foods that your child leaves on his/her plate; we only want to know what he/she ate. Please write only one food per line. Please write neatly and record as much information about the foods and meals as you can. **Thank you for your help in this important project!**

We have included portion estimators and pictures at the back of this booklet. Please use them to help you estimate the portion size of what he/she ate OR you can use standard measuring tools that may be available in the kitchen (measuring cups/spoons, food scales). We have also included examples of the correct ways to record meals and mixed dishes opposite from every meal tab.

When you write down each food and drink on the form, please remember the following:

- Did you write down the brand of the food (if it was store bought)?
- Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
- Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
- Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
- Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
- Did you describe mixed dishes? (e.g. casseroles, soups, salads).

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## **PACKED MEALS/SNACKS**

Please use portion estimators and pictures in the back of this booklet to help you estimate the amounts prepared.

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If you brought a meal for your child to eat at child care TODAY, please record that information here:

**MEAL OR SNACK EXAMPLE:**

| What TYPE of meal is this? (check one) <input type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Snack |                                                                                                                                                                    |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| WHAT did you pack for your child to eat? (list one item per line)                                                                                                                  | DESCRIBE the item completely. What is the <u>brand</u> ? How was it <u>prepared</u> ? What was the <u>flavor</u> or type? Did you <u>add</u> anything to the food? | HOW MUCH did you pack for your child? (cups, oz, inches) |
| Sandwich                                                                                                                                                                           | See <del>Mixed Dish</del> details below                                                                                                                            | 1/2 a full sandwich                                      |
| Apple slices                                                                                                                                                                       | Fresh without the skin                                                                                                                                             | 4 slices                                                 |
| chips                                                                                                                                                                              | Baked Lays original                                                                                                                                                | 1 single serve bag (1 oz)                                |
| water                                                                                                                                                                              |                                                                                                                                                                    | 8 oz water bottle                                        |

**MIXED DISH EXAMPLE:**

MIXED DISH NAME: Sandwich (use the same name as you wrote it in the meal above)

What foods are in this dish?

Deli turkey meat, 2 thin slices

American cheese, 1/2 slice

mustard

100% whole wheat Nature's Own Bread, 1 slice

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Date of meal brought to child care: \_\_\_\_/\_\_\_\_/2017 Day (circle one): M T W Th F

**MEAL OR SNACK:**

| What TYPE of meal is this? (check one) <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Snack |                                                                                                                                                                    |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| WHAT did you pack for your child to eat? (list one item per line)                                                                                                       | DESCRIBE the item completely. What is the <u>brand</u> ? How was it <u>prepared</u> ? What was the <u>flavor</u> or type? Did you <u>add</u> anything to the food? | HOW MUCH did you pack for your child? (cups, oz, inches) |
|                                                                                                                                                                         |                                                                                                                                                                    |                                                          |
|                                                                                                                                                                         |                                                                                                                                                                    |                                                          |
|                                                                                                                                                                         |                                                                                                                                                                    |                                                          |
|                                                                                                                                                                         |                                                                                                                                                                    |                                                          |

MIXED DISH NAME: \_\_\_\_\_ (use the same name as you wrote it in the meal above)  
What foods are in this dish?

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**MEAL OR SNACK:**

| What TYPE of meal is this? (check one) <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Snack |                                                                                                                                                                    |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| WHAT did you pack for your child to eat? (list one item per line)                                                                                                       | DESCRIBE the item completely. What is the <u>brand</u> ? How was it <u>prepared</u> ? What was the <u>flavor</u> or type? Did you <u>add</u> anything to the food? | HOW MUCH did you pack for your child? (cups, oz, inches) |
|                                                                                                                                                                         |                                                                                                                                                                    |                                                          |
|                                                                                                                                                                         |                                                                                                                                                                    |                                                          |
|                                                                                                                                                                         |                                                                                                                                                                    |                                                          |
|                                                                                                                                                                         |                                                                                                                                                                    |                                                          |

MIXED DISH NAME: \_\_\_\_\_ (use the same name as you wrote it in the meal above)  
What foods are in this dish?

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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### **MEAL OR SNACK #1**

Please use portion estimators and pictures in the back of this booklet to help you estimate the amounts eaten.

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## Instructions and examples of the correct way to record a meal and mixed dish:

When you write down each food and drink on the form, please remember the following:

- Did you write down the brand of the food (if it was store bought)?
- Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
- Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
- Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
- Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
- Did you describe mixed dishes? (e.g. casseroles, soups, salads).

### MEAL OR SNACK EXAMPLE:

| What TYPE of meal is this?<br>(check one)                                                                                                                   | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                                       | What TIME was this meal eaten?                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input checked="" type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input checked="" type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | <u>06 : 30</u><br>(check one)<br><input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                                  | DESCRIBE the item completely. What is the <u>brand</u> ? How was it <u>prepared</u> ? What was the <u>flavor</u> or type? Did you <u>add</u> anything to the food?                                                                                                                                                              | HOW MUCH did your child eat or drink? (cups, oz, inches)                                            |
| Pasta casserole                                                                                                                                             | See <u>Mixed Dish</u> details below                                                                                                                                                                                                                                                                                             | 1 cup                                                                                               |
| Garlic bread                                                                                                                                                | Pepperidge Farm Garlic Texas Toast from frozen                                                                                                                                                                                                                                                                                  | 1 piece (1x 2 inches, ½ inch thick)                                                                 |
| Broccoli                                                                                                                                                    | Steamed with added butter and salt                                                                                                                                                                                                                                                                                              | ¼ cup                                                                                               |
| Milk                                                                                                                                                        | 2% white milk                                                                                                                                                                                                                                                                                                                   | ½ cup                                                                                               |
| Cupcake                                                                                                                                                     | Little Debbie chocolate cupcake, cream filled                                                                                                                                                                                                                                                                                   | ¼ cupcake                                                                                           |

This is correct because it gave lots of detail and we know exactly how much your child ate.

### MIXED DISH EXAMPLE:

What is the name of the dish you wrote above (use the same name as you wrote it in the meal above)?

pasta casserole

What foods are in this dish?

White elbow macaroni

85% fat ground beef

Mozzarella cheese - part skim

Green peppers - fresh

Canned diced tomatoes

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### Meal or Snack #1

| What TYPE of meal is this?<br>(check one)                                                                                                        | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                            | What TIME was this meal eaten?                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | ____ : ____<br>(check one)<br><input type="checkbox"/> am <input type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                       | DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type?                                                                                                                                                                                                                   | HOW MUCH did your child eat or drink? (cups, oz, inches)                              |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                       |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                       |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                       |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                       |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                       |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                       |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                       |

If you listed any mixed dishes in the meals eaten above, please tell us more about them in the spaces below. The more information you can provide, the better, but you don't need to write out the recipe. It is ok to include more than one mixed dish.

1. What is the name of the mixed dish you wrote above?

\_\_\_\_\_

What foods are in this dish?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What is the name of the mixed dish you wrote above?

\_\_\_\_\_

What foods are in this dish?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Continue to next page or go to pink page at end if no more meals or snacks.

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## **MEAL OR SNACK #2**

Please use portion estimators and pictures in the back of this booklet to help you estimate the amounts eaten.

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## Instructions and examples of the correct way to record a meal and mixed dish:

When you write down each food and drink on the form, please remember the following:

- Did you write down the brand of the food (if it was store bought)?
- Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
- Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
- Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
- Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
- Did you describe mixed dishes? (e.g. casseroles, soups, salads).

### MEAL OR SNACK EXAMPLE:

| What TYPE of meal is this?<br>(check one)                                                                                                                   | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                                       | What TIME was this meal eaten?                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input checked="" type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input checked="" type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | <u>06 : 30</u><br>(check one)<br><input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                                  | DESCRIBE the item completely. What is the <u>brand</u> ? How was it <u>prepared</u> ? What was the <u>flavor</u> or type? Did you <u>add</u> anything to the food?                                                                                                                                                              | HOW MUCH did your child eat or drink? (cups, oz, inches)                                            |
| Pasta casserole                                                                                                                                             | See Mixed Dish details below                                                                                                                                                                                                                                                                                                    | 1 cup                                                                                               |
| Garlic bread                                                                                                                                                | Pepperidge Farm Garlic Texas Toast from frozen                                                                                                                                                                                                                                                                                  | 1 piece (1x 2 inches, ½ inch thick)                                                                 |
| Broccoli                                                                                                                                                    | Steamed with added butter and salt                                                                                                                                                                                                                                                                                              | ¼ cup                                                                                               |
| Milk                                                                                                                                                        | 2% white milk                                                                                                                                                                                                                                                                                                                   | ½ cup                                                                                               |
| Cupcake                                                                                                                                                     | Little Debbie chocolate cupcake, cream filled                                                                                                                                                                                                                                                                                   | ¼ cupcake                                                                                           |

This is correct because it gave lots of detail and we know exactly how much your child ate.

### MIXED DISH EXAMPLE:

What is the name of the dish you wrote above (use the same name as you wrote it in the meal above)?

pasta casserole  
**What foods are in this dish?**  
White elbow macaroni  
85% fat ground beef

Mozzarella cheese - part skim  
Green peppers - fresh  
Canned diced tomatoes

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## Meal or Snack #2

| What TYPE of meal is this?<br>(check one)                                                                                                        | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                            | What TIME was this meal eaten?                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | ____ : ____<br>(check one)<br><input type="checkbox"/> am <input type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                       | DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type?                                                                                                                                                                                                                   | HOW MUCH did your child eat or drink? (cups, oz, inches)                              |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                       |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                       |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                       |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                       |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                       |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                       |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                       |

If you listed any mixed dishes in the meals eaten above, please tell us more about them in the spaces below. The more information you can provide, the better, but you don't need to write out the recipe. It is ok to include more than one mixed dish.

1. What is the name of the mixed dish you wrote above?

\_\_\_\_\_

What foods are in this dish?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What is the name of the mixed dish you wrote above?

\_\_\_\_\_

What foods are in this dish?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Continue to next page or go to pink page at end if no more meals or snacks.

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### **MEAL OR SNACK #3**

Please use portion estimators and pictures in the back of this booklet to help you estimate the amounts eaten.

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## Instructions and examples of the correct way to record a meal and mixed dish:

When you write down each food and drink on the form, please remember the following:

- Did you write down the brand of the food (if it was store bought)?
- Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
- Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
- Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
- Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
- Did you describe mixed dishes? (e.g. casseroles, soups, salads).

### MEAL OR SNACK EXAMPLE:

| What TYPE of meal is this?<br>(check one)                                                                                                                   | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                                       | What TIME was this meal eaten?                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input checked="" type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input checked="" type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | <u>06 : 30</u><br>(check one)<br><input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                                  | DESCRIBE the item completely. What is the <u>brand</u> ? How was it <u>prepared</u> ? What was the <u>flavor</u> or type? Did you <u>add</u> anything to the food?                                                                                                                                                              | HOW MUCH did your child eat or drink? (cups, oz, inches)                                            |
| Pasta casserole                                                                                                                                             | See Mixed Dish details below                                                                                                                                                                                                                                                                                                    | 1 cup                                                                                               |
| Garlic bread                                                                                                                                                | Pepperidge Farm Garlic Texas Toast from frozen                                                                                                                                                                                                                                                                                  | 1 piece (1x 2 inches, ½ inch thick)                                                                 |
| Broccoli                                                                                                                                                    | Steamed with added butter and salt                                                                                                                                                                                                                                                                                              | ¼ cup                                                                                               |
| Milk                                                                                                                                                        | 2% white milk                                                                                                                                                                                                                                                                                                                   | ½ cup                                                                                               |
| Cupcake                                                                                                                                                     | Little Debbie chocolate cupcake, cream filled                                                                                                                                                                                                                                                                                   | ¼ cupcake                                                                                           |

This is correct because it gave lots of detail and we know exactly how much your child ate.

### MIXED DISH EXAMPLE:

What is the name of the dish you wrote above (use the same name as you wrote it in the meal above)?

pasta casserole

What foods are in this dish?

White elbow macaroni

85% fat ground beef

Mozzarella cheese - part skim

Green peppers - fresh

Canned diced tomatoes

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### Meal or Snack #3

| What TYPE of meal is this?<br>(check one)                                                                                                        | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                            | What TIME was this meal eaten?                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | ____ : ____<br>(check one)<br><input type="checkbox"/> am <input type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                       | DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type?                                                                                                                                                                                                                   | HOW MUCH did your child eat or drink? (cups, oz, inches)                              |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                       |
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If you listed any mixed dishes in the meals eaten above, please tell us more about them in the spaces below. The more information you can provide, the better, but you don't need to write out the recipe. It is ok to include more than one mixed dish.

1. What is the name of the mixed dish you wrote above?

\_\_\_\_\_

What foods are in this dish?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. What is the name of the mixed dish you wrote above?

\_\_\_\_\_

What foods are in this dish?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Continue to next page or go to pink page at end if no more meals or snacks.

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#### **MEAL OR SNACK #4**

Please use portion estimators and pictures in the back of this booklet to help you estimate the amounts eaten.

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## Instructions and examples of the correct way to record a meal and mixed dish:

When you write down each food and drink on the form, please remember the following:

- Did you write down the brand of the food (if it was store bought)?
- Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
- Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
- Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
- Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
- Did you describe mixed dishes? (e.g. casseroles, soups, salads).

### MEAL OR SNACK EXAMPLE:

| What TYPE of meal is this?<br>(check one)                                                                                                                   | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                                       | What TIME was this meal eaten?                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input checked="" type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input checked="" type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | <u>06 : 30</u><br>(check one)<br><input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                                  | DESCRIBE the item completely. What is the <u>brand</u> ? How was it <u>prepared</u> ? What was the <u>flavor</u> or type? Did you <u>add</u> anything to the food?                                                                                                                                                              | HOW MUCH did your child eat or drink? (cups, oz, inches)                                            |
| Pasta casserole                                                                                                                                             | See Mixed Dish details below                                                                                                                                                                                                                                                                                                    | 1 cup                                                                                               |
| Garlic bread                                                                                                                                                | Pepperidge Farm Garlic Texas Toast from frozen                                                                                                                                                                                                                                                                                  | 1 piece (1x 2 inches, ½ inch thick)                                                                 |
| Broccoli                                                                                                                                                    | Steamed with added butter and salt                                                                                                                                                                                                                                                                                              | ¾ cup                                                                                               |
| Milk                                                                                                                                                        | 2% white milk                                                                                                                                                                                                                                                                                                                   | ½ cup                                                                                               |
| Cupcake                                                                                                                                                     | Little Debbie chocolate cupcake, cream filled                                                                                                                                                                                                                                                                                   | ¾ cupcake                                                                                           |

This is correct because it gave lots of detail and we know exactly how much your child ate.

### MIXED DISH EXAMPLE:

What is the name of the dish you wrote above (use the same name as you wrote it in the meal above)?

pasta casserole

What foods are in this dish?

White elbow macaroni

85% fat ground beef

Mozzarella cheese - part skim

Green peppers - fresh

Canned diced tomatoes

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#### Meal or Snack #4

| What TYPE of meal is this?<br>(check one)                                                                                                        | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                            | What TIME was this meal eaten?                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | ____ : ____<br>(check one)<br><input type="checkbox"/> am <input type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                       | DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type?                                                                                                                                                                                                                   | HOW MUCH did your child eat or drink? (cups, oz, inches)                              |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                       |
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If you listed any mixed dishes in the meals eaten above, please tell us more about them in the spaces below. The more information you can provide, the better, but you don't need to write out the recipe. It is ok to include more than one mixed dish.

1. What is the name of the mixed dish you wrote above?

\_\_\_\_\_

What foods are in this dish?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. What is the name of the mixed dish you wrote above?

\_\_\_\_\_

What foods are in this dish?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Continue to next page or go to pink page at end if no more meals or snacks.

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### **MEAL OR SNACK #5**

Please use portion estimators and pictures in the back of this booklet to help you estimate the amounts eaten.

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## Instructions and examples of the correct way to record a meal and mixed dish:

When you write down each food and drink on the form, please remember the following:

- Did you write down the brand of the food (if it was store bought)?
- Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
- Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
- Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
- Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
- Did you describe mixed dishes? (e.g. casseroles, soups, salads).

### MEAL OR SNACK EXAMPLE:

| What TYPE of meal is this?<br>(check one)                                                                                                                   | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                                       | What TIME was this meal eaten?                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input checked="" type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input checked="" type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | <u>06 : 30</u><br>(check one)<br><input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                                  | DESCRIBE the item completely. What is the <u>brand</u> ? How was it <u>prepared</u> ? What was the <u>flavor</u> or type? Did you <u>add</u> anything to the food?                                                                                                                                                              | HOW MUCH did your child eat or drink? (cups, oz, inches)                                            |
| Pasta casserole                                                                                                                                             | See Mixed Dish details below                                                                                                                                                                                                                                                                                                    | 1 cup                                                                                               |
| Garlic bread                                                                                                                                                | Pepperidge Farm Garlic Texas Toast from frozen                                                                                                                                                                                                                                                                                  | 1 piece (1x 2 inches, ½ inch thick)                                                                 |
| Broccoli                                                                                                                                                    | Steamed with added butter and salt                                                                                                                                                                                                                                                                                              | ¼ cup                                                                                               |
| Milk                                                                                                                                                        | 2% white milk                                                                                                                                                                                                                                                                                                                   | ½ cup                                                                                               |
| Cupcake                                                                                                                                                     | Little Debbie chocolate cupcake, cream filled                                                                                                                                                                                                                                                                                   | ¼ cupcake                                                                                           |

This is correct because it gave lots of detail and we know exactly how much your child ate.

### MIXED DISH EXAMPLE:

What is the name of the dish you wrote above (use the same name as you wrote it in the meal above)?

pasta casserole

What foods are in this dish?

White elbow macaroni

85% fat ground beef

Mozzarella cheese - part skim

Green peppers - fresh

Canned diced tomatoes

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## Meal or Snack #5

| What TYPE of meal is this?<br>(check one)                                                                                                        | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                            | What TIME was this meal eaten?                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | ____ : ____<br>(check one)<br><input type="checkbox"/> am <input type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                       | DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type?                                                                                                                                                                                                                   | HOW MUCH did your child eat or drink? (cups, oz, inches)                              |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                       |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                       |
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|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                       |

If you listed any mixed dishes in the meals eaten above, please tell us more about them in the spaces below. The more information you can provide, the better, but you don't need to write out the recipe. It is ok to include more than one mixed dish.

1. What is the name of the mixed dish you wrote above?

---

What foods are in this dish?

---



---



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2. What is the name of the mixed dish you wrote above?

---

What foods are in this dish?

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Continue to next page or go to pink page at end if no more meals or snacks.

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**Please answer the first 3 questions, thinking about your child.**

1. Think about the amount of food your child has eaten since we gave you this diary, how does this amount compare to what your child usually eats? Would you say this was: (check one)
- ☐ A lot more (please answer question 1a)
  - ☐ Close to usual
  - ☐ A lot less (please answer question 1a)

1a. If **a lot more** or **a lot less**, why? \_\_\_\_\_

2. Is your child on a special diet?
- ☐ Yes, diet for weight loss
  - ☐ Yes, diet for weight gain
  - ☐ Yes, other medical needs (please answer question 2a)
  - ☐ No

2a. If other medical needs, please describe. \_\_\_\_\_

3. Does your child have a food allergy?
- ☐ Yes (please answer question 3a)
  - ☐ No

3a. If yes, what food(s) is your child allergic to? \_\_\_\_\_

**Please answer the next 3 questions, thinking about how you USUALLY prepare food.**

4. Do you use salt when preparing food? (check one)
- ☐ Yes, always
  - ☐ Yes, occasionally
  - ☐ We use a salt alternative
  - ☐ Never

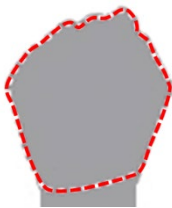
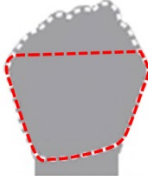
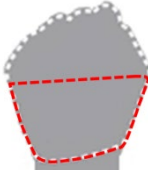
5. What type of fat do you use *most often* when **baking** at home? (check one)

- |                                             |                                                 |
|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Butter             | <input type="checkbox"/> Canola oil             |
| <input type="checkbox"/> Margarine          | <input type="checkbox"/> Olive oil              |
| <input type="checkbox"/> Animal fat or lard | <input type="checkbox"/> Vegetable oil          |
| <input type="checkbox"/> Crisco             | <input type="checkbox"/> Other oil or fat _____ |

6. What type of fat do you use *most often* to **fry or sauté** food at home? (check one)

- |                                             |                                                 |
|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Butter             | <input type="checkbox"/> Canola oil             |
| <input type="checkbox"/> Margarine          | <input type="checkbox"/> Olive oil              |
| <input type="checkbox"/> Animal fat or lard | <input type="checkbox"/> Vegetable oil          |
| <input type="checkbox"/> Crisco             | <input type="checkbox"/> Other oil or fat _____ |

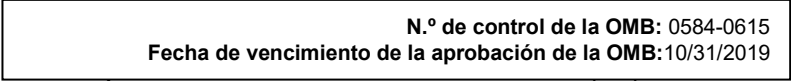
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| SERVING SIZE  | FOODS                                        | VISUAL AIDE     |                                                                                      | HAND SYMBOL                                                                                         |
|---------------|----------------------------------------------|-----------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 1 cup         | Rice<br>Pasta<br>Fruit<br>Veggies            | Baseball        |    | 1 Fist<br>       |
| 3/4 cup       | Rice<br>Pasta<br>Fruit<br>Veggies            | Tennis Ball     |    | 3/4 Fist<br>     |
| 1/2 cup       | Rice<br>Pasta<br>Fruit<br>Veggies            | Light Bulb      |    | 1/2 Fist<br>     |
| 3 ounces      | Meat<br>Fish<br>Poultry                      | Deck of Cards   |    | Palm<br>         |
| 1 ounce       | Nuts<br>Dried Fruit<br>(e.g. raisins)        | 1 Handful       |   | 1 Handful<br>   |
| 1 ounce       | Chips<br>Popcorn<br>Pretzels                 | 2 Handfuls      |  | 2 Handfuls<br> |
| 2 tablespoons | Peanut Butter<br>Cheese                      | Golf Ball       |   | 2 Thumbs<br>   |
| 1 tablespoon  | Peanut Butter<br>Cheese                      | 1/2 Golf Ball   |  | 1 Thumb<br>    |
| 1 teaspoon    | Cooking Oil<br>Mayonnaise<br>Butter<br>Sugar | 4 Stacked Dimes |  | Thumb Tip<br>  |

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***I.10 Child Food Diary—Child Care Day – Spanish***

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De acuerdo con la Ley de Reducción de Trámites de 1995, una agencia no debe realizar o patrocinar, y una persona no está obligada a responder, una recopilación de información a menos que esta tenga un número de control válido de la Oficina de Administración y Presupuesto (OMB). El número de control válido de la OMB para esta recopilación de información es 0584-0615. El tiempo que se necesita para completar esta recopilación de información se estima en un promedio de 25 minutos por respuesta, incluido el tiempo de revisión de instrucciones, búsqueda de fuentes de datos existentes, recopilación y mantenimiento de los datos necesarios, y finalización y revisión de la recopilación de información.

**PÁGINA EN BLANCO**



Gracias por acceder a participar en el Estudio de nutrición y actividad en entornos de cuidado infantil. Como le explicamos cuando se inscribió en el estudio, se pide a los padres que llenen este Diario de alimentos del niño.

**Acerca de este diario:** Tomará aproximadamente 30 minutos llenar el Diario de alimentos del niño. El Diario de alimentos del niño reunirá información sobre todo lo que su hijo comió y bebió durante el periodo indicado en la primera página de este diario. Esto incluirá detalles de la preparación de los alimentos y los tamaños de las porciones de todos los alimentos y las bebidas.

Cada dato que incluya en el diario de alimentos se mantendrá privado y se utilizará con fines de investigación conforme a las leyes estatales y federales. No incluiremos su nombre ni el nombre de su hijo en ninguno de nuestros informes; informaremos resultados generales para todos los niños y los padres que participen del estudio.

**Si tiene alguna pregunta sobre como llenar el diario, favor de llamar a nuestro número gratuito del estudio al 1-866-890-6950 o envíenos un correo electrónico a [SNACS@srbi.com](mailto:SNACS@srbi.com).** Con gusto responderemos sus dudas y le ayudaremos de la forma que podamos.

Para preguntas o inquietudes sobre sus derechos como participante de una investigación, comuníquese de manera gratuita con Teresa Doksum de la Junta de Revisión Institucional de Abt Associates al 877-520-6835.

Gracias por participar del Estudio de nutrición y actividad en entornos de cuidado infantil (SNACS).

**PÁGINA EN BLANCO**

# Diario de alimentos para el día en que su hijo asiste al centro de cuidado infantil

Escriba TODO lo que su hijo coma y beba desde el momento en que deje el centro de cuidado infantil hoy, hasta que llegue al centro mañana por la mañana (o la hora designada en la portada de este cuaderno para dejar de anotar). **Recuerde incluir todos los alimentos y las bebidas que su hijo consume la mañana antes de ir al centro de cuidado infantil.**

Incluya todas las comidas, meriendas, probaditas, bocados de comida y todas las bebidas, incluyendo el agua. Lleve este cuaderno con usted y anote los datos inmediatamente después de cada comida y cada merienda. **Si su hijo estará bajo el cuidado de otra persona después de dejar el centro de cuidado infantil, pídale que anote los alimentos y las bebidas que su hijo consuma para que usted pueda anotarlos en este cuaderno.** No hay respuestas correctas o incorrectas; solo queremos saber qué comió su hijo. No incluya comidas que su hijo deje en el plato; solo queremos saber lo que comió. Escriba solo un alimento por línea. Escriba con claridad y anote toda la información sobre alimentos y comidas que pueda. **Gracias por ayudarnos en este importante proyecto.**

Incluimos calculadoras de porciones e imágenes al final de este cuaderno. Úselos para ayudarse a calcular el tamaño de las porciones de lo que haya comido O puede usar utensilios de medida comunes que tenga en la cocina (cucharas/tazas de medir, básculas de alimentos). También incluimos ejemplos de las formas correctas de anotar comidas y platillos combinados en el lado opuesto de cada pestaña de comida.

Al anotar cada alimento y bebida en la forma, recuerde lo siguiente:

- ¿Anotó la marca del alimento (si se compró en una tienda)?
- ¿Incluyó detalles del tipo de alimento? (por ejemplo: bajo en grasa, de grano integral, reducido de sal)
- ¿Incluyó los condimentos que se le agregaron al alimento? (por ejemplo: ketchup a un sándwich, *gravy* a la carne, leche al cereal, mantequilla o margarina al pan)
- ¿Usó números y medidas apropiados? (por ejemplo: barras de dulce tamaño *fun-size*, bolsa de papas fritas de 1 onza [28 g], 1/2 taza de leche)
- ¿Anotó cómo se preparó la comida? (por ejemplo: pollo al horno, brócoli crudo, *nuggets* de pollo empanizados y fritos)
- ¿Describió platillos combinados? (por ejemplo: guisados, sopas, ensaladas).

**PÁGINA EN BLANCO**

## **COMIDAS/MERIENDAS EMPACADAS**

Use las calculadoras de porciones y las imágenes al final de este cuaderno para ayudarse a calcular las cantidades preparadas.

**PÁGINA EN BLANCO**

Si llevó una comida para que su hijo coma en el centro de cuidado infantil HOY, registre esa información aquí:

EJEMPLO DE COMIDA O MERIENDA:

|                                                                                                                                                                                                     |                                                                                                                                                                      |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| ¿Qué TIPO de comida es esta? (seleccione una opción) <input type="checkbox"/> Desayuno <input checked="" type="checkbox"/> Almuerzo <input type="checkbox"/> Cena <input type="checkbox"/> Merienda |                                                                                                                                                                      |                                                       |
| ¿QUÉ empacó para que coma/beba su hijo? (anote un alimento o bebida por línea)                                                                                                                      | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la <u>marca</u> ? ¿Cómo se <u>preparó</u> ? ¿De qué <u>sabor</u> o tipo era? ¿ <u>Agregó</u> algo al alimento? | ¿CUÁNTO empacó para su hijo? (tazas, onzas, pulgadas) |
| Sándwich                                                                                                                                                                                            | Ver los detalles de los <u>platillos combinados</u> abajo                                                                                                            | 1/2 sándwich completo                                 |
| Rebanadas de manzana                                                                                                                                                                                | Fresca, sin la cáscara                                                                                                                                               | 4 rebanadas                                           |
| Papas fritas                                                                                                                                                                                        | Baked Lays original                                                                                                                                                  | 1 bolsa de una porción (1 oz [28 g])                  |
| Agua                                                                                                                                                                                                |                                                                                                                                                                      | Botella de 8 oz (236 ml)                              |

NOMBRE DEL PLATILLO COMBINADO: \_\_\_\_\_ (favor de usar el mismo nombre que escribió en la comida anterior)

¿Qué alimentos contiene este platillo?

\_\_\_\_\_ Embutido de pavo, 2 rebanadas finas

\_\_\_\_\_ Queso amarillo, 1/2 rebanada

\_\_\_\_\_ mostaza

\_\_\_\_\_ Pan 100% integral Nature's Own, 1 rebanada

**PÁGINA EN BLANCO**



Fecha en que se llevó la comida al centro de cuidado infantil: \_\_\_\_/\_\_\_\_/2016  
Día (marque uno): L Ma Mi J V

COMIDA O MERIENDA:

|                                                                                                                                                                                          |                                                                                                                                                                      |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| ¿Qué TIPO de comida es esta? (seleccione una opción) <input type="checkbox"/> Desayuno <input type="checkbox"/> Almuerzo <input type="checkbox"/> Cena <input type="checkbox"/> Merienda |                                                                                                                                                                      |                                                       |
| ¿QUÉ empacó para que coma/beba su hijo? (anote un alimento o bebida por línea)                                                                                                           | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la <u>marca</u> ? ¿Cómo se <u>preparó</u> ? ¿De qué <u>sabor</u> o tipo era? ¿ <u>Agregó</u> algo al alimento? | ¿CUÁNTO empacó para su hijo? (tazas, onzas, pulgadas) |
|                                                                                                                                                                                          |                                                                                                                                                                      |                                                       |
|                                                                                                                                                                                          |                                                                                                                                                                      |                                                       |
|                                                                                                                                                                                          |                                                                                                                                                                      |                                                       |
|                                                                                                                                                                                          |                                                                                                                                                                      |                                                       |

EJEMPLO DE PLATILLO COMBINADO:  
¿Qué alimentos contiene este platillo?

|       |       |
|-------|-------|
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COMIDA O MERIENDA:

|                                                                                                                                                                                          |                                                                                                                                                                                |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| ¿Qué TIPO de comida es esta? (seleccione una opción) <input type="checkbox"/> Desayuno <input type="checkbox"/> Almuerzo <input type="checkbox"/> Cena <input type="checkbox"/> Merienda |                                                                                                                                                                                |                                                       |
| ¿QUÉ empacó para que coma/beba su hijo? (anote un alimento o bebida por línea)                                                                                                           | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la <u>marca</u> ? ¿Cómo se <u>preparó</u> ? ¿Qué <u>sabor</u> tenía o de qué tipo era? ¿ <u>Agregó</u> algo al alimento? | ¿CUÁNTO empacó para su hijo? (tazas, onzas, pulgadas) |
|                                                                                                                                                                                          |                                                                                                                                                                                |                                                       |
|                                                                                                                                                                                          |                                                                                                                                                                                |                                                       |
|                                                                                                                                                                                          |                                                                                                                                                                                |                                                       |
|                                                                                                                                                                                          |                                                                                                                                                                                |                                                       |

NOMBRE DEL PLATILLO COMBINADO: \_\_\_\_\_ (favor de usar el mismo nombre que escribió en la comida anterior)

¿Qué alimentos contiene este platillo?

|       |       |
|-------|-------|
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**PÁGINA EN BLANCO**

## **COMIDA O MERIENDA N.º 1**

Use las calculadoras de porciones y las imágenes al final de este cuaderno para ayudarse a calcular las cantidades ingeridas.

**PÁGINA EN BLANCO**

Instrucciones y ejemplos de la manera correcta de anotar una comida y un platillo combinado:

Al anotar cada alimento y bebida en la forma, recuerde lo siguiente:

- ¿Anotó la marca del alimento (si se compró en una tienda)? la forma
- ¿Incluyó detalles del tipo de alimento? (por ejemplo: bajo en grasa, de grano integral, reducido de sal)
- ¿Incluyó los condimentos que se le agregaron al alimento? (por ejemplo: ketchup a un sándwich, *gravy* a la carne, leche al cereal, mantequilla o margarina al pan)
- ¿Usó números y medidas apropiados? (por ejemplo: barras de dulce tamaño *fun-size*, bolsa de papas fritas de 1 onza [28 g], 1/2 taza de leche)
- ¿Anotó cómo se preparó la comida? (por ejemplo: pollo al horno, brócoli crudo, *nuggets* de pollo empanizados y fritos)
- ¿Describió platillos combinados? (por ejemplo: guisados, sopas, ensaladas).

EJEMPLO DE COMIDA O MERIENDA:

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                                                                                                                    | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                                                                                                                                                                          | ¿A QUÉ HORA se comió esta comida?                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno<br><br><input type="checkbox"/> Almuerzo<br><br><input checked="" type="checkbox"/> Comida/Cena<br><br><input type="checkbox"/> Merienda | <input checked="" type="checkbox"/> En su hogar<br><br><input type="checkbox"/> En la casa de otra persona<br><br><input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)-<br>_____<br><br><input type="checkbox"/> Otro (describir) _____ | <div><input type="checkbox"/> De camino (automóvil, autobús, etc.)<br/><input type="checkbox"/> En una fiesta u otro evento social</div><br><div><u>06 : 30</u><br/>(seleccione una opción)<br/><br/><input type="checkbox"/> a. m.    <input checked="" type="checkbox"/> p. m.</div> |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por línea)                                                                                                      | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era? ¿Agregó algo al alimento?                                                                                                                            | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                                                                                                                                                                                |
| Guisado de pasta                                                                                                                                                           | Ver los detalles de los platillos combinados abajo                                                                                                                                                                                                               | 1 taza                                                                                                                                                                                                                                                                                 |
| Pan de ajo                                                                                                                                                                 | Pan tostado texano con ajo congelado Pepperidge Farm                                                                                                                                                                                                             | 1 pan tostado (1 x 2 pulgadas [2.54 x 5 cm] , 1/2 pulgada de grueso [1.27 cm])                                                                                                                                                                                                         |
| Brócoli                                                                                                                                                                    | Al vapor con mantequilla y sal                                                                                                                                                                                                                                   | 1/4 de taza                                                                                                                                                                                                                                                                            |
| Leche                                                                                                                                                                      | Sola, 2% de contenido de grasa                                                                                                                                                                                                                                   | 1/2 taza                                                                                                                                                                                                                                                                               |
| Pan dulce                                                                                                                                                                  | Panecillo de chocolate rellena de crema Little Debbie                                                                                                                                                                                                            | 1/4 del panecillo                                                                                                                                                                                                                                                                      |

Esto es correcto porque da muchos detalles y sabemos exactamente cuánto comió su hijo.

EJEMPLO DE PLATILLO COMBINADO:

¿Cuál es el nombre del platillo que indicó arriba? (use el mismo nombre que escribió en la comida de arriba)

guisado de pasta

¿Qué alimentos contiene este platillo?

Pasta de codos de harina blanca

Carne molida 85% con contenido de grasa

Queso mozzarella, parcialmente descremado

Pimientos verdes, frescos

Tomates enlatados cortados en cubos

**PÁGINA EN BLANCO**

Comida o merienda N.º 1

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)               | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                            | ¿A QUÉ HORA se comió esta comida?                                                                                                       |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno                                     | <input type="checkbox"/> En su hogar                                                                               | <div>_____ : _____</div> <div>(seleccione una opción)</div> <div><input type="checkbox"/> a. m.    <input type="checkbox"/> p. m.</div> |
| <input type="checkbox"/> Almuerzo                                     | <input type="checkbox"/> De camino (automóvil, autobús, etc.)                                                      |                                                                                                                                         |
| <input type="checkbox"/> Comida/Cena                                  | <input type="checkbox"/> En la casa de otra persona                                                                |                                                                                                                                         |
| <input type="checkbox"/> Merienda                                     | <input type="checkbox"/> En una fiesta u otro evento social                                                        |                                                                                                                                         |
|                                                                       | <input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)- _____                               |                                                                                                                                         |
|                                                                       | <input type="checkbox"/> Otro (describir) _____                                                                    |                                                                                                                                         |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por línea) | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué <u>sabor</u> o tipo era? | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                                 |
|                                                                       |                                                                                                                    |                                                                                                                                         |
|                                                                       |                                                                                                                    |                                                                                                                                         |
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Si anotó platillos combinados en las comidas ingeridas arriba, indíquenos más sobre ellos en los espacios a continuación. Mientras más información pueda darnos, mejor, pero no necesita escribir la receta. Puede incluir más de un platillo combinado.

1. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Pase a la página siguiente o vaya a la página color rosa al final si no hay más comidas ni meriendas.

**PÁGINA EN BLANCO**



## **COMIDA O MERIENDA N.º 2**

Use las calculadoras de porciones y las imágenes al final de este cuaderno para ayudarse a calcular las cantidades ingeridas.

**PÁGINA EN BLANCO**

## Instrucciones y ejemplos de la manera correcta de anotar una comida y un platillo combinado:

Al anotar cada alimento y bebida en la forma, recuerde lo siguiente:

- ¿Anotó la marca del alimento (si se compró en una tienda)?
- ¿Incluyó detalles del tipo de alimento? (por ejemplo: bajo en grasa, de grano integral, reducido de sal)
- ¿Incluyó los condimentos que se le agregaron al alimento? (por ejemplo: ketchup a un sándwich, *gravy* a la carne, leche al cereal, mantequilla o margarina al pan)
- ¿Usó números y medidas apropiados? (por ejemplo: barras de dulce tamaño *fun-size*, bolsa de papas fritas de 1 onza [28 g], 1/2 taza de leche)
- ¿Anotó cómo se preparó la comida? (por ejemplo: pollo al horno, brócoli crudo, *nuggets* de pollo empanizados y fritos)
- ¿Describió platillos combinados? (por ejemplo: guisados, sopas, ensaladas).

### EJEMPLO DE COMIDA O MERIENDA:

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                                                                                                        | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                                                                                                                                                     | ¿A QUÉ HORA se comió esta comida?                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno<br><input type="checkbox"/> Almuerzo<br><input checked="" type="checkbox"/> Comida/Cena<br><input type="checkbox"/> Merienda | <input checked="" type="checkbox"/> En su hogar<br><input type="checkbox"/> En la casa de otra persona<br><input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)-<br><input type="checkbox"/> Otro (describir) _____ | <input type="checkbox"/> De camino (automóvil, autobús, etc.)<br><input type="checkbox"/> En una fiesta u otro evento social<br><br><u>06:30</u><br>(seleccione una opción)<br><input type="checkbox"/> a. m. <input checked="" type="checkbox"/> p. m. |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por línea)                                                                                          | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué <u>sabor</u> o tipo era? ¿Agregó algo al alimento?                                                                                                | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                                                                                                                                                 |
| Guisado de pasta                                                                                                                                               | Ver los detalles de los platillos combinados abajo                                                                                                                                                                                          | 1 taza                                                                                                                                                                                                                                                  |
| Pan de ajo                                                                                                                                                     | Pan tostado texano con ajo congelado Pepperidge Farm                                                                                                                                                                                        | 1 pan tostado (1 x 2 pulgadas [2.54 x 5 cm], 1/2 pulgada de grueso [1.27 cm])                                                                                                                                                                           |
| Brócoli                                                                                                                                                        | Al vapor con mantequilla y sal                                                                                                                                                                                                              | 1/4 de taza                                                                                                                                                                                                                                             |
| Leche                                                                                                                                                          | Sola, 2% de contenido de grasa                                                                                                                                                                                                              | 1/2 taza                                                                                                                                                                                                                                                |
| Pan dulce                                                                                                                                                      | Panecillo de chocolate rellena de crema Little Debbie                                                                                                                                                                                       | 1/4 del panecillo                                                                                                                                                                                                                                       |

Esto es correcto porque da muchos detalles y sabemos exactamente cuánto comió su hijo.

### EJEMPLO DE PLATILLO COMBINADO:

¿Cuál es el nombre del platillo que indicó arriba? (use el mismo nombre que escribió en la comida de arriba)

guisado de pasta

¿Qué alimentos contiene este platillo?

Pasta de codos de harina blanca

Carne molida 85% con contenido de grasa

Queso mozzarella, parcialmente descremado

Pimientos verdes, frescos

Tomates enlatados cortados en cubos

**PÁGINA EN BLANCO**

**Comida o merienda N.º 2**

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)               | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                     | ¿A QUÉ HORA se comió esta comida?                                                                                                       |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno                                     | <input type="checkbox"/> En su hogar                                                                        | <div>_____ : _____</div> <div>(seleccione una opción)</div> <div><input type="checkbox"/> a. m.    <input type="checkbox"/> p. m.</div> |
| <input type="checkbox"/> Almuerzo                                     | <input type="checkbox"/> De camino (automóvil, autobús, etc.)                                               |                                                                                                                                         |
| <input type="checkbox"/> Comida/Cena                                  | <input type="checkbox"/> En la casa de otra persona                                                         |                                                                                                                                         |
| <input type="checkbox"/> Merienda                                     | <input type="checkbox"/> En una fiesta u otro evento social                                                 |                                                                                                                                         |
|                                                                       | <input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)- _____                        |                                                                                                                                         |
|                                                                       | <input type="checkbox"/> Otro (describir) _____                                                             |                                                                                                                                         |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por línea) | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era? | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                                 |
|                                                                       |                                                                                                             |                                                                                                                                         |
|                                                                       |                                                                                                             |                                                                                                                                         |
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Si anotó platillos combinados en las comidas ingeridas arriba, indíquenos más sobre ellos en los espacios a continuación. Mientras más información pueda darnos, mejor, pero no necesita escribir la receta. Puede incluir más de un platillo combinado.

1. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pase a la página siguiente o vaya a la página color rosa al final si no hay más comidas ni meriendas.

**PÁGINA EN BLANCO**

### **COMIDA O MERIENDA N.º 3**

Use las calculadoras de porciones y las imágenes al final de este cuaderno para ayudarse a calcular las cantidades ingeridas.

**PÁGINA EN BLANCO**



Instrucciones y ejemplos de la manera correcta de anotar una comida y un platillo combinado:

Al anotar cada alimento y bebida en la forma, recuerde lo siguiente:

- ¿Anotó la marca del alimento (si se compró en una tienda)?
- ¿Incluyó detalles del tipo de alimento? (por ejemplo: bajo en grasa, de grano integral, reducido de sal)
- ¿Incluyó los condimentos que se le agregaron al alimento? (por ejemplo: ketchup a un sándwich, *gravy* a la carne, leche al cereal, mantequilla o margarina al pan)
- ¿Usó números y medidas apropiados? (por ejemplo: barras de dulce tamaño *fun-size*, bolsa de papas fritas de 1 onza [28 g], 1/2 taza de leche)
- ¿Anotó cómo se preparó la comida? (por ejemplo: pollo al horno, brócoli crudo, *nuggets* de pollo empanizados y fritos)
- ¿Describió platillos combinados? (por ejemplo: guisados, sopas, ensaladas).

EJEMPLO DE COMIDA O MERIENDA:

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                                                                                                                    | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                                                                                                                                                                                                                                                                                                         | ¿A QUÉ HORA se comió esta comida?                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno<br><br><input type="checkbox"/> Almuerzo<br><br><input checked="" type="checkbox"/> Comida/Cena<br><br><input type="checkbox"/> Merienda | <input checked="" type="checkbox"/> En su hogar<br><br><input type="checkbox"/> En la casa de otra persona<br><br><input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)-<br><br><input type="checkbox"/> Otro (describir) _____<br><br><input type="checkbox"/> De camino (automóvil, autobús, etc.)<br><br><input type="checkbox"/> En una fiesta u otro evento social | <br><br><u>06 : 30</u><br><br>(seleccione una opción)<br><br><input type="checkbox"/> a. m. <input checked="" type="checkbox"/> p. m. |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por línea)                                                                                                      | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era? ¿Agregó algo al alimento?                                                                                                                                                                                                                                                           | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                               |
| Guisado de pasta                                                                                                                                                           | Ver los detalles de los platillos combinados abajo                                                                                                                                                                                                                                                                                                                                              | 1 taza                                                                                                                                |
| Pan de ajo                                                                                                                                                                 | Pan tostado texano con ajo congelado Pepperidge Farm                                                                                                                                                                                                                                                                                                                                            | 1 pan tostado (1 x 2 pulgadas [2.54 x 5 cm] , 1/2 pulgada de grueso [1.27 cm])                                                        |
| Brócoli                                                                                                                                                                    | Al vapor con mantequilla y sal                                                                                                                                                                                                                                                                                                                                                                  | 1/4 de taza                                                                                                                           |
| Leche                                                                                                                                                                      | Sola, 2% de contenido de grasa                                                                                                                                                                                                                                                                                                                                                                  | 1/2 taza                                                                                                                              |
| Pan dulce                                                                                                                                                                  | Panecillo de chocolate rellena de crema Little Debbie                                                                                                                                                                                                                                                                                                                                           | 1/4 del panecillo                                                                                                                     |

Esto es correcto porque da muchos detalles y sabemos exactamente cuánto comió su hijo.

EJEMPLO DE PLATILLO COMBINADO:

¿Cuál es el nombre del platillo que indicó arriba? (use el mismo nombre que escribió en la comida de arriba)

guisado de pasta

¿Qué alimentos contiene este platillo?

Pasta de codos de harina blanca

Carne molida 85% con contenido de grasa

Queso mozzarella, parcialmente descremado

Pimientos verdes, frescos

Tomates enlatados cortados en cubos

**PÁGINA EN BLANCO**

Comida o merienda N.º 3

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)               | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                     | ¿A QUÉ HORA se comió esta comida?                                                                                                       |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno                                     | <input type="checkbox"/> En su hogar                                                                        | <div>_____ : _____</div> <div>(seleccione una opción)</div> <div><input type="checkbox"/> a. m.    <input type="checkbox"/> p. m.</div> |
| <input type="checkbox"/> Almuerzo                                     | <input type="checkbox"/> De camino (automóvil, autobús, etc.)                                               |                                                                                                                                         |
| <input type="checkbox"/> Comida/Cena                                  | <input type="checkbox"/> En la casa de otra persona                                                         |                                                                                                                                         |
| <input type="checkbox"/> Merienda                                     | <input type="checkbox"/> En una fiesta u otro evento social                                                 |                                                                                                                                         |
|                                                                       | <input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)- _____                        |                                                                                                                                         |
|                                                                       | <input type="checkbox"/> Otro (describir) _____                                                             |                                                                                                                                         |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por línea) | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era? | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                                 |
|                                                                       |                                                                                                             |                                                                                                                                         |
|                                                                       |                                                                                                             |                                                                                                                                         |
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|                                                                       |                                                                                                             |                                                                                                                                         |

Si anotó platillos combinados en las comidas ingeridas arriba, indíquenos más sobre ellos en los espacios a continuación. Mientras más información pueda darnos, mejor, pero no necesita escribir la receta. Puede incluir más de un platillo combinado.

1. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Pase a la página siguiente o vaya a la página color rosa al final si no hay más comidas ni meriendas.

**PÁGINA EN BLANCO**

### **COMIDA O MERIENDA N.º 4**

Use las calculadoras de porciones y las imágenes al final de este cuaderno para ayudarse a calcular las cantidades ingeridas.

**PÁGINA EN BLANCO**

Instrucciones y ejemplos de la manera correcta de anotar una comida y un platillo combinado:

Al anotar cada alimento y bebida en la forma, recuerde lo siguiente:

- ¿Anotó la marca del alimento (si se compró en una tienda)?
- ¿Incluyó detalles del tipo de alimento? (por ejemplo: bajo en grasa, de grano integral, reducido de sal)
- ¿Incluyó los condimentos que se le agregaron al alimento? (por ejemplo: ketchup a un sándwich, *gravy* a la carne, leche al cereal, mantequilla o margarina al pan)
- ¿Usó números y medidas apropiados? (por ejemplo: barras de dulce tamaño *fun-size*, bolsa de papas fritas de 1 onza [28 g], 1/2 taza de leche)
- ¿Anotó cómo se preparó la comida? (por ejemplo: pollo al horno, brócoli crudo, *nuggets* de pollo empanizados y fritos)
- ¿Describió platillos combinados? (por ejemplo: guisados, sopas, ensaladas).

EJEMPLO DE COMIDA O MERIENDA:

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                                                                                                                    | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                                                                                                                                                                                                                                                                                                         | ¿A QUÉ HORA se comió esta comida?                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno<br><br><input type="checkbox"/> Almuerzo<br><br><input checked="" type="checkbox"/> Comida/Cena<br><br><input type="checkbox"/> Merienda | <input checked="" type="checkbox"/> En su hogar<br><br><input type="checkbox"/> En la casa de otra persona<br><br><input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)-<br><br><input type="checkbox"/> Otro (describir) _____<br><br><input type="checkbox"/> De camino (automóvil, autobús, etc.)<br><br><input type="checkbox"/> En una fiesta u otro evento social | <br><br><u>06 : 30</u><br><br>(seleccione una opción)<br><br><input type="checkbox"/> a. m. <input checked="" type="checkbox"/> p. m. |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por línea)                                                                                                      | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era? ¿Agregó algo al alimento?                                                                                                                                                                                                                                                           | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                               |
| Guisado de pasta                                                                                                                                                           | Ver los detalles de los platillos combinados abajo                                                                                                                                                                                                                                                                                                                                              | 1 taza                                                                                                                                |
| Pan de ajo                                                                                                                                                                 | Pan tostado texano con ajo congelado Pepperidge Farm                                                                                                                                                                                                                                                                                                                                            | 1 pan tostado (1 x 2 pulgadas [2.54 x 5 cm] , 1/2 pulgada de grueso [1.27 cm])                                                        |
| Brócoli                                                                                                                                                                    | Al vapor con mantequilla y sal                                                                                                                                                                                                                                                                                                                                                                  | 1/4 de taza                                                                                                                           |
| Leche                                                                                                                                                                      | Sola, 2% de contenido de grasa                                                                                                                                                                                                                                                                                                                                                                  | 1/2 taza                                                                                                                              |
| Pan dulce                                                                                                                                                                  | Panecillo de chocolate rellena de crema Little Debbie                                                                                                                                                                                                                                                                                                                                           | 1/4 del panecillo                                                                                                                     |

Esto es correcto porque da muchos detalles y sabemos exactamente cuánto comió su hijo.

EJEMPLO DE PLATILLO COMBINADO:

¿Cuál es el nombre del platillo que indicó arriba? (use el mismo nombre que escribió en la comida de arriba)

guisado de pasta

¿Qué alimentos contiene este platillo?

Pasta de codos de harina blanca

Carne molida 85% con contenido de grasa

Queso mozzarella, parcialmente descremado

Pimientos verdes, frescos

Tomates enlatados cortados en cubos

**PÁGINA EN BLANCO**



Comida o merienda N.º 4

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)               | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                     | ¿A QUÉ HORA se comió esta comida?                                                                                                       |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno                                     | <input type="checkbox"/> En su hogar                                                                        | <div>_____ : _____</div> <div>(seleccione una opción)</div> <div><input type="checkbox"/> a. m.    <input type="checkbox"/> p. m.</div> |
| <input type="checkbox"/> Almuerzo                                     | <input type="checkbox"/> De camino (automóvil, autobús, etc.)                                               |                                                                                                                                         |
| <input type="checkbox"/> Comida/Cena                                  | <input type="checkbox"/> En la casa de otra persona                                                         |                                                                                                                                         |
| <input type="checkbox"/> Merienda                                     | <input type="checkbox"/> En una fiesta u otro evento social                                                 |                                                                                                                                         |
|                                                                       | <input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)- _____                        |                                                                                                                                         |
|                                                                       | <input type="checkbox"/> Otro (describir) _____                                                             |                                                                                                                                         |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por línea) | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era? | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                                 |
|                                                                       |                                                                                                             |                                                                                                                                         |
|                                                                       |                                                                                                             |                                                                                                                                         |
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|                                                                       |                                                                                                             |                                                                                                                                         |
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|                                                                       |                                                                                                             |                                                                                                                                         |

Si anotó platillos combinados en las comidas ingeridas arriba, indíquenos más sobre ellos en los espacios a continuación. Mientras más información pueda darnos, mejor, pero no necesita escribir la receta. Puede incluir más de un platillo combinado.

1. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pase a la página siguiente o vaya a la página color rosa al final si no hay más comidas ni meriendas.

**PÁGINA EN BLANCO**

## **COMIDA O MERIENDA N.º 5**

Use las calculadoras de porciones y las imágenes al final de este cuaderno para ayudarse a calcular las cantidades ingeridas.

**PÁGINA EN BLANCO**

Instrucciones y ejemplos de la manera correcta de anotar una comida y un platillo combinado:

Al anotar cada alimento y bebida en la forma, recuerde lo siguiente:

- ¿Anotó la marca del alimento (si se compró en una tienda)?
- ¿Incluyó detalles del tipo de alimento? (por ejemplo: bajo en grasa, de grano integral, reducido de sal)
- ¿Incluyó los condimentos que se le agregaron al alimento? (por ejemplo: ketchup a un sándwich, *gravy* a la carne, leche al cereal, mantequilla o margarina al pan)
- ¿Usó números y medidas apropiados? (por ejemplo: barras de dulce tamaño *fun-size*, bolsa de papas fritas de 1 onza [28 g], 1/2 taza de leche)
- ¿Anotó cómo se preparó la comida? (por ejemplo: pollo al horno, brócoli crudo, *nuggets* de pollo empanizados y fritos)
- ¿Describió platillos combinados? (por ejemplo: guisados, sopas, ensaladas).

EJEMPLO DE COMIDA O MERIENDA:

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                                                                                                                    | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                                                                                                                                                                                                                                                                                                         | ¿A QUÉ HORA se comió esta comida?                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno<br><br><input type="checkbox"/> Almuerzo<br><br><input checked="" type="checkbox"/> Comida/Cena<br><br><input type="checkbox"/> Merienda | <input checked="" type="checkbox"/> En su hogar<br><br><input type="checkbox"/> En la casa de otra persona<br><br><input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)-<br><br><input type="checkbox"/> Otro (describir) _____<br><br><input type="checkbox"/> De camino (automóvil, autobús, etc.)<br><br><input type="checkbox"/> En una fiesta u otro evento social | <br><br><br><u>06 : 30</u><br><br>(seleccione una opción)<br><br><input type="checkbox"/> a. m. <input checked="" type="checkbox"/> p. m. |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por línea)                                                                                                      | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era? ¿Agregó algo al alimento?                                                                                                                                                                                                                                                           | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                                   |
| Guisado de pasta                                                                                                                                                           | Ver los detalles de los platillos combinados abajo                                                                                                                                                                                                                                                                                                                                              | 1 taza                                                                                                                                    |
| Pan de ajo                                                                                                                                                                 | Pan tostado texano con ajo congelado Pepperidge Farm                                                                                                                                                                                                                                                                                                                                            | 1 pan tostado (1 x 2 pulgadas [2.54 x 5 cm] , 1/2 pulgada de grueso [1.27 cm])                                                            |
| Brócoli                                                                                                                                                                    | Al vapor con mantequilla y sal                                                                                                                                                                                                                                                                                                                                                                  | 1/4 de taza                                                                                                                               |
| Leche                                                                                                                                                                      | Sola, 2% de contenido de grasa                                                                                                                                                                                                                                                                                                                                                                  | 1/2 taza                                                                                                                                  |
| Pan dulce                                                                                                                                                                  | Panecillo de chocolate rellena de crema Little Debbie                                                                                                                                                                                                                                                                                                                                           | 1/4 del panecillo                                                                                                                         |

Esto es correcto porque da muchos detalles y sabemos exactamente cuánto comió su hijo.

EJEMPLO DE PLATILLO COMBINADO:

¿Cuál es el nombre del platillo que indicó arriba? (use el mismo nombre que escribió en la comida de arriba)

guisado de pasta

¿Qué alimentos contiene este platillo?

Pasta de codos de harina blanca  
Carne molida 85% con contenido de grasa  
Queso mozzarella, parcialmente descremado

Pimientos verdes, frescos  
Tomates enlatados cortados en cubos

**PÁGINA EN BLANCO**

**Comida o merienda N.º 5**

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)               | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                     | ¿A QUÉ HORA se comió esta comida?                                                                                                       |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno                                     | <input type="checkbox"/> En su hogar                                                                        | <div>_____ : _____</div> <div>(seleccione una opción)</div> <div><input type="checkbox"/> a. m.    <input type="checkbox"/> p. m.</div> |
| <input type="checkbox"/> Almuerzo                                     | <input type="checkbox"/> De camino (automóvil, autobús, etc.)                                               |                                                                                                                                         |
| <input type="checkbox"/> Comida/Cena                                  | <input type="checkbox"/> En la casa de otra persona                                                         |                                                                                                                                         |
| <input type="checkbox"/> Merienda                                     | <input type="checkbox"/> En una fiesta u otro evento social                                                 |                                                                                                                                         |
|                                                                       | <input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)- _____                        |                                                                                                                                         |
|                                                                       | <input type="checkbox"/> Otro (describir) _____                                                             |                                                                                                                                         |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por línea) | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era? | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                                 |
|                                                                       |                                                                                                             |                                                                                                                                         |
|                                                                       |                                                                                                             |                                                                                                                                         |
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|                                                                       |                                                                                                             |                                                                                                                                         |
|                                                                       |                                                                                                             |                                                                                                                                         |
|                                                                       |                                                                                                             |                                                                                                                                         |

Si anotó platillos combinados en las comidas ingeridas arriba, indíquenos más sobre ellos en los espacios a continuación. Mientras más información pueda darnos, mejor, pero no necesita escribir la receta. Puede incluir más de un platillo combinado.

1. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pase a la página siguiente o vaya a la página color rosa al final si no hay más comidas ni meriendas.

**PÁGINA EN BLANCO**



**Responda las primeras 3 preguntas pensando en su hijo.**

1. Piense en la cantidad de comida que comió su hijo desde que le dimos este diario de alimentos, en comparación con lo que su hijo come habitualmente, usted diría que fue: (seleccione una opción)
- ☐ Mucho más (responda la pregunta 1a)
  - ☐ Cerca de lo usual
  - ☐ Mucho menos (responda la pregunta 1a)

1a. Si respondió **mucho más** o **mucho menos**, ¿por qué? \_\_\_\_\_

2. ¿Su hijo sigue una dieta especial?
- ☐ Sí, una dieta para perder peso
  - ☐ Sí, una dieta para aumentar de peso
  - ☐ Sí, por otras necesidades médicas (responda la pregunta 2a)
  - ☐ No

2a. Si tiene otras necesidades médicas, descríbalas. \_\_\_\_\_

3. ¿Su hijo tiene alergia a algún alimento?
- ☐ Sí (responda la pregunta 3a)
  - ☐ No

3a. Si respondió "Sí", ¿a qué alimento es alérgico su hijo? \_\_\_\_\_

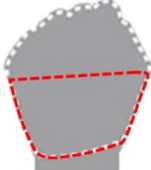
**Responda las siguientes 3 preguntas pensando en la forma en que prepara los alimentos USUALMENTE.**

1. ¿Usa sal al preparar los alimentos? (seleccione una opción)
- ☐ Sí, siempre
  - ☐ Sí, ocasionalmente
  - ☐ Usamos una alternativa a la sal
  - ☐ Nunca

2. ¿Qué tipo de grasa *suele* usar al **preparar alimentos horneados** en casa? (seleccione una opción)
- |                                                          |                                                            |
|----------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Mantequilla                     | <input type="checkbox"/> Aceite de canola                  |
| <input type="checkbox"/> Margarina                       | <input type="checkbox"/> Aceite de oliva                   |
| <input type="checkbox"/> Grasa animal o manteca de cerdo | <input type="checkbox"/> Aceite vegetal                    |
| <input type="checkbox"/> Crisco                          | <input type="checkbox"/> Otro tipo de aceite o grasa _____ |

3. ¿Qué tipo de grasa *suele* usar al **freír o saltear** alimentos en casa? (seleccione una opción)
- |                                                          |                                                            |
|----------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Mantequilla                     | <input type="checkbox"/> Aceite de canola                  |
| <input type="checkbox"/> Margarina                       | <input type="checkbox"/> Aceite de oliva                   |
| <input type="checkbox"/> Grasa animal o manteca de cerdo | <input type="checkbox"/> Aceite vegetal                    |
| <input type="checkbox"/> Crisco                          | <input type="checkbox"/> Otro tipo de aceite o grasa _____ |

**PÁGINA EN BLANCO**

| TAMAÑO DE LA PORCIÓN | ALIMENTOS                                                        | AYUDA VISUAL                                                                                                               | SÍMBOLO CON LA MANO                                                                                      |
|----------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1 taza               | Arroz<br>Pasta<br>Fruta<br>Vegetales                             | Pelota de béisbol<br>                    | 1 puño<br>            |
| 3/4 de taza          | Arroz<br>Pasta<br>Fruta<br>Vegetales                             | Pelota de tenis<br>                      | 3/4 de puño<br>       |
| 1/2 de taza          | Arroz<br>Pasta<br>Fruta<br>Vegetales                             | Bombilla<br>                             | 1/2 puño<br>          |
| 3 onzas (85 g)       | Carne<br>Pescado<br>Carne de ave                                 | Mazo de cartas<br>                       | Palma<br>             |
| 1 onza (28 g)        | Frutos secos<br>Frutas deshidratadas (por ejemplo, pasas de uva) | 1 puñado<br>                           | 1 puñado<br>        |
| 1 onza (28 g)        | Papas fritas<br>Palomitas de maíz<br>Pretzels                    | 2 puñados<br>                          | 2 puñados<br>       |
| 2 cucharadas         | Mantequilla de maní<br>Queso                                     | Pelota de golf<br>                      | 2 pulgares<br>      |
| 1 cucharada          | Mantequilla de maní<br>Queso                                     | 1/2 pelota de golf<br>                 | 1 pulgar<br>        |
| 1 cucharadita        | Aceite de cocina<br>Mayonesa<br>Mantequilla<br>Azúcar            | 4 monedas de diez centavos apiladas<br> | Yema del pulgar<br> |

**PÁGINA EN BLANCO**

***I.11 Child Food Diary—Non-Child Care Day – English***

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OMB Control No: 0584-0615  
OMB Approval Expiration Date: 10/31/2019

Abt IRB Approval No. 0804

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

## Child Food Diary—Non-Child Care Day

Respondent ID

Respondent Name

Other Name/Contact Info

Interviewer ID #: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

**START** recording food on: \_\_\_\_ / \_\_\_\_ / **2017** at \_\_\_\_ : \_\_\_\_ **am/ pm**  
Month Day Time (circle one)

**STOP** recording food on: \_\_\_\_ / \_\_\_\_ / **2017** at \_\_\_\_ : \_\_\_\_ **am/ pm**  
Month Day Time (circle one)

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 0584-0615. The time required to complete this information collection is estimated to average 30 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.

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Thank you for agreeing to be part of the Study of Nutrition and Activity in Child Care Settings. As we explained when you signed up for the study, parents are being asked to complete this Child Food Diary.

**About this Diary:** The Child Food Diary will take approximately 40 minutes to complete. The Child Food Diary will gather information about everything your child had to eat and drink for the time frame indicated on the first page of this diary. This will include food preparation details and portion sizes on all foods and drinks.

Everything you report in the food diary will be kept private and used for research purposes according to state and federal law. We will not include your name or your child's name in any of our reports – we will be reporting overall results for all children and parents participating in the study.

**If you have any questions about how to fill out this diary, please call our toll-free study number at 1-866-890-6950 or email [SNACS@srbi.com](mailto:SNACS@srbi.com).** We will be happy to answer your questions and to help you in any way we can.

For questions or concerns about your rights as a research participant, call Teresa Doksum at the Abt Associates Institutional Review Board at toll-free 877-520-6835.

Thank you for participating in the Study of Nutrition and Activity in Child Care Settings (SNACS).

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# Food diary for a day your child DOES NOT attend child care

Please write down EVERYTHING your child eats and drinks on \_\_\_\_\_, starting when he/she wakes up, until he/she wakes up the following morning. Refer to the front cover of this booklet for the day and date to begin and stop recording.

Include all meals, snacks, tastes, and bites of food and all drinks, including water. This also includes anything your child may eat in the middle of the night. Keep this booklet with you and write down items immediately after each meal and snack. **If your child is going to be in the care of someone else during this day, please ask them to keep note of what food and drinks your child consumes for you to record in this booklet.** There are no right or wrong answers; we just want to know what your child ate. Don't include foods that your child leaves on his/her plate; we only want to know what he/she ate. Please write only one food per line. Please write neatly and record as much information about the foods and meals as you can. **Thank you for your help in this important project!**

We have included portion estimators and pictures at the back of this booklet. Please use them to help you estimate the portion size of what he/she ate OR you can use standard measuring tools that may be available in the kitchen (measuring cups/spoons, food scales). We have also included examples of the correct ways to record meals and mixed dishes opposite from every meal tab.

When you write down each food and drink on the form, please remember the following:

- Did you write down the brand of the food (if it was store bought)?
- Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
- Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
- Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
- Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
- Did you describe mixed dishes? (e.g. casseroles, soups, salads).

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### **MEAL OR SNACK #1**

Please use portion estimators and pictures in the back of this booklet to help you estimate the amounts eaten.

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## Instructions and examples of the correct way to record a meal and mixed dish:

When you write down each food and drink on the form, please remember the following:

- Did you write down the brand of the food (if it was store bought)?
- Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
- Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
- Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
- Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
- Did you describe mixed dishes? (e.g. casseroles, soups, salads).

### MEAL OR SNACK EXAMPLE:

| What TYPE of meal is this?<br>(check one)                                                                                                                   | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                                       | What TIME was this meal eaten?                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input checked="" type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input checked="" type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | <u>06 : 30</u><br>(check one)<br><input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                                  | DESCRIBE the item completely. What is the <u>brand</u> ? How was it <u>prepared</u> ? What was the <u>flavor</u> or type? Did you <u>add</u> anything to the food?                                                                                                                                                              | HOW MUCH did your child eat or drink? (cups, oz, inches)                                            |
| Pasta casserole                                                                                                                                             | See <u>Mixed Dish</u> details below                                                                                                                                                                                                                                                                                             | 1 cup                                                                                               |
| Garlic bread                                                                                                                                                | Pepperidge Farm Garlic Texas Toast from frozen                                                                                                                                                                                                                                                                                  | 1 piece (1x 2 inches, ½ inch thick)                                                                 |
| Broccoli                                                                                                                                                    | Steamed with added butter and salt                                                                                                                                                                                                                                                                                              | ¾ cup                                                                                               |
| Milk                                                                                                                                                        | 2% white milk                                                                                                                                                                                                                                                                                                                   | ½ cup                                                                                               |
| Cupcake                                                                                                                                                     | Little Debbie chocolate cupcake, cream filled                                                                                                                                                                                                                                                                                   | ¾ cupcake                                                                                           |

This is correct because it gave lots of detail and we know exactly how much your child ate.

### MIXED DISH EXAMPLE:

What is the name of the dish you wrote above (use the same name as you wrote it in the meal above)?

pasta casserole

What foods are in this dish?

White elbow macaroni

85% fat ground beef

Mozzarella cheese - part skim

Green peppers - fresh

Canned diced tomatoes

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## Meal or Snack #1

| What TYPE of meal is this?<br>(check one)                                                                                                        | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                             | What TIME was this meal eaten?                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc.)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | ____ : ____<br>(check one)<br><input type="checkbox"/> am <input type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                       | DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type?                                                                                                                                                                                                                    | HOW MUCH did your child eat or drink? (cups, oz, inches)                              |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |                                                                                       |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |                                                                                       |
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If you listed any mixed dishes in the meals eaten above, please tell us more about them in the spaces below. The more information you can provide, the better, but you don't need to write out the recipe. It is ok to include more than one mixed dish.

1. What is the name of the mixed dish you wrote above?

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What foods are in this dish?

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2. What is the name of the mixed dish you wrote above?

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What foods are in this dish?

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Continue to next page or go to pink page at end if no more meals or snacks.

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## **MEAL OR SNACK #2**

Please use portion estimators and pictures in the back of this booklet to help you estimate the amounts eaten.

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## Instructions and examples of the correct way to record a meal and mixed dish:

When you write down each food and drink on the form, please remember the following:

- Did you write down the brand of the food (if it was store bought)?
- Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
- Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
- Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
- Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
- Did you describe mixed dishes? (e.g. casseroles, soups, salads).

### MEAL OR SNACK EXAMPLE:

| What TYPE of meal is this?<br>(check one)                                                                                                                   | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                                        | What TIME was this meal eaten?                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input checked="" type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input checked="" type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc.)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | <u>06 : 30</u><br>(check one)<br><input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                                  | DESCRIBE the item completely. What is the <u>brand</u> ? How was it <u>prepared</u> ? What was the <u>flavor</u> or type? Did you <u>add</u> anything to the food?                                                                                                                                                               | HOW MUCH did your child eat or drink? (cups, oz, inches)                                            |
| Pasta casserole                                                                                                                                             | See <u>Mixed Dish</u> details below                                                                                                                                                                                                                                                                                              | 1 cup                                                                                               |
| Garlic bread                                                                                                                                                | Pepperidge Farm Garlic Texas Toast from frozen                                                                                                                                                                                                                                                                                   | 1 piece (1x 2 inches, ½ inch thick)                                                                 |
| Broccoli                                                                                                                                                    | Steamed with added butter and salt                                                                                                                                                                                                                                                                                               | ¾ cup                                                                                               |
| Milk                                                                                                                                                        | 2% white milk                                                                                                                                                                                                                                                                                                                    | ½ cup                                                                                               |
| Cupcake                                                                                                                                                     | Little Debbie chocolate cupcake, cream filled                                                                                                                                                                                                                                                                                    | ¾ cupcake                                                                                           |

This is correct because it gave lots of detail and we know exactly how much your child ate.

### MIXED DISH EXAMPLE:

What is the name of the dish you wrote above (use the same name as you wrote it in the meal above)?

pasta casserole

What foods are in this dish?

White elbow macaroni

85% fat ground beef

Mozzarella cheese - part skim

Green peppers - fresh

Canned diced tomatoes

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## Meal or Snack #2

| What TYPE of meal is this?<br>(check one)                                                                                                        | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                             | What TIME was this meal eaten?                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc.)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | ____ : ____<br>(check one)<br><input type="checkbox"/> am <input type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                       | DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type?                                                                                                                                                                                                                    | HOW MUCH did your child eat or drink? (cups, oz, inches)                              |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |                                                                                       |
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If you listed any mixed dishes in the meals eaten above, please tell us more about them in the spaces below. The more information you can provide, the better, but you don't need to write out the recipe. It is ok to include more than one mixed dish.

1. What is the name of the mixed dish you wrote above?

\_\_\_\_\_

What foods are in this dish?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What is the name of the mixed dish you wrote above?

\_\_\_\_\_

What foods are in this dish?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Continue to next page or go to pink page at end if no more meals or snacks.

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### **MEAL OR SNACK #3**

Please use portion estimators and pictures in the back of this booklet to help you estimate the amounts eaten.

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## Instructions and examples of the correct way to record a meal and mixed dish:

When you write down each food and drink on the form, please remember the following:

- Did you write down the brand of the food (if it was store bought)?
- Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
- Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
- Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
- Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
- Did you describe mixed dishes? (e.g. casseroles, soups, salads).

### MEAL OR SNACK EXAMPLE:

| What TYPE of meal is this?<br>(check one)                                                                                                                   | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                                        | What TIME was this meal eaten?                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input checked="" type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input checked="" type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc.)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | <u>06 : 30</u><br>(check one)<br><input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                                  | DESCRIBE the item completely. What is the <u>brand</u> ? How was it <u>prepared</u> ? What was the <u>flavor</u> or type? Did you <u>add</u> anything to the food?                                                                                                                                                               | HOW MUCH did your child eat or drink? (cups, oz, inches)                                            |
| Pasta casserole                                                                                                                                             | See <u>Mixed Dish</u> details below                                                                                                                                                                                                                                                                                              | 1 cup                                                                                               |
| Garlic bread                                                                                                                                                | Pepperidge Farm Garlic Texas Toast from frozen                                                                                                                                                                                                                                                                                   | 1 piece (1x 2 inches, ½ inch thick)                                                                 |
| Broccoli                                                                                                                                                    | Steamed with added butter and salt                                                                                                                                                                                                                                                                                               | ¾ cup                                                                                               |
| Milk                                                                                                                                                        | 2% white milk                                                                                                                                                                                                                                                                                                                    | ½ cup                                                                                               |
| Cupcake                                                                                                                                                     | Little Debbie chocolate cupcake, cream filled                                                                                                                                                                                                                                                                                    | ¾ cupcake                                                                                           |

This is correct because it gave lots of detail and we know exactly how much your child ate.

### MIXED DISH EXAMPLE:

What is the name of the dish you wrote above (use the same name as you wrote it in the meal above)?

pasta casserole

What foods are in this dish?

White elbow macaroni

85% fat ground beef

Mozzarella cheese - part skim

Green peppers - fresh

Canned diced tomatoes

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### Meal or Snack #3

| What TYPE of meal is this?<br>(check one)                                                                                                        | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                             | What TIME was this meal eaten?                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc.)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | ____ : ____<br>(check one)<br><input type="checkbox"/> am <input type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                       | DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type?                                                                                                                                                                                                                    | HOW MUCH did your child eat or drink? (cups, oz, inches)                              |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |                                                                                       |
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If you listed any mixed dishes in the meals eaten above, please tell us more about them in the spaces below. The more information you can provide, the better, but you don't need to write out the recipe. It is ok to include more than one mixed dish.

1. What is the name of the mixed dish you wrote above?

\_\_\_\_\_

What foods are in this dish?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. What is the name of the mixed dish you wrote above?

\_\_\_\_\_

What foods are in this dish?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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Continue to next page or go to pink page at end if no more meals or snacks.

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#### **MEAL OR SNACK #4**

Please use portion estimators and pictures in the back of this booklet to help you estimate the amounts eaten.

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## Instructions and examples of the correct way to record a meal and mixed dish:

When you write down each food and drink on the form, please remember the following:

- Did you write down the brand of the food (if it was store bought)?
- Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
- Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
- Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
- Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
- Did you describe mixed dishes? (e.g. casseroles, soups, salads).

### MEAL OR SNACK EXAMPLE:

| What TYPE of meal is this?<br>(check one)                                                                                                                   | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                                        | What TIME was this meal eaten?                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input checked="" type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input checked="" type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc.)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | <u>06 : 30</u><br>(check one)<br><input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                                  | DESCRIBE the item completely. What is the <u>brand</u> ? How was it <u>prepared</u> ? What was the <u>flavor</u> or type? Did you <u>add</u> anything to the food?                                                                                                                                                               | HOW MUCH did your child eat or drink? (cups, oz, inches)                                            |
| Pasta casserole                                                                                                                                             | See <u>Mixed Dish</u> details below                                                                                                                                                                                                                                                                                              | 1 cup                                                                                               |
| Garlic bread                                                                                                                                                | Pepperidge Farm Garlic Texas Toast from frozen                                                                                                                                                                                                                                                                                   | 1 piece (1x 2 inches, ½ inch thick)                                                                 |
| Broccoli                                                                                                                                                    | Steamed with added butter and salt                                                                                                                                                                                                                                                                                               | ¾ cup                                                                                               |
| Milk                                                                                                                                                        | 2% white milk                                                                                                                                                                                                                                                                                                                    | ½ cup                                                                                               |
| Cupcake                                                                                                                                                     | Little Debbie chocolate cupcake, cream filled                                                                                                                                                                                                                                                                                    | ¾ cupcake                                                                                           |

This is correct because it gave lots of detail and we know exactly how much your child ate.

### MIXED DISH EXAMPLE:

What is the name of the dish you wrote above (use the same name as you wrote it in the meal above)?

pasta casserole

What foods are in this dish?

White elbow macaroni

85% fat ground beef

Mozzarella cheese - part skim

Green peppers - fresh

Canned diced tomatoes

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#### Meal or Snack #4

| What TYPE of meal is this?<br>(check one)                                                                                                        | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                             | What TIME was this meal eaten?                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc.)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | ____ : ____<br>(check one)<br><input type="checkbox"/> am <input type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                       | DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type?                                                                                                                                                                                                                    | HOW MUCH did your child eat or drink? (cups, oz, inches)                              |
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If you listed any mixed dishes in the meals eaten above, please tell us more about them in the spaces below. The more information you can provide, the better, but you don't need to write out the recipe. It is ok to include more than one mixed dish.

1. What is the name of the mixed dish you wrote above?

\_\_\_\_\_

What foods are in this dish?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What is the name of the mixed dish you wrote above?

\_\_\_\_\_

What foods are in this dish?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Continue to next page or go to pink page at end if no more meals or snacks.

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### **MEAL OR SNACK #5**

Please use portion estimators and pictures in the back of this booklet to help you estimate the amounts eaten.

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## Instructions and examples of the correct way to record a meal and mixed dish:

When you write down each food and drink on the form, please remember the following:

- Did you write down the brand of the food (if it was store bought)?
- Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
- Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
- Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
- Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
- Did you describe mixed dishes? (e.g. casseroles, soups, salads).

### MEAL OR SNACK EXAMPLE:

| What TYPE of meal is this?<br>(check one)                                                                                                                   | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                                        | What TIME was this meal eaten?                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input checked="" type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input checked="" type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc.)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | <u>06 : 30</u><br>(check one)<br><input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                                  | DESCRIBE the item completely. What is the <u>brand</u> ? How was it <u>prepared</u> ? What was the <u>flavor</u> or type? Did you <u>add</u> anything to the food?                                                                                                                                                               | HOW MUCH did your child eat or drink? (cups, oz, inches)                                            |
| Pasta casserole                                                                                                                                             | See <u>Mixed Dish</u> details below                                                                                                                                                                                                                                                                                              | 1 cup                                                                                               |
| Garlic bread                                                                                                                                                | Pepperidge Farm Garlic Texas Toast from frozen                                                                                                                                                                                                                                                                                   | 1 piece (1x 2 inches, ½ inch thick)                                                                 |
| Broccoli                                                                                                                                                    | Steamed with added butter and salt                                                                                                                                                                                                                                                                                               | ¾ cup                                                                                               |
| Milk                                                                                                                                                        | 2% white milk                                                                                                                                                                                                                                                                                                                    | ½ cup                                                                                               |
| Cupcake                                                                                                                                                     | Little Debbie chocolate cupcake, cream filled                                                                                                                                                                                                                                                                                    | ¾ cupcake                                                                                           |

This is correct because it gave lots of detail and we know exactly how much your child ate.

### MIXED DISH EXAMPLE:

What is the name of the dish you wrote above (use the same name as you wrote it in the meal above)?

pasta casserole

What foods are in this dish?

White elbow macaroni

85% fat ground beef

Mozzarella cheese - part skim

Green peppers - fresh

Canned diced tomatoes

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## Meal or Snack #5

| What TYPE of meal is this?<br>(check one)                                                                                                        | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                             | What TIME was this meal eaten?                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc.)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | ____ : ____<br>(check one)<br><input type="checkbox"/> am <input type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                       | DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type?                                                                                                                                                                                                                    | HOW MUCH did your child eat or drink? (cups, oz, inches)                              |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |                                                                                       |
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If you listed any mixed dishes in the meals eaten above, please tell us more about them in the spaces below. The more information you can provide, the better, but you don't need to write out the recipe. It is ok to include more than one mixed dish.

1. What is the name of the mixed dish you wrote above?

\_\_\_\_\_

What foods are in this dish?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. What is the name of the mixed dish you wrote above?

\_\_\_\_\_

What foods are in this dish?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Continue to next page or go to pink page at end if no more meals or snacks.

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### **MEAL OR SNACK #6**

Please use portion estimators and pictures in the back of this booklet to help you estimate the amounts eaten

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## Instructions and examples of the correct way to record a meal and mixed dish:

When you write down each food and drink on the form, please remember the following:

- Did you write down the brand of the food (if it was store bought)?
- Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
- Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
- Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
- Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
- Did you describe mixed dishes? (e.g. casseroles, soups, salads).

### MEAL OR SNACK EXAMPLE:

| What TYPE of meal is this?<br>(check one)                                                                                                                   | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                                        | What TIME was this meal eaten?                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input checked="" type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input checked="" type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc.)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | <u>06 : 30</u><br>(check one)<br><input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                                  | DESCRIBE the item completely. What is the <u>brand</u> ? How was it <u>prepared</u> ? What was the <u>flavor</u> or type? Did you <u>add</u> anything to the food?                                                                                                                                                               | HOW MUCH did your child eat or drink? (cups, oz, inches)                                            |
| Pasta casserole                                                                                                                                             | See <u>Mixed Dish</u> details below                                                                                                                                                                                                                                                                                              | 1 cup                                                                                               |
| Garlic bread                                                                                                                                                | Pepperidge Farm Garlic Texas Toast from frozen                                                                                                                                                                                                                                                                                   | 1 piece (1x 2 inches, ½ inch thick)                                                                 |
| Broccoli                                                                                                                                                    | Steamed with added butter and salt                                                                                                                                                                                                                                                                                               | ¾ cup                                                                                               |
| Milk                                                                                                                                                        | 2% white milk                                                                                                                                                                                                                                                                                                                    | ½ cup                                                                                               |
| Cupcake                                                                                                                                                     | Little Debbie chocolate cupcake, cream filled                                                                                                                                                                                                                                                                                    | ¾ cupcake                                                                                           |

This is correct because it gave lots of detail and we know exactly how much your child ate.

### MIXED DISH EXAMPLE:

What is the name of the dish you wrote above (use the same name as you wrote it in the meal above)?

pasta casserole

What foods are in this dish?

White elbow macaroni

85% fat ground beef

Mozzarella cheese - part skim

Green peppers - fresh

Canned diced tomatoes

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.

## Meal or Snack #6

| What TYPE of meal is this?<br>(check one)                                                                                                        | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                             | What TIME was this meal eaten?                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc.)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | ____ : ____<br>(check one)<br><input type="checkbox"/> am <input type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                       | DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type?                                                                                                                                                                                                                    | HOW MUCH did your child eat or drink? (cups, oz, inches)                              |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |                                                                                       |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |                                                                                       |
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|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |                                                                                       |

If you listed any mixed dishes in the meals eaten above, please tell us more about them in the spaces below. The more information you can provide, the better, but you don't need to write out the recipe. It is ok to include more than one mixed dish.

1. What is the name of the mixed dish you wrote above?

\_\_\_\_\_

What foods are in this dish?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What is the name of the mixed dish you wrote above?

\_\_\_\_\_

What foods are in this dish?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Continue to next page or go to pink page at end if no more meals or snacks.

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### **MEAL OR SNACK #7**

Please use portion estimators and pictures in the back of this booklet to help you estimate the amounts eaten.

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## Instructions and examples of the correct way to record a meal and mixed dish:

When you write down each food and drink on the form, please remember the following:

- Did you write down the brand of the food (if it was store bought)?
- Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
- Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
- Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
- Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
- Did you describe mixed dishes? (e.g. casseroles, soups, salads).

### MEAL OR SNACK EXAMPLE:

| What TYPE of meal is this?<br>(check one)                                                                                                                   | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                                        | What TIME was this meal eaten?                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input checked="" type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input checked="" type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc.)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | <u>06 : 30</u><br>(check one)<br><input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                                  | DESCRIBE the item completely. What is the <u>brand</u> ? How was it <u>prepared</u> ? What was the <u>flavor</u> or type? Did you <u>add</u> anything to the food?                                                                                                                                                               | HOW MUCH did your child eat or drink? (cups, oz, inches)                                            |
| Pasta casserole                                                                                                                                             | See <u>Mixed Dish</u> details below                                                                                                                                                                                                                                                                                              | 1 cup                                                                                               |
| Garlic bread                                                                                                                                                | Pepperidge Farm Garlic Texas Toast from frozen                                                                                                                                                                                                                                                                                   | 1 piece (1x 2 inches, ½ inch thick)                                                                 |
| Broccoli                                                                                                                                                    | Steamed with added butter and salt                                                                                                                                                                                                                                                                                               | ¾ cup                                                                                               |
| Milk                                                                                                                                                        | 2% white milk                                                                                                                                                                                                                                                                                                                    | ½ cup                                                                                               |
| Cupcake                                                                                                                                                     | Little Debbie chocolate cupcake, cream filled                                                                                                                                                                                                                                                                                    | ¾ cupcake                                                                                           |

This is correct because it gave lots of detail and we know exactly how much your child ate.

### MIXED DISH EXAMPLE:

What is the name of the dish you wrote above (use the same name as you wrote it in the meal above)?

pasta casserole

What foods are in this dish?

White elbow macaroni

85% fat ground beef

Mozzarella cheese - part skim

Green peppers - fresh

Canned diced tomatoes

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## Meal or Snack #7

| What TYPE of meal is this?<br>(check one)                                                                                                        | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                             | What TIME was this meal eaten?                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc.)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | ____ : ____<br>(check one)<br><input type="checkbox"/> am <input type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                       | DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type?                                                                                                                                                                                                                    | HOW MUCH did your child eat or drink? (cups, oz, inches)                              |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |                                                                                       |
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If you listed any mixed dishes in the meals eaten above, please tell us more about them in the spaces below. The more information you can provide, the better, but you don't need to write out the recipe. It is ok to include more than one mixed dish.

1. What is the name of the mixed dish you wrote above?

\_\_\_\_\_

What foods are in this dish?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What is the name of the mixed dish you wrote above?

\_\_\_\_\_

What foods are in this dish?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Continue to next page or go to pink page at end if no more meals or snacks.

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### **MEAL OR SNACK #8**

Please use portion estimators and pictures in the back of this booklet to help you estimate the amounts eaten.

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## Instructions and examples of the correct way to record a meal and mixed dish:

When you write down each food and drink on the form, please remember the following:

- Did you write down the brand of the food (if it was store bought)?
- Did you include details about the type of food? (e.g. low fat, whole grain, reduced salt)
- Did you include any additions to a food? (e.g. ketchup on a sandwich, gravy on meat, milk on cereal, butter or margarine on bread)
- Did you use appropriate numbers and measurements? (e.g. fun-size candy bar, 1 oz bag of chips, ½ cup of milk)
- Did you write down how the food was prepared? (e.g. baked chicken, raw broccoli, breaded and fried chicken nuggets)
- Did you describe mixed dishes? (e.g. casseroles, soups, salads).

### MEAL OR SNACK EXAMPLE:

| What TYPE of meal is this?<br>(check one)                                                                                                                   | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                                        | What TIME was this meal eaten?                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input checked="" type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input checked="" type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc.)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | <u>06 : 30</u><br>(check one)<br><input type="checkbox"/> am <input checked="" type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                                  | DESCRIBE the item completely. What is the <u>brand</u> ? How was it <u>prepared</u> ? What was the <u>flavor</u> or type? Did you <u>add</u> anything to the food?                                                                                                                                                               | HOW MUCH did your child eat or drink? (cups, oz, inches)                                            |
| Pasta casserole                                                                                                                                             | See <u>Mixed Dish</u> details below                                                                                                                                                                                                                                                                                              | 1 cup                                                                                               |
| Garlic bread                                                                                                                                                | Pepperidge Farm Garlic Texas Toast from frozen                                                                                                                                                                                                                                                                                   | 1 piece (1x 2 inches, ½ inch thick)                                                                 |
| Broccoli                                                                                                                                                    | Steamed with added butter and salt                                                                                                                                                                                                                                                                                               | ¾ cup                                                                                               |
| Milk                                                                                                                                                        | 2% white milk                                                                                                                                                                                                                                                                                                                    | ½ cup                                                                                               |
| Cupcake                                                                                                                                                     | Little Debbie chocolate cupcake, cream filled                                                                                                                                                                                                                                                                                    | ¾ cupcake                                                                                           |

This is correct because it gave lots of detail and we know exactly how much your child ate.

### MIXED DISH EXAMPLE:

What is the name of the dish you wrote above (use the same name as you wrote it in the meal above)?

pasta casserole

What foods are in this dish?

White elbow macaroni

85% fat ground beef

Mozzarella cheese - part skim

Green peppers - fresh

Canned diced tomatoes

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## Meal or Snack #8

| What TYPE of meal is this?<br>(check one)                                                                                                        | WHERE was this meal eaten?<br>(check one)                                                                                                                                                                                                                                                                             | What TIME was this meal eaten?                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner/Supper<br><input type="checkbox"/> Snack | <input type="checkbox"/> Home <input type="checkbox"/> Traveling (car, bus, etc.)<br><input type="checkbox"/> Other person's house <input type="checkbox"/> Party or other social event<br><input type="checkbox"/> Restaurant/deli/fast food (Name?) _____<br><input type="checkbox"/> Other (please describe) _____ | ____ : ____<br>(check one)<br><input type="checkbox"/> am <input type="checkbox"/> pm |
| WHAT did your child eat or drink? (list one item per line)                                                                                       | DESCRIBE the item completely. What is the brand? How was it prepared? What was the flavor or type?                                                                                                                                                                                                                    | HOW MUCH did your child eat or drink? (cups, oz, inches)                              |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |                                                                                       |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |                                                                                       |
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|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |                                                                                       |
|                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                       |                                                                                       |

If you listed any mixed dishes in the meals eaten above, please tell us more about them in the spaces below. The more information you can provide, the better, but you don't need to write out the recipe. It is ok to include more than one mixed dish.

1. What is the name of the mixed dish you wrote above?

---

What foods are in this dish?

---



---



---



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---



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2. What is the name of the mixed dish you wrote above?

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What foods are in this dish?

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Continue to next page or go to pink page at end if no more meals or snacks.

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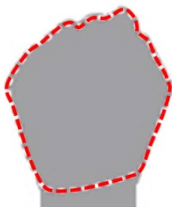
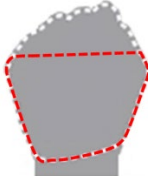
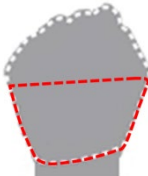
**Please answer the following question, thinking about your child.**

1. Think about the amount of food your child ate on the day recorded on the diary, how does this amount compare to what your child usually eats? Would you say this was: (check one)

- ☐ A lot more (please answer question 1a)
- ☐ Close to usual
- ☐ A lot less (please answer question 1a)

1a. If **a lot more** or **a lot less**, why? \_\_\_\_\_

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| SERVING SIZE  | FOODS                                        | VISUAL AIDE     |                                                                                      | HAND SYMBOL                                                                                         |
|---------------|----------------------------------------------|-----------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 1 cup         | Rice<br>Pasta<br>Fruit<br>Veggies            | Baseball        |    | 1 Fist<br>       |
| 3/4 cup       | Rice<br>Pasta<br>Fruit<br>Veggies            | Tennis Ball     |    | 3/4 Fist<br>     |
| 1/2 cup       | Rice<br>Pasta<br>Fruit<br>Veggies            | Light Bulb      |    | 1/2 Fist<br>     |
| 3 ounces      | Meat<br>Fish<br>Poultry                      | Deck of Cards   |    | Palm<br>         |
| 1 ounce       | Nuts<br>Dried Fruit<br>(e.g. raisins)        | 1 Handful       |   | 1 Handful<br>   |
| 1 ounce       | Chips<br>Popcorn<br>Pretzels                 | 2 Handfuls      |  | 2 Handfuls<br> |
| 2 tablespoons | Peanut Butter<br>Cheese                      | Golf Ball       |   | 2 Thumbs<br>   |
| 1 tablespoon  | Peanut Butter<br>Cheese                      | 1/2 Golf Ball   |  | 1 Thumb<br>    |
| 1 teaspoon    | Cooking Oil<br>Mayonnaise<br>Butter<br>Sugar | 4 Stacked Dimes |  | Thumb Tip<br>  |

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***I.12 Child Food Diary—Non-Child Care Day – Spanish***

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N.º de control de la OMB: 0584-0615  
Fecha de vencimiento de la aprobación de la OMB: 10/31/2019

N.º de aprobación de la Junta de Revisión Institucional (IRB) de Abt: 0804

## Estudio de nutrición y actividad en entornos de cuidado infantil

### Diario de alimentos del niño—Día en que su hijo no asiste al centro de cuidado infantil

Identificación del encuestado

Nombre del encuestado

Otro nombre/información de contacto

N.º de identificación del entrevistador: |\_|\_|\_|\_|\_|\_|\_|\_|\_|

**COMENZAR** a anotar los alimentos el: \_\_\_\_ / \_\_\_\_ / **2016** a las \_\_\_\_ : \_\_\_\_ **a. m./ p. m.**  
Mes Día Hora (marque uno)

**DEJAR** de anotar los alimentos el: \_\_\_\_ / \_\_\_\_ / **2016** a las \_\_\_\_ : \_\_\_\_ **a. m./ p. m.**  
Mes Día Hora (marque uno)

De acuerdo con la Ley de Reducción de Trámites de 1995, una agencia no debe realizar o patrocinar, y una persona no está obligada a responder, una recopilación de información a menos que esta tenga un número de control válido de la Oficina de Administración y Presupuesto (OMB). El número de control válido de la OMB para esta recopilación de información es 0584-0615. El tiempo que se necesita para completar esta recopilación de información se estima en un promedio de 35 minutos por respuesta, incluido el tiempo de revisión de instrucciones, búsqueda de fuentes de datos existentes, recopilación y mantenimiento de los datos necesarios, y finalización y revisión de la recopilación de información.

**PÁGINA EN BLANCO**

Gracias por acceder a participar en el Estudio de nutrición y actividad en entornos de cuidado infantil. Como le explicamos cuando se inscribió en el estudio, se pide a los padres que llenen este Diario de alimentos del niño.

**Acerca de este diario:** Tomará aproximadamente 40 minutos llenar el Diario de alimentos del niño. El Diario de alimentos del niño reunirá información sobre todo lo que su hijo comió y bebió durante el periodo indicado en la primera página de este diario. Esto incluirá detalles de la preparación de los alimentos y los tamaños de las porciones de todos los alimentos y las bebidas.

Cada dato que incluya en el diario de alimentos se mantendrá privado y se utilizará con fines de investigación conforme a las leyes estatales y federales. No incluiremos su nombre ni el nombre de su hijo en ninguno de nuestros informes; informaremos resultados generales para todos los niños y los padres que participen del estudio.

**Si tiene alguna pregunta sobre como llenar el diario, favor de llamar a nuestro número gratuito del estudio al 1-866-890-6950 o envíenos un correo electrónico a [SNACS@srbi.com](mailto:SNACS@srbi.com).** Con gusto responderemos sus dudas y le ayudaremos de la forma que podamos.

Para preguntas o inquietudes sobre sus derechos como participante de una investigación, comuníquese de manera gratuita con Teresa Doksum de la Junta de Revisión Institucional de Abt Associates al 877-520-6835.

Gracias por participar del Estudio de nutrición y actividad en entornos de cuidado infantil (SNACS).

**PÁGINA EN BLANCO**

# Diario de alimentos para el día en que su hijo NO asiste al centro de cuidado infantil

Escriba TODO lo que su hijo coma y beba el \_\_\_\_\_, comenzando por el momento en que se despierta, hasta el momento en que se va a dormir. Consulte la portada de este cuaderno para saber el día y la fecha en que debe comenzar y dejar de anotar los datos.

Incluya todas las comidas, meriendas, probaditas, bocados de comida y todas las bebidas, incluyendo el agua. Lleve este cuaderno con usted y anote los datos inmediatamente después de cada comida y cada merienda. **Si su hijo estará bajo el cuidado de otra persona durante este día, pídale que anote los alimentos y las bebidas que su hijo consuma para que usted pueda anotarlos en este cuaderno.** No hay respuestas correctas o incorrectas; solo queremos saber qué comió su hijo. No incluya comidas que su hijo deje en el plato; solo queremos saber lo que comió. Escriba solo un alimento por línea. Escriba con claridad y anote toda la información sobre alimentos y comidas que pueda. **Gracias por ayudarnos en este importante proyecto.**

Incluimos calculadoras de porciones e imágenes al final de este cuaderno. Úselos para ayudarse a calcular el tamaño de las porciones de lo que haya comido O puede usar utensilios de medida comunes que tenga en la cocina (cucharas/tazas de medir, básculas de alimentos). También incluimos ejemplos de las formas correctas de anotar comidas y platillos combinados en el lado opuesto de cada pestaña de comida.

Al anotar cada alimento y bebida en la forma, recuerde lo siguiente:

- ¿Anotó la marca del alimento (si se compró en una tienda)?
- ¿Incluyó detalles del tipo de alimento? (por ejemplo: bajo en grasa, de grano integral, reducido de sal)
- ¿Incluyó los condimentos que se le agregaron al alimento? (por ejemplo: ketchup a un sándwich, *gravy* a la carne, leche al cereal, mantequilla o margarina al pan)
- ¿Usó números y medidas apropiados? (por ejemplo: barras de dulce tamaño *fun-size*, bolsa de papas fritas de 1 onza [28 g], 1/2 taza de leche)
- ¿Anotó cómo se preparó la comida? (por ejemplo: pollo al horno, brócoli crudo, *nuggets* de pollo empanizados y fritos)
- ¿Describió platillos combinados? (por ejemplo: guisados, sopas, ensaladas).

**PÁGINA EN BLANCO**



### **COMIDA O MERIENDA N.º 1**

Use las calculadoras de porciones y las imágenes al final de este cuaderno para ayudarse a calcular las cantidades ingeridas.

**PÁGINA EN BLANCO**

## Instrucciones y ejemplos de la manera correcta de anotar una comida y un platillo combinado:

Al anotar cada alimento y bebida en la forma, recuerde lo siguiente:

- ¿Anotó la marca del alimento (si se compró en una tienda)?
- ¿Incluyó detalles del tipo de alimento? (por ejemplo: bajo en grasa, de grano integral, reducido de sal)
- ¿Incluyó los condimentos que se le agregaron al alimento? (por ejemplo: ketchup a un sándwich, *gravy* a la carne, leche al cereal, mantequilla o margarina al pan)
- ¿Usó números y medidas apropiados? (por ejemplo: barras de dulce tamaño *fun-size*, bolsa de papas fritas de 1 onza [28 g], 1/2 taza de leche)
- ¿Anotó cómo se preparó la comida? (por ejemplo: pollo al horno, brócoli crudo, *nuggets* de pollo empanizados y fritos)
- ¿Describió platillos combinados? (por ejemplo: guisados, sopas, ensaladas).

### EJEMPLO DE COMIDA O MERIENDA:

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                                                                                                        | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                                                                                                                                                     | ¿A QUÉ HORA se comió esta comida?                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno<br><input type="checkbox"/> Almuerzo<br><input checked="" type="checkbox"/> Comida/Cena<br><input type="checkbox"/> Merienda | <input checked="" type="checkbox"/> En su hogar<br><input type="checkbox"/> En la casa de otra persona<br><input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)-<br><input type="checkbox"/> Otro (describir) _____ | <input type="checkbox"/> De camino (automóvil, autobús, etc.)<br><input type="checkbox"/> En una fiesta u otro evento social<br><br><u>06 : 30</u><br>(seleccione una opción)<br><input type="checkbox"/> a. m. <input checked="" type="checkbox"/> p. m. |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por renglón)                                                                                        | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era? ¿Agregó algo al alimento?                                                                                                       | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                                                                                                                                                   |
| Guisado de pasta                                                                                                                                               | Ver los detalles de los platillos combinados abajo                                                                                                                                                                                          | 1 taza                                                                                                                                                                                                                                                    |
| Pan de ajo                                                                                                                                                     | Pan tostado texano con ajo congelado Pepperidge Farm                                                                                                                                                                                        | 1 pan tostado (1 x 2 pulgadas [2.54 x 5 cm], 1/2 pulgada de grueso [1.27 cm])                                                                                                                                                                             |
| Brócoli                                                                                                                                                        | Al vapor con mantequilla y sal                                                                                                                                                                                                              | 1/4 de taza                                                                                                                                                                                                                                               |
| Leche                                                                                                                                                          | Sola, 2% de contenido de grasa                                                                                                                                                                                                              | 1/2 taza                                                                                                                                                                                                                                                  |
| Pan dulce                                                                                                                                                      | Panecillo de chocolate rellena de crema Little Debbie                                                                                                                                                                                       | 1/4 del panecillo                                                                                                                                                                                                                                         |

Esto es correcto porque da muchos detalles y sabemos exactamente cuánto comió su hijo.

### EJEMPLO DE PLATILLO COMBINADO:

¿Cuál es el nombre del platillo que indicó arriba? (use el mismo nombre que escribió en la comida de arriba)

guisado de pasta

¿Qué alimentos contiene este platillo?

Pasta de codos de harina blanca

Carne molida 85% con contenido de grasa

Queso mozzarella, parcialmente descremado

Pimientos verdes, frescos

Tomates enlatados cortados en cubos

**PÁGINA EN BLANCO**

**Comida o Merienda N.º 1**

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                 | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                               | ¿A QUÉ HORA se comió esta comida?                                                                                                       |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno                                       | <input type="checkbox"/> En su hogar                                                                                  | <div>_____ : _____</div> <div>(seleccione una opción)</div> <div><input type="checkbox"/> a. m.    <input type="checkbox"/> p. m.</div> |
| <input type="checkbox"/> Almuerzo                                       | <input type="checkbox"/> De camino (automóvil, autobús, etc.)                                                         |                                                                                                                                         |
| <input type="checkbox"/> Comida/Cena                                    | <input type="checkbox"/> En la casa de otra persona                                                                   |                                                                                                                                         |
| <input type="checkbox"/> Merienda                                       | <input type="checkbox"/> En una fiesta u otro evento social                                                           |                                                                                                                                         |
|                                                                         | <input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)- _____                                  |                                                                                                                                         |
|                                                                         | <input type="checkbox"/> Otro (describir) _____                                                                       |                                                                                                                                         |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por renglón) | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿Qué sabor tenía o de qué tipo era? | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                                 |
|                                                                         |                                                                                                                       |                                                                                                                                         |
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Si anotó platillos combinados en las comidas ingeridas arriba, indíquenos más sobre ellos en los espacios a continuación. Mientras más información pueda darnos, mejor, pero no necesita escribir la receta. Puede incluir más de un platillo combinado.

1. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

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\_\_\_\_\_

Pase a la página siguiente o vaya a la página color rosa al final si no hay más comidas ni meriendas.

**PÁGINA EN BLANCO**

## **COMIDA O MERIENDA N.º 2**

Use las calculadoras de porciones y las imágenes al final de este cuaderno para ayudarse a calcular las cantidades ingeridas.

**PÁGINA EN BLANCO**



## Instrucciones y ejemplos de la manera correcta de anotar una comida y un platillo combinado:

Al anotar cada alimento y bebida en la forma, recuerde lo siguiente:

- ¿Anotó la marca del alimento (si se compró en una tienda)?
- ¿Incluyó detalles del tipo de alimento? (por ejemplo: bajo en grasa, de grano integral, reducido de sal)
- ¿Incluyó los condimentos que se le agregaron al alimento? (por ejemplo: ketchup a un sándwich, *gravy* a la carne, leche al cereal, mantequilla o margarina al pan)
- ¿Usó números y medidas apropiados? (por ejemplo: barras de dulce tamaño *fun-size*, bolsa de papas fritas de 1 onza [28 g], 1/2 taza de leche)
- ¿Anotó cómo se preparó la comida? (por ejemplo: pollo al horno, brócoli crudo, *nuggets* de pollo empanizados y fritos)
- ¿Describió platillos combinados? (por ejemplo: guisados, sopas, ensaladas).

### EJEMPLO DE COMIDA O MERIENDA:

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                                                                                                        | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                                                                                                                                                     | ¿A QUÉ HORA se comió esta comida?                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno<br><input type="checkbox"/> Almuerzo<br><input checked="" type="checkbox"/> Comida/Cena<br><input type="checkbox"/> Merienda | <input checked="" type="checkbox"/> En su hogar<br><input type="checkbox"/> En la casa de otra persona<br><input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)-<br><input type="checkbox"/> Otro (describir) _____ | <input type="checkbox"/> De camino (automóvil, autobús, etc.)<br><input type="checkbox"/> En una fiesta u otro evento social<br><br><u>06:30</u><br>(seleccione una opción)<br><input type="checkbox"/> a. m. <input checked="" type="checkbox"/> p. m. |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por renglón)                                                                                        | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era? ¿Agregó algo al alimento?                                                                                                       | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                                                                                                                                                 |
| Guisado de pasta                                                                                                                                               | Ver los detalles de los platillos combinados abajo                                                                                                                                                                                          | 1 taza                                                                                                                                                                                                                                                  |
| Pan de ajo                                                                                                                                                     | Pan tostado texano con ajo congelado Pepperidge Farm                                                                                                                                                                                        | 1 pan tostado (1 x 2 pulgadas [2.54 x 5 cm], 1/2 pulgada de grueso [1.27 cm])                                                                                                                                                                           |
| Brócoli                                                                                                                                                        | Al vapor con mantequilla y sal                                                                                                                                                                                                              | 1/4 de taza                                                                                                                                                                                                                                             |
| Leche                                                                                                                                                          | Sola, 2% de contenido de grasa                                                                                                                                                                                                              | 1/2 taza                                                                                                                                                                                                                                                |
| Pan dulce                                                                                                                                                      | Panecillo de chocolate rellena de crema Little Debbie                                                                                                                                                                                       | 1/4 del panecillo                                                                                                                                                                                                                                       |

Esto es correcto porque da muchos detalles y sabemos exactamente cuánto comió su hijo.

### EJEMPLO DE PLATILLO COMBINADO:

¿Cuál es el nombre del platillo que indicó arriba? (use el mismo nombre que escribió en la comida de arriba)

guisado de pasta

¿Qué alimentos contiene este platillo?

Pasta de codos de harina blanca

Carne molida 85% con contenido de grasa

Queso mozzarella, parcialmente descremado

Pimientos verdes, frescos

Tomates enlatados cortados en cubos

**PÁGINA EN BLANCO**

Comida o merienda N.º 2

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                                                                                                                                | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                                                                                                                                                                                                                                                                                                                                     | ¿A QUÉ HORA se comió esta comida?                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <div><input type="checkbox"/> Desayuno</div> <div><input type="checkbox"/> Almuerzo</div> <div><input type="checkbox"/> Comida/Cena</div> <div><input type="checkbox"/> Merienda</div> | <div><input type="checkbox"/> En su hogar<div><input type="checkbox"/> De camino (automóvil, autobús, etc.)</div></div> <div><input type="checkbox"/> En la casa de otra persona<div><input type="checkbox"/> En una fiesta u otro evento social</div></div> <div><input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)-<br/>_____</div> <div><input type="checkbox"/> Otro (describir) _____</div> | <div>____ : ____</div> <div>(seleccione una opción)</div> <div><input type="checkbox"/> a. m.    <input type="checkbox"/> p. m.</div> |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por renglón)                                                                                                                | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era?                                                                                                                                                                                                                                                                                                                 | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                               |
|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |
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Si anotó platillos combinados en las comidas ingeridas arriba, indíquenos más sobre ellos en los espacios a continuación. Mientras más información pueda darnos, mejor, pero no necesita escribir la receta. Puede incluir más de un platillo combinado.

1. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

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\_\_\_\_\_

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Pase a la página siguiente o vaya a la página color rosa al final si no hay más comidas ni meriendas.

**PÁGINA EN BLANCO**

### **COMIDA O MERIENDA N.º 3**

Use las calculadoras de porciones y las imágenes al final de este cuaderno para ayudarse a calcular las cantidades ingeridas.

**PÁGINA EN BLANCO**

## Instrucciones y ejemplos de la manera correcta de anotar una comida y un platillo combinado:

Al anotar cada alimento y bebida en la forma, recuerde lo siguiente:

- ¿Anotó la marca del alimento (si se compró en una tienda)?
- ¿Incluyó detalles del tipo de alimento? (por ejemplo: bajo en grasa, de grano integral, reducido de sal)
- ¿Incluyó los condimentos que se le agregaron al alimento? (por ejemplo: ketchup a un sándwich, *gravy* a la carne, leche al cereal, mantequilla o margarina al pan)
- ¿Usó números y medidas apropiados? (por ejemplo: barras de dulce tamaño *fun-size*, bolsa de papas fritas de 1 onza [28 g], 1/2 taza de leche)
- ¿Anotó cómo se preparó la comida? (por ejemplo: pollo al horno, brócoli crudo, *nuggets* de pollo empanizados y fritos)
- ¿Describió platillos combinados? (por ejemplo: guisados, sopas, ensaladas).

### EJEMPLO DE COMIDA O MERIENDA:

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                                                                                                        | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                                                                                                                                                     | ¿A QUÉ HORA se comió esta comida?                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno<br><input type="checkbox"/> Almuerzo<br><input checked="" type="checkbox"/> Comida/Cena<br><input type="checkbox"/> Merienda | <input checked="" type="checkbox"/> En su hogar<br><input type="checkbox"/> En la casa de otra persona<br><input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)-<br><input type="checkbox"/> Otro (describir) _____ | <input type="checkbox"/> De camino (automóvil, autobús, etc.)<br><input type="checkbox"/> En una fiesta u otro evento social<br><br><u>06 : 30</u><br>(seleccione una opción)<br><input type="checkbox"/> a. m. <input checked="" type="checkbox"/> p. m. |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por renglón)                                                                                        | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la <u>marca</u> ?<br>¿Cómo se <u>preparó</u> ? ¿De qué <u>sabor</u> o tipo era? ¿ <u>Agregó</u> algo al alimento?                                                                     | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                                                                                                                                                   |
| Guisado de pasta                                                                                                                                               | Ver los detalles de los <b>platillos combinados</b> abajo                                                                                                                                                                                   | 1 taza                                                                                                                                                                                                                                                    |
| Pan de ajo                                                                                                                                                     | Pan tostado texano con ajo congelado Pepperidge Farm                                                                                                                                                                                        | 1 pan tostado (1 x 2 pulgadas [2.54 x 5 cm], 1/2 pulgada de grueso [1.27 cm])                                                                                                                                                                             |
| Brócoli                                                                                                                                                        | Al vapor con mantequilla y sal                                                                                                                                                                                                              | 1/4 de taza                                                                                                                                                                                                                                               |
| Leche                                                                                                                                                          | Sola, 2% de contenido de grasa                                                                                                                                                                                                              | 1/2 taza                                                                                                                                                                                                                                                  |
| Pan dulce                                                                                                                                                      | Panecillo de chocolate rellena de crema Little Debbie                                                                                                                                                                                       | 1/4 del panecillo                                                                                                                                                                                                                                         |

Esto es correcto porque da muchos detalles y sabemos exactamente cuánto comió su hijo.

### EJEMPLO DE PLATILLO COMBINADO:

¿Cuál es el nombre del platillo que indicó arriba? (use el mismo nombre que escribió en la comida de arriba)

guisado de pasta

¿Qué alimentos contiene este platillo?

Pasta de codos de harina blanca

Carne molida 85% con contenido de grasa

Queso mozzarella, parcialmente descremado

Pimientos verdes, frescos

Tomates enlatados cortados en cubos

**PÁGINA EN BLANCO**



**Comida o merienda N.º 3**

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                 | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                     | ¿A QUÉ HORA se comió esta comida?                                                                                                       |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno                                       | <input type="checkbox"/> En su hogar                                                                        | <div>_____ : _____</div> <div>(seleccione una opción)</div> <div><input type="checkbox"/> a. m.    <input type="checkbox"/> p. m.</div> |
| <input type="checkbox"/> Almuerzo                                       | <input type="checkbox"/> De camino (automóvil, autobús, etc.)                                               |                                                                                                                                         |
| <input type="checkbox"/> Comida/Cena                                    | <input type="checkbox"/> En la casa de otra persona                                                         |                                                                                                                                         |
| <input type="checkbox"/> Merienda                                       | <input type="checkbox"/> En una fiesta u otro evento social                                                 |                                                                                                                                         |
|                                                                         | <input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)- _____                        |                                                                                                                                         |
|                                                                         | <input type="checkbox"/> Otro (describir) _____                                                             |                                                                                                                                         |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por renglón) | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era? | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                                 |
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Si anotó platillos combinados en las comidas ingeridas arriba, indíquenos más sobre ellos en los espacios a continuación. Mientras más información pueda darnos, mejor, pero no necesita escribir la receta. Puede incluir más de un platillo combinado.

1. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

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2. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

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Pase a la página siguiente o vaya a la página color rosa al final si no hay más comidas ni meriendas.

**PÁGINA EN BLANCO**

### **COMIDA O MERIENDA N.º 4**

Use las calculadoras de porciones y las imágenes al final de este cuaderno para ayudarse a calcular las cantidades ingeridas.

**PÁGINA EN BLANCO**

## Instrucciones y ejemplos de la manera correcta de anotar una comida y un platillo combinado:

Al anotar cada alimento y bebida en la forma, recuerde lo siguiente:

- ¿Anotó la marca del alimento (si se compró en una tienda)?
- ¿Incluyó detalles del tipo de alimento? (por ejemplo: bajo en grasa, de grano integral, reducido de sal)
- ¿Incluyó los condimentos que se le agregaron al alimento? (por ejemplo: ketchup a un sándwich, *gravy* a la carne, leche al cereal, mantequilla o margarina al pan)
- ¿Usó números y medidas apropiados? (por ejemplo: barras de dulce tamaño *fun-size*, bolsa de papas fritas de 1 onza [28 g], 1/2 taza de leche)
- ¿Anotó cómo se preparó la comida? (por ejemplo: pollo al horno, brócoli crudo, *nuggets* de pollo empanizados y fritos)
- ¿Describió platillos combinados? (por ejemplo: guisados, sopas, ensaladas).

### EJEMPLO DE COMIDA O MERIENDA:

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                                                                                                        | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                                                                                                                                                     | ¿A QUÉ HORA se comió esta comida?                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno<br><input type="checkbox"/> Almuerzo<br><input checked="" type="checkbox"/> Comida/Cena<br><input type="checkbox"/> Merienda | <input checked="" type="checkbox"/> En su hogar<br><input type="checkbox"/> En la casa de otra persona<br><input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)-<br><input type="checkbox"/> Otro (describir) _____ | <input type="checkbox"/> De camino (automóvil, autobús, etc.)<br><input type="checkbox"/> En una fiesta u otro evento social<br><br><u>06:30</u><br>(seleccione una opción)<br><input type="checkbox"/> a. m. <input checked="" type="checkbox"/> p. m. |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por renglón)                                                                                        | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era? ¿Agregó algo al alimento?                                                                                                       | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                                                                                                                                                 |
| Guisado de pasta                                                                                                                                               | Ver los detalles de los platillos combinados abajo                                                                                                                                                                                          | 1 taza                                                                                                                                                                                                                                                  |
| Pan de ajo                                                                                                                                                     | Pan tostado texano con ajo congelado Pepperidge Farm                                                                                                                                                                                        | 1 pan tostado (1 x 2 pulgadas [2.54 x 5 cm], 1/2 pulgada de grueso [1.27 cm])                                                                                                                                                                           |
| Brócoli                                                                                                                                                        | Al vapor con mantequilla y sal                                                                                                                                                                                                              | 1/4 de taza                                                                                                                                                                                                                                             |
| Leche                                                                                                                                                          | Sola, 2% de contenido de grasa                                                                                                                                                                                                              | 1/2 taza                                                                                                                                                                                                                                                |
| Pan dulce                                                                                                                                                      | Panecillo de chocolate rellena de crema Little Debbie                                                                                                                                                                                       | 1/4 del panecillo                                                                                                                                                                                                                                       |

Esto es correcto porque da muchos detalles y sabemos exactamente cuánto comió su hijo.

### EJEMPLO DE PLATILLO COMBINADO:

¿Cuál es el nombre del platillo que indicó arriba? (use el mismo nombre que escribió en la comida de arriba)

guisado de pasta

¿Qué alimentos contiene este platillo?

Pasta de codos de harina blanca

Carne molida 85% con contenido de grasa

Queso mozzarella, parcialmente descremado

Pimientos verdes, frescos

Tomates enlatados cortados en cubos

**PÁGINA EN BLANCO**

Comida o merienda N.º 4

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                 | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                     | ¿A QUÉ HORA se comió esta comida?                                                                                                       |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno                                       | <input type="checkbox"/> En su hogar                                                                        | <div>_____ : _____</div> <div>(seleccione una opción)</div> <div><input type="checkbox"/> a. m.    <input type="checkbox"/> p. m.</div> |
| <input type="checkbox"/> Almuerzo                                       | <input type="checkbox"/> De camino (automóvil, autobús, etc.)                                               |                                                                                                                                         |
| <input type="checkbox"/> Comida/Cena                                    | <input type="checkbox"/> En la casa de otra persona                                                         |                                                                                                                                         |
| <input type="checkbox"/> Merienda                                       | <input type="checkbox"/> En una fiesta u otro evento social                                                 |                                                                                                                                         |
|                                                                         | <input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)- _____                        |                                                                                                                                         |
|                                                                         | <input type="checkbox"/> Otro (describir) _____                                                             |                                                                                                                                         |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por renglón) | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era? | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                                 |
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Si anotó platillos combinados en las comidas ingeridas arriba, indíquenos más sobre ellos en los espacios a continuación. Mientras más información pueda darnos, mejor, pero no necesita escribir la receta. Puede incluir más de un platillo combinado.

1. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

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Pase a la página siguiente o vaya a la página color rosa al final si no hay más comidas ni meriendas.

**PÁGINA EN BLANCO**



## **COMIDA O MERIENDA N.º 5**

Use las calculadoras de porciones y las imágenes al final de este cuaderno para ayudarse a calcular las cantidades ingeridas.

**PÁGINA EN BLANCO**

Instrucciones y ejemplos de la manera correcta de anotar una comida y un platillo combinado:

Al anotar cada alimento y bebida en la forma, recuerde lo siguiente:

- ¿Anotó la marca del alimento (si se compró en una tienda)?
- ¿Incluyó detalles del tipo de alimento? (por ejemplo: bajo en grasa, de grano integral, reducido de sal)
- ¿Incluyó los condimentos que se le agregaron al alimento? (por ejemplo: ketchup a un sándwich, *gravy* a la carne, leche al cereal, mantequilla o margarina al pan)
- ¿Usó números y medidas apropiados? (por ejemplo: barras de dulce tamaño *fun-size*, bolsa de papas fritas de 1 onza [28 g], 1/2 taza de leche)
- ¿Anotó cómo se preparó la comida? (por ejemplo: pollo al horno, brócoli crudo, *nuggets* de pollo empanizados y fritos)
- ¿Describió platillos combinados? (por ejemplo: guisados, sopas, ensaladas).

EJEMPLO DE COMIDA O MERIENDA:

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                                                                                                                    | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                                                                                                                                                                                                                                                                                                         | ¿A QUÉ HORA se comió esta comida?                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno<br><br><input type="checkbox"/> Almuerzo<br><br><input checked="" type="checkbox"/> Comida/Cena<br><br><input type="checkbox"/> Merienda | <input checked="" type="checkbox"/> En su hogar<br><br><input type="checkbox"/> En la casa de otra persona<br><br><input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)-<br><br><input type="checkbox"/> Otro (describir) _____<br><br><input type="checkbox"/> De camino (automóvil, autobús, etc.)<br><br><input type="checkbox"/> En una fiesta u otro evento social | <br><br><u>06 : 30</u><br><br>(seleccione una opción)<br><br><input type="checkbox"/> a. m. <input checked="" type="checkbox"/> p. m. |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por renglón)                                                                                                    | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era? ¿Agregó algo al alimento?                                                                                                                                                                                                                                                           | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                               |
| Guisado de pasta                                                                                                                                                           | Ver los detalles de los platillos combinados abajo                                                                                                                                                                                                                                                                                                                                              | 1 taza                                                                                                                                |
| Pan de ajo                                                                                                                                                                 | Pan tostado texano con ajo congelado Pepperidge Farm                                                                                                                                                                                                                                                                                                                                            | 1 pan tostado (1 x 2 pulgadas [2.54 x 5 cm] , 1/2 pulgada de grueso [1.27 cm])                                                        |
| Brócoli                                                                                                                                                                    | Al vapor con mantequilla y sal                                                                                                                                                                                                                                                                                                                                                                  | 1/4 de taza                                                                                                                           |
| Leche                                                                                                                                                                      | Sola, 2% de contenido de grasa                                                                                                                                                                                                                                                                                                                                                                  | 1/2 taza                                                                                                                              |
| Pan dulce                                                                                                                                                                  | Panecillo de chocolate rellena de crema Little Debbie                                                                                                                                                                                                                                                                                                                                           | 1/4 del panecillo                                                                                                                     |

Esto es correcto porque da muchos detalles y sabemos exactamente cuánto comió su hijo.

EJEMPLO DE PLATILLO COMBINADO:

¿Cuál es el nombre del platillo que indicó arriba? (use el mismo nombre que escribió en la comida de arriba)

guisado de pasta

¿Qué alimentos contiene este platillo?

Pasta de codos de harina blanca

Carne molida 85% con contenido de grasa

Queso mozzarella, parcialmente descremado

Pimientos verdes, frescos

Tomates enlatados cortados en cubos

**PÁGINA EN BLANCO**

Comida o merienda N.º 5

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                                                                                                                                | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                                                                                                                                                                                                                                                                                                                                     | ¿A QUÉ HORA se comió esta comida?                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <div><input type="checkbox"/> Desayuno</div> <div><input type="checkbox"/> Almuerzo</div> <div><input type="checkbox"/> Comida/Cena</div> <div><input type="checkbox"/> Merienda</div> | <div><input type="checkbox"/> En su hogar<div><input type="checkbox"/> De camino (automóvil, autobús, etc.)</div></div> <div><input type="checkbox"/> En la casa de otra persona<div><input type="checkbox"/> En una fiesta u otro evento social</div></div> <div><input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)-<br/>_____</div> <div><input type="checkbox"/> Otro (describir) _____</div> | <div>____ : ____</div> <div>(seleccione una opción)</div> <div><input type="checkbox"/> a. m.    <input type="checkbox"/> p. m.</div> |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por renglón)                                                                                                                | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era?                                                                                                                                                                                                                                                                                                                 | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                               |
|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |
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Si anotó platillos combinados en las comidas ingeridas arriba, indíquenos más sobre ellos en los espacios a continuación. Mientras más información pueda darnos, mejor, pero no necesita escribir la receta. Puede incluir más de un platillo combinado.

1. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pase a la página siguiente o vaya a la página color rosa al final si no hay más comidas ni meriendas.

**PÁGINA EN BLANCO**

### **COMIDA O MERIENDA N.º 6**

Use las calculadoras de porciones y las imágenes al final de este cuaderno para ayudarse a calcular las cantidades ingeridas.

**PÁGINA EN BLANCO**



Instrucciones y ejemplos de la manera correcta de anotar una comida y un platillo combinado:

Al anotar cada alimento y bebida en la forma, recuerde lo siguiente:

- ¿Anotó la marca del alimento (si se compró en una tienda)?
- ¿Incluyó detalles del tipo de alimento? (por ejemplo: bajo en grasa, de grano integral, reducido de sal)
- ¿Incluyó los condimentos que se le agregaron al alimento? (por ejemplo: ketchup a un sándwich, *gravy* a la carne, leche al cereal, mantequilla o margarina al pan)
- ¿Usó números y medidas apropiados? (por ejemplo: barras de dulce tamaño *fun-size*, bolsa de papas fritas de 1 onza [28 g], 1/2 taza de leche)
- ¿Anotó cómo se preparó la comida? (por ejemplo: pollo al horno, brócoli crudo, *nuggets* de pollo empanizados y fritos)
- ¿Describió platillos combinados? (por ejemplo: guisados, sopas, ensaladas).

EJEMPLO DE COMIDA O MERIENDA:

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                                                                                                                    | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                                                                                                                                                                                                                                                                                                         | ¿A QUÉ HORA se comió esta comida?                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno<br><br><input type="checkbox"/> Almuerzo<br><br><input checked="" type="checkbox"/> Comida/Cena<br><br><input type="checkbox"/> Merienda | <input checked="" type="checkbox"/> En su hogar<br><br><input type="checkbox"/> En la casa de otra persona<br><br><input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)-<br><br><input type="checkbox"/> Otro (describir) _____<br><br><input type="checkbox"/> De camino (automóvil, autobús, etc.)<br><br><input type="checkbox"/> En una fiesta u otro evento social | <br><br><u>06 : 30</u><br><br>(seleccione una opción)<br><br><input type="checkbox"/> a. m. <input checked="" type="checkbox"/> p. m. |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por renglón)                                                                                                    | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era? ¿Agregó algo al alimento?                                                                                                                                                                                                                                                           | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                               |
| Guisado de pasta                                                                                                                                                           | Ver los detalles de los platillos combinados abajo                                                                                                                                                                                                                                                                                                                                              | 1 taza                                                                                                                                |
| Pan de ajo                                                                                                                                                                 | Pan tostado texano con ajo congelado Pepperidge Farm                                                                                                                                                                                                                                                                                                                                            | 1 pan tostado (1 x 2 pulgadas [2.54 x 5 cm] , 1/2 pulgada de grueso [1.27 cm])                                                        |
| Brócoli                                                                                                                                                                    | Al vapor con mantequilla y sal                                                                                                                                                                                                                                                                                                                                                                  | 1/4 de taza                                                                                                                           |
| Leche                                                                                                                                                                      | Sola, 2% de contenido de grasa                                                                                                                                                                                                                                                                                                                                                                  | 1/2 taza                                                                                                                              |
| Pan dulce                                                                                                                                                                  | Panecillo de chocolate rellena de crema Little Debbie                                                                                                                                                                                                                                                                                                                                           | 1/4 del panecillo                                                                                                                     |

Esto es correcto porque da muchos detalles y sabemos exactamente cuánto comió su hijo.

EJEMPLO DE PLATILLO COMBINADO:

¿Cuál es el nombre del platillo que indicó arriba? (use el mismo nombre que escribió en la comida de arriba)

guisado de pasta

¿Qué alimentos contiene este platillo?

Pasta de codos de harina blanca

Carne molida 85% con contenido de grasa

Queso mozzarella, parcialmente descremado

Pimientos verdes, frescos

Tomates enlatados cortados en cubos

**PÁGINA EN BLANCO**

Comida o merienda N.º 6

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                                                                                                                                | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                                                                                                                                                                                                                                                                                                                                     | ¿A QUÉ HORA se comió esta comida?                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <div><input type="checkbox"/> Desayuno</div> <div><input type="checkbox"/> Almuerzo</div> <div><input type="checkbox"/> Comida/Cena</div> <div><input type="checkbox"/> Merienda</div> | <div><input type="checkbox"/> En su hogar<div><input type="checkbox"/> De camino (automóvil, autobús, etc.)</div></div> <div><input type="checkbox"/> En la casa de otra persona<div><input type="checkbox"/> En una fiesta u otro evento social</div></div> <div><input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)-<br/>_____</div> <div><input type="checkbox"/> Otro (describir) _____</div> | <div>____ : ____</div> <div>(seleccione una opción)</div> <div><input type="checkbox"/> a. m.    <input type="checkbox"/> p. m.</div> |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por renglón)                                                                                                                | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era?                                                                                                                                                                                                                                                                                                                 | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                               |
|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |
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Si anotó platillos combinados en las comidas ingeridas arriba, indíquenos más sobre ellos en los espacios a continuación. Mientras más información pueda darnos, mejor, pero no necesita escribir la receta. Puede incluir más de un platillo combinado.

1. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pase a la página siguiente o vaya a la página color rosa al final si no hay más comidas ni meriendas.

**PÁGINA EN BLANCO**

## **COMIDA O MERIENDA N.º 7**

Use las calculadoras de porciones y las imágenes al final de este cuaderno para ayudarse a calcular las cantidades ingeridas.

**PÁGINA EN BLANCO**

Instrucciones y ejemplos de la manera correcta de anotar una comida y un platillo combinado:

Al anotar cada alimento y bebida en la forma, recuerde lo siguiente:

- ¿Anotó la marca del alimento (si se compró en una tienda)?
- ¿Incluyó detalles del tipo de alimento? (por ejemplo: bajo en grasa, de grano integral, reducido de sal)
- ¿Incluyó los condimentos que se le agregaron al alimento? (por ejemplo: ketchup a un sándwich, *gravy* a la carne, leche al cereal, mantequilla o margarina al pan)
- ¿Usó números y medidas apropiados? (por ejemplo: barras de dulce tamaño *fun-size*, bolsa de papas fritas de 1 onza [28 g], 1/2 taza de leche)
- ¿Anotó cómo se preparó la comida? (por ejemplo: pollo al horno, brócoli crudo, *nuggets* de pollo empanizados y fritos)
- ¿Describió platillos combinados? (por ejemplo: guisados, sopas, ensaladas).

EJEMPLO DE COMIDA O MERIENDA:

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                                                                                                                    | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                                                                                                                                                                                                                                                                                                         | ¿A QUÉ HORA se comió esta comida?                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno<br><br><input type="checkbox"/> Almuerzo<br><br><input checked="" type="checkbox"/> Comida/Cena<br><br><input type="checkbox"/> Merienda | <input checked="" type="checkbox"/> En su hogar<br><br><input type="checkbox"/> En la casa de otra persona<br><br><input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)-<br><br><input type="checkbox"/> Otro (describir) _____<br><br><input type="checkbox"/> De camino (automóvil, autobús, etc.)<br><br><input type="checkbox"/> En una fiesta u otro evento social | <br><br><u>06:30</u><br><br>(seleccione una opción)<br><br><input type="checkbox"/> a. m. <input checked="" type="checkbox"/> p. m. |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por renglón)                                                                                                    | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era? ¿Agregó algo al alimento?                                                                                                                                                                                                                                                           | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                             |
| Guisado de pasta                                                                                                                                                           | Ver los detalles de los platillos combinados abajo                                                                                                                                                                                                                                                                                                                                              | 1 taza                                                                                                                              |
| Pan de ajo                                                                                                                                                                 | Pan tostado texano con ajo congelado Pepperidge Farm                                                                                                                                                                                                                                                                                                                                            | 1 pan tostado (1 x 2 pulgadas [2.54 x 5 cm], 1/2 pulgada de grueso [1.27 cm])                                                       |
| Brócoli                                                                                                                                                                    | Al vapor con mantequilla y sal                                                                                                                                                                                                                                                                                                                                                                  | 1/4 de taza                                                                                                                         |
| Leche                                                                                                                                                                      | Sola, 2% de contenido de grasa                                                                                                                                                                                                                                                                                                                                                                  | 1/2 taza                                                                                                                            |
| Pan dulce                                                                                                                                                                  | Panecillo de chocolate rellena de crema Little Debbie                                                                                                                                                                                                                                                                                                                                           | 1/4 del panecillo                                                                                                                   |

Esto es correcto porque da muchos detalles y sabemos exactamente cuánto comió su hijo.

EJEMPLO DE PLATILLO COMBINADO:

¿Cuál es el nombre del platillo que indicó arriba? (use el mismo nombre que escribió en la comida de arriba)

guisado de pasta

¿Qué alimentos contiene este platillo?

Pasta de codos de harina blanca

Carne molida 85% con contenido de grasa

Queso mozzarella, parcialmente descremado

Pimientos verdes, frescos

Tomates enlatados cortados en cubos

**PÁGINA EN BLANCO**



Comida o merienda N.º 7

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                                                                                                                                | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                                                                                                                                                                                                                                                                                                                                     | ¿A QUÉ HORA se comió esta comida?                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <div><input type="checkbox"/> Desayuno</div> <div><input type="checkbox"/> Almuerzo</div> <div><input type="checkbox"/> Comida/Cena</div> <div><input type="checkbox"/> Merienda</div> | <div><input type="checkbox"/> En su hogar<div><input type="checkbox"/> De camino (automóvil, autobús, etc.)</div></div> <div><input type="checkbox"/> En la casa de otra persona<div><input type="checkbox"/> En una fiesta u otro evento social</div></div> <div><input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)-<br/>_____</div> <div><input type="checkbox"/> Otro (describir) _____</div> | <div>____ : ____</div> <div>(seleccione una opción)</div> <div><input type="checkbox"/> a. m.    <input type="checkbox"/> p. m.</div> |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por renglón)                                                                                                                | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era?                                                                                                                                                                                                                                                                                                                 | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                               |
|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |
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Si anotó platillos combinados en las comidas ingeridas arriba, indíquenos más sobre ellos en los espacios a continuación. Mientras más información pueda darnos, mejor, pero no necesita escribir la receta. Puede incluir más de un platillo combinado.

1. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pase a la página siguiente o vaya a la página color rosa al final si no hay más comidas ni meriendas.

**PÁGINA EN BLANCO**

## **COMIDA O MERIENDA N.º 8**

Use las calculadoras de porciones y las imágenes al final de este cuaderno para ayudarse a calcular las cantidades ingeridas.

**PÁGINA EN BLANCO**

Instrucciones y ejemplos de la manera correcta de anotar una comida y un platillo combinado:

Al anotar cada alimento y bebida en la forma, recuerde lo siguiente:

- ¿Anotó la marca del alimento (si se compró en una tienda)?
- ¿Incluyó detalles del tipo de alimento? (por ejemplo: bajo en grasa, de grano integral, reducido de sal)
- ¿Incluyó los condimentos que se le agregaron al alimento? (por ejemplo: ketchup a un sándwich, *gravy* a la carne, leche al cereal, mantequilla o margarina al pan)
- ¿Usó números y medidas apropiados? (por ejemplo: barras de dulce tamaño *fun-size*, bolsa de papas fritas de 1 onza [28 g], 1/2 taza de leche)
- ¿Anotó cómo se preparó la comida? (por ejemplo: pollo al horno, brócoli crudo, *nuggets* de pollo empanizados y fritos)
- ¿Describió platillos combinados? (por ejemplo: guisados, sopas, ensaladas).

EJEMPLO DE COMIDA O MERIENDA:

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                                                                                                                    | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                                                                                                                                                                                                                                                                                                         | ¿A QUÉ HORA se comió esta comida?                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Desayuno<br><br><input type="checkbox"/> Almuerzo<br><br><input checked="" type="checkbox"/> Comida/Cena<br><br><input type="checkbox"/> Merienda | <input checked="" type="checkbox"/> En su hogar<br><br><input type="checkbox"/> En la casa de otra persona<br><br><input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)-<br><br><input type="checkbox"/> Otro (describir) _____<br><br><input type="checkbox"/> De camino (automóvil, autobús, etc.)<br><br><input type="checkbox"/> En una fiesta u otro evento social | <br><br><u>06 : 30</u><br><br>(seleccione una opción)<br><br><input type="checkbox"/> a. m. <input checked="" type="checkbox"/> p. m. |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por renglón)                                                                                                    | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era? ¿Agregó algo al alimento?                                                                                                                                                                                                                                                           | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                               |
| Guisado de pasta                                                                                                                                                           | Ver los detalles de los platillos combinados abajo                                                                                                                                                                                                                                                                                                                                              | 1 taza                                                                                                                                |
| Pan de ajo                                                                                                                                                                 | Pan tostado texano con ajo congelado Pepperidge Farm                                                                                                                                                                                                                                                                                                                                            | 1 pan tostado (1 x 2 pulgadas [2.54 x 5 cm] , 1/2 pulgada de grueso [1.27 cm])                                                        |
| Brócoli                                                                                                                                                                    | Al vapor con mantequilla y sal                                                                                                                                                                                                                                                                                                                                                                  | 1/4 de taza                                                                                                                           |
| Leche                                                                                                                                                                      | Sola, 2% de contenido de grasa                                                                                                                                                                                                                                                                                                                                                                  | 1/2 taza                                                                                                                              |
| Pan dulce                                                                                                                                                                  | Panecillo de chocolate rellena de crema Little Debbie                                                                                                                                                                                                                                                                                                                                           | 1/4 del panecillo                                                                                                                     |

Esto es correcto porque da muchos detalles y sabemos exactamente cuánto comió su hijo.

EJEMPLO DE PLATILLO COMBINADO:

¿Cuál es el nombre del platillo que indicó arriba? (use el mismo nombre que escribió en la comida de arriba)

guisado de pasta

¿Qué alimentos contiene este platillo?

Pasta de codos de harina blanca

Carne molida 85% con contenido de grasa

Queso mozzarella, parcialmente descremado

Pimientos verdes, frescos

Tomates enlatados cortados en cubos

**PÁGINA EN BLANCO**

Comida o merienda N.º 8

| ¿Qué TIPO de comida es esta?<br>(seleccione una opción)                                                                                                                                | ¿DÓNDE se comió esta comida?<br>(seleccione una opción)                                                                                                                                                                                                                                                                                                                                                                     | ¿A QUÉ HORA se comió esta comida?                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <div><input type="checkbox"/> Desayuno</div> <div><input type="checkbox"/> Almuerzo</div> <div><input type="checkbox"/> Comida/Cena</div> <div><input type="checkbox"/> Merienda</div> | <div><input type="checkbox"/> En su hogar<div><input type="checkbox"/> De camino (automóvil, autobús, etc.)</div></div> <div><input type="checkbox"/> En la casa de otra persona<div><input type="checkbox"/> En una fiesta u otro evento social</div></div> <div><input type="checkbox"/> Restaurante/deli/local de comidas rápidas (¿Nombre?)-<br/>_____</div> <div><input type="checkbox"/> Otro (describir) _____</div> | <div>____ : ____</div> <div>(seleccione una opción)</div> <div><input type="checkbox"/> a. m.    <input type="checkbox"/> p. m.</div> |
| ¿QUÉ comió o bebió su hijo?<br>(anote un alimento o bebida por renglón)                                                                                                                | DESCRIBA el alimento/la bebida por completo. ¿Cuál es la marca? ¿Cómo se preparó? ¿De qué sabor o tipo era?                                                                                                                                                                                                                                                                                                                 | ¿CUÁNTO comió o bebió su hijo? (tazas, onzas, pulgadas)                                                                               |
|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |
|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |
|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |
|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |
|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |
|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |
|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |
|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |

Si anotó platillos combinados en las comidas ingeridas arriba, indíquenos más sobre ellos en los espacios a continuación. Mientras más información pueda darnos, mejor, pero no necesita escribir la receta. Puede incluir más de un platillo combinado.

1. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. ¿Cuál es el nombre del platillo combinado que anotó arriba?

\_\_\_\_\_

¿Qué alimentos contiene este platillo?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pase a la página siguiente o vaya a la página color rosa al final si no hay más comidas ni meriendas.

**PÁGINA EN BLANCO**



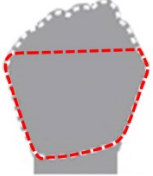
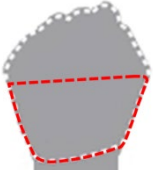
**Responda la siguiente pregunta pensando en su hijo.**

1. Piense en la cantidad de comida que comió su hijo durante el día anotada en el diario, en comparación con lo que su hijo come habitualmente, usted diría que fue: (seleccione una opción)

- ☐ Mucho más (responda la pregunta 1a)
- ☐ Cerca de lo usual
- ☐ Mucho menos (responda la pregunta 1a)

1a. Si respondió **mucho más** o **mucho menos**, ¿por qué? \_\_\_\_\_

**PÁGINA EN BLANCO**

| TAMAÑO DE LA PORCIÓN | ALIMENTOS                                                        | AYUDA VISUAL                                                                                                               | SÍMBOLO CON LA MANO                                                                                      |
|----------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1 taza               | Arroz<br>Pasta<br>Fruta<br>Vegetales                             | Pelota de béisbol<br>                    | 1 puño<br>            |
| 3/4 de taza          | Arroz<br>Pasta<br>Fruta<br>Vegetales                             | Pelota de tenis<br>                      | 3/4 de puño<br>       |
| 1/2 de taza          | Arroz<br>Pasta<br>Fruta<br>Vegetales                             | Bombilla<br>                             | 1/2 puño<br>          |
| 3 onzas (85 g)       | Carne<br>Pescado<br>Carne de ave                                 | Mazo de cartas<br>                       | Palma<br>             |
| 1 onza (28 g)        | Frutos secos<br>Frutas deshidratadas (por ejemplo, pasas de uva) | 1 puñado<br>                           | 1 puñado<br>        |
| 1 onza (28 g)        | Papas fritas<br>Palomitas de maíz<br>Pretzels                    | 2 puñados<br>                          | 2 puñados<br>       |
| 2 cucharadas         | Mantequilla de maní<br>Queso                                     | Pelota de golf<br>                      | 2 pulgares<br>      |
| 1 cucharada          | Mantequilla de maní<br>Queso                                     | 1/2 pelota de golf<br>                  | 1 pulgar<br>        |
| 1 cucharadita        | Aceite de cocina<br>Mayonesa<br>Mantequilla<br>Azúcar            | 4 monedas de diez centavos apiladas<br> | Yema del pulgar<br> |

**PÁGINA EN BLANCO**

### ***I.13 Parent Interview***

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## Parent Interview

Interviewer ID #: | | | | | | | |

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 0584-0615. The time required to complete this information collection is estimated to average 15 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.

## INTRODUCTION

**Intro 1.** Hello, my name is [interviewer name]. May I please speak to [CONSENTED PARENT name]? I am calling regarding the Study of Nutrition and Activity in Child Care Settings (SNACS) that is taking place at your child's [insert care program] at [insert PROVIDER name].

- ☐ RESP ON PHONE - CONTINUE [GO TO Consent]
- ☐ NEW RESP COMES TO PHONE [REPEAT INTRO1]
- ☐ RESP NOT AVAILABLE [SCHEDULE CALLBACK]
- ☐ WRONG NUMBER [DISPO AS WRONG NUMBER – PERSON]
- ☐ GATEKEEPER REFUSAL [SOFT REFUSAL]
- ☐ DO NOT WISH TO PARTICIPATE GO TO [CODE AS SOFT REFUSAL]<sup>1</sup>

**Consent.** Thank you for agreeing to be part of the Study of Nutrition and Activity in Child Care Settings (SNACS). As we explained when you signed up for the study, we are conducting a brief phone interview with parents/guardians in the study. The interview should take about 15 minutes, and we'll be gathering some information about your child care arrangements to help us plan for the next part of our research at your child's [child care/provider/afterschool program].<sup>2</sup> We'll also ask about meals and snacks at this program, your child's physical activity and some general questions about you and your household.

This interview is voluntary. That means you can skip any question and you can end the call at any time. Everything you tell us will be kept private and used only for research purposes according to state and federal law. We will not include your name or your child's name in any of our reports – we will be reporting overall results for all children and parents/guardians participating in the study.

Do you have any questions about the interview before I begin?

- ☐ Yes, questions [GO TO Record questions].
- ☐ No.

---

<sup>1</sup> These are programming notes. On screen this will take the interviewer to the correct screen.

<sup>2</sup> This text fill, and all other text fills, will be programmed for the interviewer.



## SECTION A: CHILD INFO

**Q1.** First I would like to confirm I have the correct name of your child attending [Center/Provider/Afterschool Program]. Is the name of this child [CHILDNAME]? (CONFIRM SPELLING)

- ☐ Yes GO TO **Q2**
- ☐ No

**Q 1.1** What is the name of this child?

NAME OF CHILD: \_\_\_\_\_

**Q2.** Is [CHILDNAME] a boy or girl?

- ☐ Boy
- ☐ Girl
- ☐ REFUSED

**Q3.** What is [CHILDNAME]'s date of birth?

Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

- ☐ DON'T KNOW
- ☐ REFUSED

**Q4.** What is your relationship to [CHILDNAME]? Are you...

- ☐ Mother/legal female guardian
- ☐ Father/legal male guardian
- ☐ Grandmother/Grandfather
- ☐ Aunt
- ☐ Uncle
- ☐ Stepparent
- ☐ Other, specify \_\_\_\_\_

## SECTION B: CHILD CARE SCHEDULE

Now we have some questions about [CHILDNAME]'S child care at [Center/Provider/Afterschool Program]. This information will help us plan our research activities at the [center/provider/afterschool program].

**Q5.** Which days of the week does [CHILDNAME] attend [Center/Provider/Afterschool Program]?

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

[Based on answer to this question, show/hide rows/options in **Q8** schedule below].

**Q6.** Does the same person usually drop off [CHILDNAME] at [Center/Provider/Afterschool Program] every day or does it vary?

- ☐ Yes, it is usually the same person every day [GO TO **Q6.1**]
- ☐ No, it varies [GO TO **Q6.2**]

**Q6.1.** Who usually drops off [CHILDNAME] at [Center/Provider/Afterschool Program]?

- ☐ Child's mother/legal female guardian
- ☐ Child's father/legal male guardian
- ☐ Partner of child's mother or father
- ☐ Child's grandparent
- ☐ Other adult relative
- ☐ Child's sibling under 18
- ☐ Another child under 18
- ☐ Unrelated adult(s), friend or neighbor
- ☐ Afterschool program/bus
- ☐ Other: \_\_\_\_\_

[GO TO **Q7**]

**Q6.2.** Which of the following people drop off [CHILDNAME] at [Center/Provider/Afterschool Program]? (Check all that apply.)

- ☐ Child's mother/legal female guardian
- ☐ Child's father/legal male guardian
- ☐ Partner of child's mother or father
- ☐ Child's grandparent
- ☐ Other adult relative
- ☐ Child's sibling under 18
- ☐ Another child under 18
- ☐ Unrelated adult(s), friend or neighbor

☐ Afterschool program/bus

☐ Other: \_\_\_\_\_

**Q7.** Does the same person usually pick up [CHILDNAME] at [Center/Provider/Afterschool Program] every day or does it vary?

☐ Yes, it is usually the same person every day [GO TO Q7.1]

☐ No, it varies [GO TO Q7.2]

**Q7.1.** Who usually picks up [CHILDNAME] at [Center/Provider/Afterschool Program]?

☐ Child's mother/legal female guardian

☐ Child's father/legal male guardian

☐ Partner of child's mother or father

☐ Child's grandparent

☐ Other adult relative

☐ Child's sibling under 18

☐ Another child under 18

☐ Unrelated adult(s), friend or neighbor

☐ Afterschool program/bus

☐ Other: \_\_\_\_\_

[GO TO Q8]

**Q7.2.** Which of the following people pick up [CHILDNAME] at [Center/Provider/Afterschool Program]? (Check all that apply.)

☐ Child's mother/legal female guardian

☐ Child's father/legal male guardian

☐ Partner of child's mother or father

☐ Child's grandparent

☐ Other adult relative

☐ Child's sibling under 18

☐ Another child under 18

☐ Unrelated adult(s), friend or neighbor

☐ Afterschool program/bus

☐ Other: \_\_\_\_\_

- Q8.** For each day [CHILDNAME] is at [Center/Provider/Afterschool Program], what time does [CHILDNAME] get dropped off and picked up?

|           | <b>Drop off time</b> | <b>Pick up time</b> |
|-----------|----------------------|---------------------|
| Monday    | _____ AM/PM          | _____ AM/PM         |
| Tuesday   | _____ AM/PM          | _____ AM/PM         |
| Wednesday | _____ AM/PM          | _____ AM/PM         |
| Thursday  | _____ AM/PM          | _____ AM/PM         |
| Friday    | _____ AM/PM          | _____ AM/PM         |
| Saturday  | _____ AM/PM          | _____ AM/PM         |
| Sunday    | _____ AM/PM          | _____ AM/PM         |

## SECTION C: FOOD AND BEVERAGES IN CHILD CARE

Now I have some questions about meals and snacks your child may have at [Center/Provider/Afterschool Program].

**Q9.** For what meals and snacks is [CHILDNAME] typically at [Center/Provider/Afterschool Program] for each day?

|           | <b>Breakfast</b> | <b>Morning Snack</b> | <b>Lunch</b> | <b>Afternoon Snack</b> | <b>Supper/<br/>Dinner</b> | <b>Evening Snack</b> | <b>D/K</b> |
|-----------|------------------|----------------------|--------------|------------------------|---------------------------|----------------------|------------|
| Monday    |                  |                      |              |                        |                           |                      |            |
| Tuesday   |                  |                      |              |                        |                           |                      |            |
| Wednesday |                  |                      |              |                        |                           |                      |            |
| Thursday  |                  |                      |              |                        |                           |                      |            |
| Friday    |                  |                      |              |                        |                           |                      |            |
| Saturday  |                  |                      |              |                        |                           |                      |            |
| Sunday    |                  |                      |              |                        |                           |                      |            |

**Q10.** Do you usually send your child to [Center/Provider/Afterschool Program] with a meal or snack from home (i.e., a brown bag lunch/snack)? This includes formula or breast milk.

☐ Yes [GO TO Q10.1]

☐ No [GO TO Q10.2]

**Q10.1** How many days each week does [CHILDNAME] bring a meal or snack from home?  
DAYS PER WEEK [Range 1-7]: \_\_\_\_\_

☐ DON'T KNOW [GO TO Q11]

☐ REFUSED [GO TO Q11]

**Q10.2** Is this because the program does not allow food from home?

☐ Yes

☐ No [GO TO Q12]

**Q11. Which of the following reasons describe why [CHILDNAME] brings food from home?**

|                                                                                                    | CODE ONE PER ROW |    |            |         | Not App |
|----------------------------------------------------------------------------------------------------|------------------|----|------------|---------|---------|
|                                                                                                    | YES              | NO | DON'T KNOW | REFUSED |         |
| a. Program/provider does not provide all meals or snacks?.....                                     | 1                | 2  | d          | r       |         |
| b. Your child prefers to eat food brought from home? .....                                         | 1                | 2  | d          | r       |         |
| c. Your child does not like the food served at child care?.....                                    | 1                | 2  | d          | r       |         |
| d. Your child has food allergies or special dietary needs? .....                                   | 1                | 2  | d          | r       |         |
| e. Your child does not get enough food at child care and needs food from home to supplement? ..... | 1                | 2  | d          | r       |         |
| f. You believe food prepared at home is better for your child? .....                               | 1                | 2  | d          | r       |         |
| g. Your child prefers to drink a specific kind of formula?.....                                    | 1                | 2  | d          | r       | NA      |
| h. As a treat? .....                                                                               | 1                | 2  | d          | r       |         |
| i. Your child drinks breast milk?.....                                                             | 1                | 2  | d          | r       | NA      |
| j. Is there any other reason? (SPECIFY) .....<br>_____                                             | 1                | 2  | d          | r       |         |

## SECTION D: CHILD'S PHYSICAL ACTIVITY

**[IF CHILD<1 YEAR OLD, SKIP TO Q20]**

Now I have some questions about [CHILDNAME'S] activities on the most recent day [CHILDNAME] was in child care.

**Q12.** What was the most recent day [CHILDNAME] was in child care at [Center/Provider/Afterschool Program]?

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday
- ☐ REFUSED [GO TO Q16]

**Q13.** On THIS DAY, how much time did your child spend playing at a park, playground, or outdoor recreation area....

**Q13.1** ...before child care? Please include time spent walking to the park or to child care.

[Interviewer, if necessary: for example, swimming pool, zoo, or amusement park]

- ☐ 0 Minutes
- ☐ 1-15 minutes
- ☐ 16-30 minutes
- ☐ 31-60 minutes
- ☐ Over 60 minutes
- ☐ DON'T KNOW
- ☐ REFUSED

**Q13.2** ...after child care? Please include time spent walking to the park or to child care.

[Interviewer, if necessary: for example, swimming pool, zoo, or amusement park]

- ☐ 0 Minutes
- ☐ 1-15 minutes
- ☐ 16-30 minutes
- ☐ 31-60 minutes
- ☐ Over 60 minutes
- ☐ DON'T KNOW
- ☐ REFUSED

**Q14.** On this day, how much time did your child spend playing in the yard or street around your house (or around the house of a friend, neighbor, or relative)...

**Q14.1** ...before child care? Please include time spent biking or walking in the yard or around the neighborhood.

- ☐ 0 Minutes
- ☐ 1-15 minutes
- ☐ 16-30 minutes
- ☐ 31-60 minutes
- ☐ Over 60 minutes
- ☐ DON'T KNOW
- ☐ REFUSED

**Q14.2** ...after child care? Please include time spent biking or walking in the yard or around the neighborhood.

- ☐ 0 Minutes
- ☐ 1-15 minutes
- ☐ 16-30 minutes
- ☐ 31-60 minutes
- ☐ Over 60 minutes
- ☐ DON'T KNOW
- ☐ REFUSED

**Q15.** Was your child's total outdoor activity on this day greater than, less than, or similar to those on a typical day your child attended [Center/Provider/Afterschool Program]?

- ☐ Greater than
- ☐ Less than
- ☐ Similar to
- ☐ DON'T KNOW
- ☐ REFUSED



Now I have some questions about [CHILDNAME'S] activities on the most recent day [CHILDNAME] was NOT in child care.

**Q16.** What was the most recent day [CHILDNAME] was not in child care at [Center/Provider/Afterschool Program]?

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday
- ☐ REFUSED [GO TO Q20]

**Q17.** On THIS DAY, how much time did your child spend playing at a park, playground, or outdoor recreation area ...

**Q17.1** ...between wake up and noon? Please include time spent walking to the park or playground [Interviewer, if necessary: for example, swimming pool, zoo, or amusement park]

- ☐ 0 Minutes
- ☐ 1-15 minutes
- ☐ 16-30 minutes
- ☐ 31-60 minutes
- ☐ Over 60 minutes
- ☐ DON'T KNOW
- ☐ REFUSED

**Q17.2** ...between noon and 6 PM? Please include time spent walking to the park or playground. [Interviewer, if necessary: for example, swimming pool, zoo, or amusement park]

- ☐ 0 Minutes
- ☐ 1-15 minutes
- ☐ 16-30 minutes
- ☐ 31-60 minutes
- ☐ Over 60 minutes
- ☐ DON'T KNOW
- ☐ REFUSED

**Q17.3** ...between 6 PM and bedtime? Please include time spent walking to the park or playground. [Interviewer, if necessary: for example, swimming pool, zoo, or amusement park]

- ☐ 0 Minutes
- ☐ 1-15 minutes
- ☐ 16-30 minutes
- ☐ 31-60 minutes
- ☐ Over 60 minutes
- ☐ DON'T KNOW
- ☐ REFUSED

**Q18.** On this day, how much time did [CHILDNAME] spend playing in the yard or street around your house (or around the house of a friend, neighbor, or relative)...

**Q18.1** ...between wake up and noon? Please include time spent biking or walking in the yard or around the neighborhood.

- ☐ 0 Minutes
- ☐ 1-15 minutes
- ☐ 16-30 minutes
- ☐ 31-60 minutes
- ☐ Over 60 minutes
- ☐ DON'T KNOW
- ☐ REFUSED

**Q18.2** ...between noon and 6 PM? Please include time spent biking or walking in the yard or around the neighborhood.

- ☐ 0 Minutes
- ☐ 1-15 minutes
- ☐ 16-30 minutes
- ☐ 31-60 minutes
- ☐ Over 60 minutes
- ☐ DON'T KNOW
- ☐ REFUSED

**Q18.3** ...between 6 PM and bedtime? Please include time spent biking or walking in the yard or around the neighborhood.

- ☐ 0 Minutes
- ☐ 1-15 minutes
- ☐ 16-30 minutes
- ☐ 31-60 minutes
- ☐ Over 60 minutes
- ☐ DON'T KNOW
- ☐ REFUSED

**Q19.** Was your child's outdoor activity on this day greater than, less than, or similar to those on a typical day not at [Center/Provider/Afterschool Program]?

- ☐ Greater than
- ☐ Less than
- ☐ Similar to
- ☐ DON'T KNOW
- ☐ REFUSED

## SECTION D: OPINIONS

**Q20.** Now I would like to ask a different type of question. For each of the following statements I read, please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

**Q20.1** The meals and snacks served at your child's daycare are healthy. Do you..

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree
- ☐ DON'T KNOW
- ☐ REFUSED

**Q20.2** It is important for your child's day care to serve healthy foods and beverages. Do you..

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree
- ☐ DON'T KNOW
- ☐ REFUSED

**Q20.3** Your child receives enough opportunities for active play at child care. Do you..

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree
- ☐ DON'T KNOW
- ☐ REFUSED

**Q20.4** It is important for your child's day care to provide enough opportunities for active play. Do you..

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree
- ☐ DON'T KNOW
- ☐ REFUSED

## SECTION E: FOOD SECURITY

**Q21.** I'm going to read you some statements that people have used to describe their food situation. Please tell me whether the statement was often true, sometimes true, or never true for your household in the last 12 months. Please keep in mind that your responses are confidential and are important to the study.

**Q21.1** Within the past 12 months we worried whether our food would run out before we got money to buy more. Is this...

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ DON'T KNOW
- ☐ REFUSED

**Q21.2** Within the past 12 months the food we bought just didn't last and we didn't have money to get more. Is this..

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ DON'T KNOW
- ☐ REFUSED

## SECTION F: CHILD DEMOGRAPHICS & HOUSEHOLD PROGRAM PARTICIPATION

Now I have a few more general questions about [CHILDNAME] and your household. Please keep in mind that your responses are confidential and are important to the study.

- Q22.** Do you consider [CHILDNAME] to be Hispanic or [Latino/Latina]? [IF NECESSARY: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.]
- ☐ Hispanic or [Latino/Latina]
  - ☐ Not Hispanic or [Latino/Latina]
- Q23.** What race do you consider [CHILDNAME] to be? Please select one or more of the following.
- ☐ American Indian or Alaska Native
  - ☐ Asian
  - ☐ Black or African American
  - ☐ Native Hawaiian or Other Pacific Islander
  - ☐ White
- Q24.** Including yourself and [CHILDNAME], how many people live in your household? Don't forget to include non-relatives who live here and, of course, babies, small children and foster children. Also include persons who usually live here but are temporarily away for reasons such as: vacation, traveling for work, or in the hospital. Do not include children living away at school.
- Number of people [RANGE 1-20]: \_\_\_\_\_
- ☐ DON'T KNOW
  - ☐ REFUSED
- Q25.** Of the number of people in your household, how many are children currently 5 to 18 years of age?
- # of children aged 5 to 18: \_\_\_\_\_
- Q26.** Of the number of people in your household, how many are children currently less than 5 years old?
- # of children less than 5 years old: \_\_\_\_\_

Next, I'm going to read the names of some programs that provide food or meals to individuals or households.

**Q27.** Please tell me if you or anyone in your household has received benefits from these programs in the last 30 days.

- ☐ SNAP [OR INSERT STATE SNAP PROGRAM NAME],<sup>3</sup> also known as food stamps
- ☐ WIC (Women, Infants and Children) program
- ☐ [For households receiving WIC] [IF WIC=1: DISPLAY] Infant formula from WIC
- ☐ [[IF AFTER SCHOOL PROGRAM: DISPLAY] Free meals at school
- ☐ [IF AFTER SCHOOL PROGRAM: DISPLAY] Reduced price meals at school
- ☐ Food pantries, food banks, local soup kitchens or emergency kitchens
- ☐ None of the above
- ☐ DON'T KNOW
- ☐ REFUSED

**Q28.** Is [CHILDNAME] now covered by the [INSERT STATE CHIP NAME] or the Children's Health Insurance Program (CHIP)?<sup>4</sup> [IF NECESSARY: Children's Health Insurance Program (CHIP) is free or low-cost health coverage for eligible children and other family members.]

- ☐ Yes
- ☐ No
- ☐ DON'T KNOW
- ☐ REFUSED

**Q29.** Does anyone in your household participate in Medicaid?

- ☐ Yes
- ☐ No
- ☐ DON'T KNOW
- ☐ REFUSED

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<sup>3</sup> We will determine any State-specific names and make them available to the interviewer in a pop-up window during the interview.

<sup>4</sup> We will determine any State-specific names and make them available to the interviewer in a pop-up window during the interview.

**Q30.** Does anyone in the household receive income from the [INSERT STATE TANF NAME]? [IF NECESSARY: Temporary Assistance for Needy Families (TANF) is a program that provides cash assistance and supportive services to assist families with children under age 18]

- ☐ Yes
- ☐ No
- ☐ DON'T KNOW
- ☐ REFUSED

**Q31.** Now for my final question, we would like your best estimate of your total annual household income before taxes in the year 2016. Please include all forms of income, including wages, salaries, interest, dividends, child support, and other forms of income such as Social Security, SSI or TANF for all household members.

- ☐ LESS THAN \$5,000
- ☐ \$5,000 TO LESS THAN \$10,000
- ☐ \$10,000 TO LESS THAN \$15,000
- ☐ \$15,000 TO LESS THAN \$20,000
- ☐ \$20,000 TO LESS THAN \$25,000
- ☐ \$25,000 TO LESS THAN \$30,000
- ☐ \$30,000 TO LESS THAN \$40,000
- ☐ \$40,000 TO LESS THAN \$50,000
- ☐ \$50,000 TO LESS THAN \$60,000
- ☐ \$60,000 TO LESS THAN \$70,000
- ☐ \$70,000 TO LESS THAN \$80,000
- ☐ \$80,000 TO LESS THAN \$90,000
- ☐ \$90,000 TO LESS THAN \$100,000
- ☐ \$100,000 OR MORE
- ☐ DON'T KNOW
- ☐ REFUSED



## CONCLUSION

Thank you very much for your participation in this interview.

[IF CHILD <1 YEAR OLD SKIP TO END skip to the end]

During the week of [Target Week] our study team will conduct on-site observations at your child's provider: [Child care center/Provider/Afterschool Program]. As part of the observation we will record everything your child eats and drinks at [INSERT PROGRAM NAME]. That week, we will also be asking you to complete two food diaries about the foods your child eats. In *the first* diary, you will be asked to record everything your child eats and drinks from the time he/she is picked up from [INSERT PROGRAM NAME] until the following day when your child arrives back at [INSERT PROGRAM NAME]. A member of our study team will need to take a few minutes with you when they give the diary to you to explain how to fill it out. The next morning when you drop off your child, our study team member will collect the completed diary and will spend 5-10 minutes reviewing it with you to be sure that we understand the details. Please plan this time into your morning drop off that day, but if you can't our study staff can make arrangements to call you later that day.

The second diary will be given to you when you return the first diary. This time we will ask you to record everything your child eats and drinks on a day when he/she is *NOT* in child care. The second diary will look the same as the first one, but the time period for recording foods will be a little different, so our team member will again need to take a few minutes with you to make sure you understand. They will arrange to pick it up on a morning when your child next arrives at [INSERT PROGRAM NAME] and will again spend 5-10 minutes reviewing it with you. You will be given instructions on how to complete the diaries each time they are given to you with an opportunity to ask questions if needed.

You will receive \$20 for completing the child care day food diary (the first one) and \$30 for completing the non-child care day food diary (the second one). Some parents/guardians may be asked to complete a third food diary for their child and if you are asked to complete a third diary, you will receive additional payment.

Do you have any questions now? You are always welcome to call our toll-free hotline telephone number—866-890-6950—if you have any questions any time after this interview.

[END]

We greatly appreciate your participation in this important study.

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***I.14 Parent Consent and Permission Form – English***

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OMB Control No: 0584-0615  
OMB Approval Expiration Date: 10/31/2019

Abt IRB Approval No.: 0804

## Parent Consent and Permission Form

The U.S. Department of Agriculture invites you and your child to be a part of the Study of Nutrition and Activity in Child Care Settings (SNACS). This form explains what it means to be in the study.

### What is the SNACS?

The child care center, family day care home, or program where your child receives child care is part of a national study. The study is being conducted by the U.S. Department of Agriculture. The study will look at the food and activities provided to infants and children in a sample of child care providers. There will be more than 1,400 child care providers in the study in 20 states. In addition, the study will include about 3,000 infants and children and more than 4,000 parents of infants and children getting care in the child care centers and homes in this study. As part of the study, child care providers at the place where your child receives child care will be asked about meals they serve to infants and children, play activities they provide for children, and costs of meals served. Study staff will also observe your child while in child care to look at the kind of food he/she is given at mealtimes and what kind of activities they are involved in. In addition, parents will also be asked to take part in study activities. The study is being conducted by Abt Associates and Abt SRBI.

### What is expected of me and my child?

Parents who agree for themselves and their child to be part of the study will be asked to sign and return this Parent Consent and Permission Form.

Parents who agree to be in the study will be asked to take part in a short telephone interview with a member of the study team. During this interview, parents will be asked about their child such as your child's child care arrangements, your child's activities, the food your child brings to child care from home, and other services that your family receives. This parent telephone interview will take about 15 minutes.

Parents of selected children will also be asked to write down all the foods that their child eats while at home over two or three days on a form called the Child Food Diary. Parents will receive between \$20 and \$30 for each day they complete this form. Parents will receive \$20 for completing the form on a day when their child is in childcare. Parents will receive \$30 for completing the form on a day when their child is not in childcare. Each of these forms will take about 40 minutes to complete. Parents selected for this part of the study will be told more about the Child Food Diary by a member of the study team at their child's child care provider.

Parents will allow their child's weight and height to be measured by carefully trained members of the study team.

Members of the study team will also be observing meals and/or activities during the time that your child is in child care.

### Will information collected about me and my family be kept private?

All information collected about children and families in the study will be kept private to the fullest extent allowed by law. No information that identifies children or family members will be shared outside the study. The names of children and families members will never appear in any report or with any study findings. Any forms or other papers that include your name will be kept in a locked storage area. Any computer files with your name will be locked and protected. Any researchers using information to study the program must follow all data security rules.

### Are there any risks or benefits to being in the study?

There is a very small risk of loss of confidentiality but the study team has taken many steps to reduce this risk. Being in the study will not affect your child care or any other services that you or your family receives or may apply for in the future.

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 0584-0615. The time required to complete this information collection is estimated to average 7 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.

Parents who are selected and agree to provide information about food his/her child eats outside of child care will be provided between \$20 and \$30 in the form of prepaid Visa cards for each day they provide this information on the study form.

### Is the study voluntary?

Yes, taking part in the study is voluntary. You or your child may change your mind at any time about being in the study.

### Questions about the Study?

If you have any questions, please call our toll-free study hotline at 866-890-6950. For questions or concerns about your rights as a research participant, call Katie Speanburg at the Abt Associates Institutional Review Board at toll-free 877-520-6835.

I have read the information about this study and understand that I am being asked to participate and to allow my child to participate in the SNACS.

I will mark the YES box, sign, and date this form if I agree to participate and to allow my child to participate in this study. I will mark the NO box, sign, and date this form if I do not agree to participate and do not allow my child to participate in this study.

☐ YES, I agree to be in the study and agree that my child can participate in this study. I will allow the study team to contact me using my contact information below.

|                                                                                                                                                                                                                                                                                                                   |                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Child Name:                                                                                                                                                                                                                                                                                                       | Child's Date of Birth: <u>    </u> / <u>    </u> / <u>    </u><br>MM / DD / YYYY |
| Parent/Guardian Name:                                                                                                                                                                                                                                                                                             |                                                                                  |
| Address (Street, City, State):                                                                                                                                                                                                                                                                                    |                                                                                  |
| Telephone Number (Home):                                                                                                                                                                                                                                                                                          | Best time to call:                                                               |
| Telephone Number (Cell):                                                                                                                                                                                                                                                                                          | Best time to call:                                                               |
| E-mail address:                                                                                                                                                                                                                                                                                                   |                                                                                  |
| Days of the week your child typically attends child care at this facility <u>during the school year</u> (check all that apply):<br><br><input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays |                                                                                  |
| Days of the week your child typically attends child care at this facility <u>during the summer</u> (check all that apply):<br><br><input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays      |                                                                                  |

☐ NO, I do not agree to be in the study and do not agree that my child can participate in this study.

\_\_\_\_\_  
Parent/ Guardian Signature

    /    /      
MM / DD / YYYY

***I.15 Parent Consent and Permission Form for Infants – English***

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## Parent Consent and Permission Form for Infants

The U.S. Department of Agriculture invites you and your child to be a part of the Study of Nutrition and Activity in Child Care Settings (SNACS). This form explains what it means to be in the study.

### What is the SNACS?

The child care center, family day care home, or program where your child receives child care is part of a national study. The study is being conducted by the U.S. Department of Agriculture. The study will look at the food and activities provided to infants and children in a sample of child care providers. There will be more than 1,400 child care providers in the study in 20 states. In addition, the study will include about 3,000 infants and children and more than 4,000 parents of infants and children getting care in the child care centers and homes in this study. As part of the study, child care providers at the place where your child receives child care will be asked about meals they serve to infants and children, play activities they provide for children, and costs of meals served. Study staff will also observe your child while in child care to look at the kind of food he/she is given at mealtimes. In addition, parents will also be asked to take part in a brief telephone survey. The study is being conducted by Abt Associates and Abt SRBI.

### What is expected of me and my child?

Parents who agree for themselves and their child to be part of the study will be asked to sign and return this Parent Consent and Permission Form.

Parents who agree to be in the study will be asked to take part in a short telephone interview with a member of the study team. During this interview, parents will be asked about their child such as your child's child care arrangements, your child's activities, the food your child brings to child care from home, and other services that your family receives. This parent telephone interview will take about 15 minutes.

Child care center staff or a member of the study team will record the details and volume of all foods your child eats, including formula or breastmilk, during the time that your child is in child care.

### Will information collected about me and my family be kept private?

All information collected about children and families in the study will be kept private to the fullest extent allowed by law. No information that identifies children or family members will be shared outside the study. The names of children and families members will never appear in any report or with any study findings. Any forms or other papers that include your name will be kept in a locked storage area. Any computer files with your name will be locked and protected. Any researchers using information to study the program must follow all data security rules.

### Are there any risks or benefits to being in the study?

There is a very small risk of loss of confidentiality but the study team has taken many steps to reduce this risk. Being in the study will not affect your child care or any other services that you or your family receives or may apply for in the future.

### Is the study voluntary?

Yes, taking part in the study is voluntary. You may change your mind at any time about being in the study.

### Questions about the Study?

If you have any questions, please call our toll-free study hotline at 866-890-6950. For questions or concerns about your rights as a research participant, call Katie Spanburg at the Abt Associates Institutional Review Board at toll-free 877-520-6835.

I have read the information about this study and understand that I am being asked to participate and to allow my child to participate in the SNACS.

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 0584-0615. The time required to complete this information collection is estimated to average 7 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.

I will mark the YES box, sign, and date this form if I agree to participate and to allow my child to participate in this study. I will mark the NO box, sign, and date this form if I do not agree to participate and do not allow my child to participate in this study.

☐ **YES**, I agree to be in the study and agree that my child can participate in this study. I will allow the study team to contact me using my contact information below.

|                                                                                                                                                                                                                                                                                                                   |                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Child Name:                                                                                                                                                                                                                                                                                                       | Child's Date of Birth: <u>      </u> / <u>      </u> / <u>      </u><br>MM / DD / YYYY |
| Parent/Guardian Name:                                                                                                                                                                                                                                                                                             |                                                                                        |
| Address (Street, City, State):                                                                                                                                                                                                                                                                                    |                                                                                        |
| Telephone Number (Home):                                                                                                                                                                                                                                                                                          | Best time to call:                                                                     |
| Telephone Number (Cell):                                                                                                                                                                                                                                                                                          | Best time to call:                                                                     |
| E-mail address:                                                                                                                                                                                                                                                                                                   |                                                                                        |
| Days of the week your child typically attends child care at this facility <u>during the school year</u> (check all that apply):<br><br><input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays |                                                                                        |
| Days of the week your child typically attends child care at this facility <u>during the summer</u> (check all that apply):<br><br><input type="checkbox"/> Mondays <input type="checkbox"/> Tuesdays <input type="checkbox"/> Wednesdays <input type="checkbox"/> Thursdays <input type="checkbox"/> Fridays      |                                                                                        |

☐ **NO**, I do not agree to be in the study and do not agree that my child can participate in this study.

\_\_\_\_\_  
Parent/ Guardian Signature

       /        /         
MM / DD / YYYY

***I.16 Talking Points for Parent Recruitment and Consent – English***

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## Talking Points for Parent Recruitment and Consent

*Study Liaisons and providers should use the talking points below to describe the study and the consent process to parents being recruited for the study.*

*Note: The Talking Points and Parent Consent Form and parent instruments and materials (i.e. Parent Interview, Child Food Diary, Study Brochure) are provided in English and Spanish. Therefore, prior to explaining the study, the Study Liaison should ask the parent if they are comfortable understanding, speaking AND reading English or Spanish and which language they are most comfortable with. Study Liaisons should then use the Talking Points and study materials in the language that the parent indicates they are most comfortable with. If the parent is not comfortable with either English or Spanish, then they will not be included in the study.*

**The study.** For the next few months, this (child care center, family day care home, or child care program) where your child receives child care is part of a national study being conducted by the U.S. Department of Agriculture (USDA) and contractors Abt and Abt SRBI etc. The purpose of the study is to look at the nutrition and activity policies and practices for infants and children in a sample of child care providers. We are one of about 400 child care providers across the country that were selected to help the USDA understand the food and activities provided in child care settings.

**Consent process.** We would like to ask you to be part of this important study. If you agree to be in the study, you must read and sign an informed consent form. The consent form explains your rights and the study-related activities you and your child will be asked to participate in.

**Study activities.** In general, the study activities include completing a short parent telephone interview and allowing study staff to observe your child while at the day care facility. You will also be asked to provide information about the foods that your child eats outside of child care. In addition, parents of children aged 1-12 years old will be asked to provide consent for study team members to weigh and measure their child. *(Recruiter should review data collection activities listed on the Parent Consent and Permission Form if the parent requests additional information.)*

**Privacy.** Researchers and program staff have to follow all federal and state laws to protect your privacy. Your name will never appear in any report or with any research findings. In general, your information will only be shared with people outside of this project when it is combined with information about many other people in the program. This way, someone cannot identify you specifically.

**Risks or benefits.** There is a very small risk of loss of confidentiality but the study team has taken many steps to reduce this risk. Your participation in the study will not affect child care or any other services that you or your family receives or may apply for in the future.

Parents who are selected and agree to provide information about food his/her child eats outside of child care will be provided between \$20 and \$30 for each day they provide this information.}

**The study is voluntary.** Taking part in the study is voluntary and will not affect the child care or any other programs or benefits that your family receives. You or your child may change your mind at any time about participating in the study.

**Questions/next steps.** Do you have any questions about the study? *(If recruiter is unable to answer any question, they should contact the study hotline (toll-free 866-890-6950, or tell the parent that they will get an answer for them as soon as possible.)*

**Recruiter should ask parent to review and sign the Parent Consent and Permission Form.**

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 0584-0615. The time required to complete this information collection is estimated to average 3 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.

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***I.17 Parent Consent and Permission Form – Spanish***

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N.º de control de la OMB: 0584-0615  
Fecha de vencimiento de la aprobación de la OMB: 10/31/2019

N.º de aprobación de la Junta de Revisión Institucional (IRB) de Abt: 0804

## Formulario de consentimiento y permiso de los padres

El Departamento de Agricultura de EE. UU. los invita a usted y a su hijo a participar en el Estudio de nutrición y actividad en entornos de cuidado infantil (SNACS). Este formulario explica lo que significa participar en el estudio.

### ¿Qué es el SNACS?

El centro de cuidado infantil, hogar de cuidado diurno familiar o programa donde su hijo recibe cuidado infantil forma parte de un estudio nacional. El Departamento de Agricultura de EE.UU. se ocupa de realizar el estudio. El estudio analizará los alimentos y las actividades que se proporcionan a bebés y niños en una muestra de proveedores de cuidado infantil. Habrá más de 1,400 proveedores de cuidado infantil en el estudio en 20 estados. Además, el estudio incluirá aproximadamente 3,000 bebés y niños y más de 4,000 padres de bebés y niños que reciben atención en centros y hogares de cuidado infantil en este estudio. Como parte del estudio, se harán preguntas a los proveedores de cuidado infantil en el lugar donde su hijo recibe cuidado infantil sobre las comidas que les sirven a los bebés y niños, actividades de juego que brindan a los niños y costos de las comidas que sirven. El personal del estudio además observará a su hijo mientras esté en cuidado infantil, para analizar el tipo de alimentos que le dan a la hora de comer, y el tipo de actividades en las que participa; asimismo, se les pedirá a los padres que participen en actividades del estudio. Abt Associates y Abt SRBI realizan el estudio.

### ¿Qué se espera de mí y de mi hijo?

Los padres que acepten participar en el estudio con sus hijos deberán firmar y devolver este Formulario de consentimiento y permiso de los padres.

Los padres que acepten participar en el estudio deberán participar en una breve entrevista telefónica con un miembro del equipo del estudio. Durante esta entrevista, se les harán preguntas a los padres sobre sus hijos, como los arreglos de cuidado infantil del niño, sus actividades, los alimentos que su hijo lleva de su hogar al cuidado infantil, y otros servicios que reciba su familia. Esta entrevista telefónica con el padre tomará unos 15 minutos.

Los padres de los niños seleccionados deberán anotar todos los alimentos que consume su hijo en el hogar durante dos o tres días en un formulario llamado Diario de alimentos del niño. Los padres recibirán entre \$20 y \$30 por cada día que completen este formulario. Los padres recibirán \$20 por completar el formulario un día en que su hijo se encuentre en cuidado infantil. Los padres recibirán \$30 por completar el formulario un día en que su hijo no se encuentre en cuidado infantil. Completar cada formulario tomará unos 40 minutos. Un miembro del equipo del estudio dará información adicional a los padres seleccionados para esta parte del estudio sobre el Diario de alimentos del niño, en el proveedor de cuidado infantil de su hijo.

Los padres permitirán que los miembros altamente capacitados del equipo del estudio midan el peso y la altura de sus hijos.

Los miembros del equipo del estudio también observarán comidas o actividades durante el período en que su hijo se encuentre en cuidado infantil.

### ¿Se mantendrá la privacidad de la información recopilada sobre mí y mi familia?

Se mantendrá la privacidad de toda la información que se obtiene sobre los niños y las familias en el estudio en el grado máximo permitido por ley. No se compartirá información que identifique a niños o familiares con personas ajenas al estudio. Los nombres de los niños y miembros de la familia nunca aparecerán en ningún informe o con ningún hallazgo del estudio. Los formularios u otros documentos que incluyan su nombre se mantendrán en un área de almacenamiento bajo llave. Todo archivo computacional con su nombre estará protegido y bloqueado. Los investigadores que usen información para estudiar el programa deben seguir todas las normas de seguridad de datos.

De acuerdo con la Ley de Reducción de Trámites de 1995, una agencia no debe realizar o patrocinar, y una persona no está obligada a responder, una recopilación de información a menos que esta tenga un número de control válido de la Oficina de Administración y Presupuesto (OMB). El número de control válido de la OMB para esta recopilación de información es 0584-0615. El tiempo que se necesita para completar esta recopilación de información se estima en un promedio de 7 minutos por respuesta, incluido el tiempo de revisión de instrucciones, búsqueda de fuentes de datos existentes, recopilación y mantenimiento de los datos necesarios, y finalización y revisión de la recopilación de información.

### ¿Existen riesgos o beneficios por participar en el estudio?

Existe un riesgo muy bajo de pérdida de confidencialidad, pero el equipo del estudio ha seguido muchos pasos para reducir este riesgo. La participación en el estudio no afectará el cuidado infantil u otros servicios que usted o su familia reciban o puedan solicitar en el futuro.

Los padres seleccionados que acepten dar información sobre alimentos que consume su hijo fuera del establecimiento de cuidado infantil recibirán entre \$20 y \$30 en forma de tarjeta de prepago Visa por cada día que den esta información en el formulario del estudio.

### ¿El estudio es voluntario?

Sí, la participación en el estudio es voluntaria. Usted o su hijo pueden cambiar de parecer en cualquier momento sobre la participación en el estudio.

### ¿Tiene preguntas sobre el estudio?

Si tiene preguntas, llame a nuestra línea directa gratuita del estudio al 866-890-6950. Si tiene preguntas o inquietudes sobre sus derechos como participante en la investigación, llame a Katie Speanburg a la Junta de Revisión Institucional de Abt Associates, sin cargo, al 877-520-6835.

He leído la información sobre este estudio y entiendo que se me pide participar y permitir que mi hijo participe en el SNACS.

Marcaré la casilla SÍ, firmaré y fecharé este formulario si acepto participar y permitir que mi hijo participe en este estudio. Marcaré la casilla NO, firmaré y fecharé este formulario si no acepto participar y no permito que mi hijo participe en este estudio.

☐ SÍ, acepto participar en el estudio y que mi hijo forme parte de este estudio. Permitiré que el equipo del estudio se comunique conmigo con la información de contacto que aparece a continuación.

|                                                                                                                                                                                                                                                                                                                                 |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Nombre del niño:                                                                                                                                                                                                                                                                                                                | Fecha de Nacimiento del niño: ____/____/____<br>MM / DD / AAAA |
| Nombre del padre/tutor:                                                                                                                                                                                                                                                                                                         |                                                                |
| Dirección (calle, ciudad, estado):                                                                                                                                                                                                                                                                                              |                                                                |
| Número de teléfono (casa):                                                                                                                                                                                                                                                                                                      | Mejor horario para llamar:                                     |
| Número de teléfono (celular):                                                                                                                                                                                                                                                                                                   | Mejor horario para llamar:                                     |
| Correo electrónico:                                                                                                                                                                                                                                                                                                             |                                                                |
| Días de la semana los cuales su hijo normalmente asiste al cuidado de niños en este lugar durante el <u>año escolar</u> (marque todo lo que corresponda):<br><input type="checkbox"/> Lunes <input type="checkbox"/> Martes <input type="checkbox"/> Miércoles <input type="checkbox"/> Jueves <input type="checkbox"/> Viernes |                                                                |
| Días de la semana los cuales su hijo normalmente asiste al cuidado de niños en este lugar durante el <u>verano</u> (marque todo lo que corresponda):<br><input type="checkbox"/> Lunes <input type="checkbox"/> Martes <input type="checkbox"/> Miércoles <input type="checkbox"/> Jueves <input type="checkbox"/> Viernes      |                                                                |

☐ NO, no acepto participar en el estudio y mi hijo no puede formar parte de este estudio.

\_\_\_\_\_  
Firma del padre/tutor

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / AAAA

***I.18 Parent Consent and Permission Form for Infants – Spanish***

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N.º de control de la OMB: 0584-0615  
Fecha de vencimiento de la aprobación de la OMB: 10/31/2019

N.º de aprobación de la Junta de Revisión Institucional (IRB) de Abt: 0804

## Formulario de consentimiento y permiso de los padres para Infantes

El Departamento de Agricultura de EE. UU. los invita a usted y a su hijo a participar en el Estudio de nutrición y actividad en entornos de cuidado infantil (SNACS). Este formulario explica lo que significa participar en el estudio.

### ¿Qué es el SNACS?

El centro de cuidado infantil, hogar de cuidado diurno familiar o programa donde su hijo recibe cuidado infantil forma parte de un estudio nacional. El Departamento de Agricultura de EE.UU. se ocupa de realizar el estudio. El estudio analizará los alimentos y las actividades que se proporcionan a bebés y niños en una muestra de proveedores de cuidado infantil. Habrá más de 1,400 proveedores de cuidado infantil en el estudio en 20 estados. Además, el estudio incluirá aproximadamente 3,000 bebés y niños y más de 4,000 padres de bebés y niños que reciben atención en centros y hogares de cuidado infantil en este estudio. Como parte del estudio, se harán preguntas a los proveedores de cuidado infantil en el lugar donde su hijo recibe cuidado infantil sobre las comidas que les sirven a los bebés y niños, actividades de juego que brindan a los niños y costos de las comidas que sirven. El personal del estudio va a observar a su hijo mientras esté en cuidado infantil, para analizar el tipo de alimentos que le dan a la hora de comer. También, se les pedirá a los padres que participen en una breve entrevista telefónica. Abt Associates y Abt SRBI están llevando a cabo el estudio.

### ¿Qué se espera de mí y de mi hijo?

Los padres que acepten participar en el estudio con sus hijos deberán firmar y devolver este Formulario de consentimiento y permiso de los padres.

Los padres que acepten participar en el estudio deberán participar en una breve entrevista telefónica con un miembro del equipo del estudio. Durante esta entrevista, se les harán preguntas a los padres sobre sus hijos, como los arreglos de cuidado infantil del niño, sus actividades, los alimentos que su hijo lleva de su hogar al cuidado infantil, y otros servicios que reciba su familia. Esta entrevista telefónica con el padre tomará unos 15 minutos.

Personal del centro de cuidado o miembros del equipo del estudio también anotarán detalles y volúmenes de todos los alimentos incluyendo fórmula y leche materna durante el período en que su hijo se encuentre en cuidado infantil.

### ¿Se mantendrá la privacidad de la información recopilada sobre mí y mi familia?

Se mantendrá la privacidad de toda la información que se obtiene sobre los niños y las familias en el estudio en el grado máximo permitido por ley. No se compartirá información que identifique a niños o familiares con personas ajenas al estudio. Los nombres de los niños y miembros de la familia nunca aparecerán en ningún informe o con ningún hallazgo del estudio. Los formularios u otros documentos que incluyan su nombre se mantendrán en un área de almacenamiento bajo llave. Todo archivo computacional con su nombre estará protegido y bloqueado. Los investigadores que usen información para estudiar el programa deben seguir todas las normas de seguridad de datos.

### ¿Existen riesgos o beneficios por participar en el estudio?

Existe un riesgo muy bajo de pérdida de confidencialidad, pero el equipo del estudio ha seguido muchos pasos para reducir este riesgo. La participación en el estudio no afectará el cuidado infantil u otros servicios que usted o su familia reciban o puedan solicitar en el futuro.

### ¿El estudio es voluntario?

Sí, la participación en el estudio es voluntaria. Usted o su hijo pueden cambiar de parecer en cualquier momento sobre la participación en el estudio.

De acuerdo con la Ley de Reducción de Trámites de 1995, una agencia no debe realizar o patrocinar, y una persona no está obligada a responder, una recopilación de información a menos que esta tenga un número de control válido de la Oficina de Administración y Presupuesto (OMB). El número de control válido de la OMB para esta recopilación de información es 0584-0615. El tiempo que se necesita para completar esta recopilación de información se estima en un promedio de 7 minutos por respuesta, incluido el tiempo de revisión de instrucciones, búsqueda de fuentes de datos existentes, recopilación y mantenimiento de los datos necesarios, y finalización y revisión de la recopilación de información.

**¿Tiene preguntas sobre el estudio?**

Si tiene preguntas, llame a nuestra línea directa gratuita del estudio al 866-890-6950. Si tiene preguntas o inquietudes sobre sus derechos como participante en la investigación, llame a Katie Speanburg a la Junta de Revisión Institucional de Abt Associates, sin cargo, al 877-520-6835.

He leído la información sobre este estudio y entiendo que se me pide participar y permitir que mi hijo participe en el SNACS.

Marcaré la casilla SÍ, firmaré y fecharé este formulario si acepto participar y permitir que mi hijo participe en este estudio. Marcaré la casilla NO, firmaré y fecharé este formulario si no acepto participar y no permito que mi hijo participe en este estudio.

☐ SÍ, acepto participar en el estudio y que mi hijo forme parte de este estudio. Permitiré que el equipo del estudio se comuniquen conmigo con la información de contacto que aparece a continuación.

|                                                                                                                                                                                                                                                                                                                                 |                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Nombre del niño:                                                                                                                                                                                                                                                                                                                | Fecha de Nacimiento del niño: ____/____/____<br>MM / DD / AAAA |
| Nombre del padre/tutor:                                                                                                                                                                                                                                                                                                         |                                                                |
| Dirección (calle, ciudad, estado):                                                                                                                                                                                                                                                                                              |                                                                |
| Número de teléfono (casa):                                                                                                                                                                                                                                                                                                      | Mejor horario para llamar:                                     |
| Número de teléfono (celular):                                                                                                                                                                                                                                                                                                   | Mejor horario para llamar:                                     |
| Correo electrónico:                                                                                                                                                                                                                                                                                                             |                                                                |
| Días de la semana los cuales su hijo normalmente asiste al cuidado de niños en este lugar durante el <u>año escolar</u> (marque todo lo que corresponda):<br><input type="checkbox"/> Lunes <input type="checkbox"/> Martes <input type="checkbox"/> Miércoles <input type="checkbox"/> Jueves <input type="checkbox"/> Viernes |                                                                |
| Días de la semana los cuales su hijo normalmente asiste al cuidado de niños en este lugar durante el <u>verano</u> (marque todo lo que corresponda):<br><input type="checkbox"/> Lunes <input type="checkbox"/> Martes <input type="checkbox"/> Miércoles <input type="checkbox"/> Jueves <input type="checkbox"/> Viernes      |                                                                |

☐ NO, no acepto participar en el estudio y mi hijo no puede formar parte de este estudio.

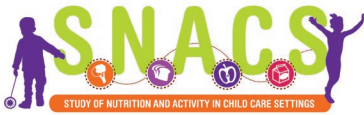
\_\_\_\_\_  
Firma del padre/tutor

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / AAAA

***I.19 Talking Points for Parent Recruitment and Consent – Spanish***

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## Puntos de conversación para reclutamiento y consentimiento de los padres

*Los Contactos del Estudio y los proveedores deben usar los puntos de conversación que aparecen a continuación para describir el estudio y el proceso de consentimiento a los padres que reclutan para el estudio.*

*Nota: los Puntos de conversación y el Formulario de consentimiento de los padres, así como los instrumentos y materiales de los padres (es decir, Entrevista con los padres, Diario de alimentos del niño, Folleto del estudio) se ofrecen en inglés y en español. Por lo tanto, antes de explicar el estudio, el enlace del estudio debe preguntarle a los padres si comprenden, hablan Y leen inglés o español y con qué idioma se sienten más a gusto. Los Contactos del Estudio deben usar entonces los temas de debate y materiales de estudio en el idioma que prefiera cada padre. Si el padre no se siente cómodo ni con el inglés ni con el español, no será incluido en el estudio.*

**El estudio.** Durante los próximos meses, este (centro de cuidado infantil, hogar de cuidado diurno familiar o programa de cuidado infantil) donde su hijo recibe cuidado infantil formará parte de un estudio nacional que realizan el Departamento de Agricultura de EE. UU. (USDA) y los contratistas Abt y Abt SRBI etc. El fin del estudio es analizar las políticas y prácticas de nutrición y actividad para bebés y niños en una muestra de proveedores de cuidado infantil. Somos uno de los aproximadamente 400 proveedores de cuidado infantil en todo el país que fueron seleccionados para ayudar al USDA a entender los alimentos y las actividades que se ofrecen en entornos de cuidado infantil.

**Proceso de consentimiento.** Queremos pedirle que participe en este importante estudio. Si acepta participar en el estudio, deberá leer y firmar un formulario de consentimiento informado. El formulario de consentimiento explica sus derechos y las actividades relacionadas con el estudio en las cuales se les pedirá participar a usted y a su hijo.

**Actividades del estudio.** En general, las actividades del estudio incluyen una entrevista telefónica breve con el padre y permitir al personal del estudio que observe a su hijo cuando esté en el establecimiento de cuidado diurno. También es posible que le pidan información sobre los alimentos que consume su hijo fuera del establecimiento de cuidado infantil. Además, los padres de los niños de 1 a 12 años de edad deberán dar su consentimiento para que los miembros del equipo del estudio pesen y midan al niño. *(El reclutador debe revisar las actividades de recopilación de datos que aparecen en el Formulario de consentimiento y permiso de los padres si el padre solicita información adicional).*

**Privacidad.** Los investigadores y el personal del programa deben cumplir todas las leyes estatales y federales para proteger su privacidad. Su nombre nunca aparecerá en ningún informe o hallazgo de la investigación. En general, solo se compartirá su información con personas ajenas a este proyecto cuando se combine con información sobre otras personas en el programa. De este modo, no se le podrá identificar a usted de manera específica.

**Riesgos o beneficios.** Existe un riesgo muy bajo de pérdida de confidencialidad, pero el equipo del estudio ha seguido muchos pasos para reducir este riesgo. Su participación en el estudio no afectará el cuidado infantil u otros servicios que usted o su familia reciban o puedan solicitar en el futuro.

Padres seleccionados que acepten dar información sobre alimentos que consume su hijo fuera del establecimiento de cuidado infantil recibirán entre \$20 y \$30 por cada día que brinden esta información.

**El estudio es voluntario.** La participación en el estudio es voluntaria y no afectará el cuidado infantil u otros programas o beneficios que reciba su familia. Usted o su hijo pueden cambiar de parecer en cualquier momento sobre la participación en el estudio.

**Preguntas/Pasos a seguir.** ¿Tiene alguna pregunta sobre el estudio? *(Si el reclutador no puede responder alguna pregunta, debe comunicarse a la línea directa del estudio [sin cargo al 866-890-6950] o decirle al padre que recibirá una respuesta lo antes posible).*

***El reclutador debe pedir al padre que revise y firme el Formulario de consentimiento y permiso de los padres.***

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| De acuerdo con la Ley de Reducción de Trámites de 1995, una agencia no debe realizar o patrocinar, y una persona no está obligada a responder, una recopilación de información a menos que esta tenga un número de control válido de la Oficina de Administración y Presupuesto (OMB). El número de control válido de la OMB para esta recopilación de información es 0584-0615. El tiempo que se necesita para completar esta recopilación de información se estima en un promedio de 3 minutos por respuesta, incluido el tiempo de revisión de instrucciones, búsqueda de fuentes de datos existentes, recopilación y mantenimiento de los datos necesarios, y finalización y revisión de la recopilación de información. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

***I.20 Center Director Cost Interview***

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OMB Control No: 0584-0615  
OMB Approval Expiration Date: 10/31/2019

## Study of Nutrition and Activity in Child Care Settings

### CENTER DIRECTOR COST INTERVIEW

Center Name: \_\_\_\_\_

Center ID #: \_\_\_\_\_

Center Director Name: \_\_\_\_\_

Respondent Name: \_\_\_\_\_

Respondent Title: \_\_\_\_\_

Respondent Phone: \_\_\_\_\_

Respondent Email: \_\_\_\_\_

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 0584-0615. The time required to complete this information collection is estimated to average 45 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.

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**About the Study.** The Study of Nutrition and Activity in Child Care Settings is intended to study nutrition and activity in child care centers, family day care homes, afterschool programs, and at-risk programs participating in the Child and Adult Care Food Program (CACFP) . (We refer to all of these settings as providers.) More than 1,500 child care providers in over 20 states were selected to be part of the study. Abt Associates is conducting this study for the USDA Food and Nutrition Service (FNS). Participation in the study by selected sponsoring organizations (which we call sponsors) and child care providers who receive CACFP funds is required under Section 305 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA).

**Data Collection Activity.** The Center Director Cost Interview will gather time use and payroll data for child care center staff whose job responsibilities do not primarily include foodservice. It is expected to take approximately 45 minutes to complete.

**Protecting Privacy.** All information gathered from child care sponsors, child care centers, family day care homes, child care administrators and staff, and families participating in this study is for research purposes only and will be kept private to the full extent allowed by law except for general geographic location. Responses will be grouped with those of other study participants, and no individual participants, program administrators, program staff, parents, or children will be identified in any study report. Being part of the study will not affect any USDA benefits received by programs or families participating in this data collection.

**Questions.** If you have any questions about the study please call our toll-free study number at 1-866-890-6950 or email [SNACS@srbi.com](mailto:SNACS@srbi.com). We will be happy to answer your questions and to help you in any way we can.

**Thank you for participating in the Study of Nutrition and Cost in Child Care Settings.**

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1. Please tell me how many weeks your center/program was in operation overall during calendar year 2016 (October 2015-September 2016)? Please **exclude** breaks of a week or longer. [IF NECESSARY: Please answer only for the sampled center/program]  
\_\_\_\_\_ weeks or \_\_\_\_\_ days
2. How many hours per day overall did a typical salaried staff person in your center work during calendar year 2016? Please include any unpaid overtime worked on a regular basis. *“Salaried” refers to employees that are not paid on an hourly basis; they are sometimes referred to as exempt staff.*  
\_\_\_\_\_ hours/day
3. **Please refer to Handout 1: Foodservice Activity and Task List for Center Staff (GIVE A COPY OF HANDOUT 1 TO THE RESPONDENT).** This handout identifies foodservice and CACFP-related activities that may be done by child care center staff. I will ask you to tell me which of these activities involve you or other staff of this center, **excluding** employees whose job responsibilities primarily include foodservice (e.g. cooks and kitchen assistants who serve meals, etc.). These employees are captured on the Center Foodservice Cost Interview. We want to capture teachers and aides on this interview.

STAFF THAT SPEND >50% OF THEIR TIME ON FOODSERVICE ACTIVITIES SHOULD HAVE BEEN CAPTURED ON THE CENTER FOODSERVICE COST INTERVIEW.

I will refer to staff whose job responsibilities **do not primarily** include foodservice as **“non-foodservice staff”**. We’ll go into the details of what non-foodservice staff do as part of each of these activities later. For now, just tell me whether the non-foodservice staff members in this child care center perform any activities that fall under the main categories on the list. (*CHECK ONE RESPONSE FOR EACH ACTIVITY.*)

## FOODSERVICE ACTIVITY TABLE

Do you have any non-foodservice staff who...

|    | ACTIVITY                           | YES                      | NO                       | DON'T KNOW               |
|----|------------------------------------|--------------------------|--------------------------|--------------------------|
| A. | Set up/Make CACFP Breakfast        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Serve CACFP Breakfast              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Set up/Make CACFP Lunch            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Serve CACFP Lunch                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. | Set up/Make CACFP Snack            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. | Serve CACFP Snack                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. | Set up/Make CACFP Supper           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. | Serve CACFP Supper                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. | CACFP/Foodservice Administration   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. | Other CACFP/Foodservice Activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*FOR ALL ACTIVITIES CHECKED AS 'YES', CIRCLE ON YOUR COPY OF THE "HANDOUT 1: FOODSERVICE ACTIVITY AND TASK LIST FOR CHILD CARE CENTER STAFF"*

4. Are there other foodservice or CACFP activities that I have not listed in which non-foodservice staff of this child care center are involved? If so, please describe these activities.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

☐ CHECK BOX IF THERE ARE NO NON-FOODSERVICE STAFF WHO HELP WITH FOODSERVICE AT THIS CENTER AND ALL EMPLOYEES WHO PERFORM TASKS IN SUPPORT OF FOODSERVICE ARE ALREADY CAPTURED ON THE CENTER FOODSERVICE COST INTERVIEW. PROCEED TO THE NEXT INTERVIEW (SPONSOR COST INTERVIEW - SUPPORT STAFF COST INTERVIEW)

You have just identified foodservice or CACFP activities that non-foodservice staff in your child care center perform. I want to find out how much time these staff spend each year for each of these activities. The reference period for time estimates is the 2016 calendar year.

For each general activity that you have identified, I will ask you questions about specific tasks that are related. Now, please refer to **Handout 2: Center Director Cost Interview Guide**. These are the questions I will be asking you about each lettered activity listed on Handout 1 (*READ THROUGH HANDOUT 2 WITH RESPONDENT*). Do you have any questions before we start?

### **INSTRUCTIONS TO THE INTERVIEWER FOR STAFFING AND TIME GRID**

THE PURPOSE OF THIS GRID IS TO COLLECT INFORMATION ON HOW MUCH TIME NON-FOODSERVICE STAFF SPEND ON CACFP/FOODSERVICE ACTIVITIES.

IN COLUMN (a), LIST EACH LETTERED TASK (FROM HANDOUT 1) PERFORMED BY NON-FOODSERVICE STAFF. IN COLUMN (b) ENTER THE TITLE/POSITION OF STAFF (ONE STAFF TITLE/POSITION PER LINE – E.G. TEACHER, TEACHER AIDE). IN COLUMN (c), ENTER THE # OF EMPLOYEES IN THIS TITLE/POSITION WHO ARE INVOLVED IN THIS ACTIVITY. IN COLUMN (d), ENTER THE # OF HOURS EACH EMPLOYEE IN THIS TITLE/POSITION SPENDS ON THE ACTIVITY AND THE TIME PERIOD OVER WHICH THIS ACTIVITY TAKES PLACE.

### **SCRIPT FOR STAFFING AND TIME GRID**

**The [first] task for this activity is** *(READ FIRST TASK LISTED UNDER FIRST CIRCLED ACTIVITY ON THE HANDOUT, I.E., TASK A1. PRODUCING FOODS FOR BREAKFAST, AND BEGIN FILLING OUT THE STAFFING AND TIME GRID ON PAGE 9.)*

**a. Is this task done by any non-foodservice center staff?**

*(IF YES, WRITE TASK NUMBER AND ABBREVIATED TASK DESCRIPTION IN COLUMN A. COMPLETE COLUMNS (b) – (d) FOR EACH TASK THAT STAFF PERFORM. WHEN THE RESPONDENT CAN ONLY PROVIDE TIME ESTIMATES FOR A SET OF COMBINED TASKS, WRITE THE TASK NUMBERS THAT ARE BEING COMBINED IN COLUMN (a).)*

**b. What types of employees do this task (i.e., title, position, etc.)?**

**c. How many employees of this type do this task?**

**d. How many hours per week did each person of this type spend on this task during the 2016 calendar year? For how many weeks per year?**

*(PERIOD IN SECOND AND THIRD COLUMNS IN COLUMN (d) MUST MATCH, I.E., D-D, W-W, M-M)*

**e. PROBE: Do any other non-foodservice center staff do this task? IF YES, REPEAT STEPS B-E FOR THE TASK.**

### **MISSING TASKS REVIEW SCRIPT**

*AFTER COMPLETING ALL TASKS FOR A GIVEN ACTIVITY, ASK:*

**Have I left out a task for this activity?** *(MAKE SURE THAT THE TASK HAS NOT ALREADY BEEN PREVIOUSLY LISTED.)*

*(IF YES:) Please tell me what it is, and what type of staff does it. (WRITE TASK DESCRIPTION IN NEXT AVAILABLE ROW IN COLUMN (a). IF POSSIBLE, ASSIGN ACTIVITY LETTER, AND COMPLETE COLUMNS (b)-(d).)*

*COMPLETE FOR ALL CIRCLED ACTIVITIES. WHEN ALL STAFFING AND TIME GRIDS ARE COMPLETE, LOOK AT QUESTION 4 RESPONSES. MAKE SURE THE ACTIVITY IS ALREADY*

*COVERED IN THE STAFFING AND TIME GRID. IF NOT, WRITE IT IN AND COMPLETE COLUMNS (b) – (d). DO THIS FOR EACH IDENTIFIED MISSING ACTIVITY IN QUESTION 4.*

**INSTRUCTIONS TO INTERVIEWER:** DESCRIBE THE IDENTIFIED MISSING TASKS AND ASSIGN A LETTER CORRESPONDING TO THE APPROPRIATE ACTIVITY FOR THE TASK (A-J) FROM HANDOUT 1 IN THE NEXT BLANK SPACE IN THE STAFFING AND TIME GRID. IF YOU CANNOT ASSIGN THE TASK TO AN ACTIVITY, THEN DO NOT ASSIGN AN ACTIVITY LETTER. MAKE SURE THAT THE TASK HAS NOT ALREADY BEEN PREVIOUSLY LISTED. THEN, FILL IN THE STAFF TYPE, NUMBER OF STAFF, TIME PER PERIOD, AND PERIODS PER YEAR.

| Staffing and Time Grid                                                                             |                                                                        |                                                |                                                                                                                                                                                                                                           |                               |                                                 |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------|
| (a)                                                                                                | (b)                                                                    | (c)                                            | (d)                                                                                                                                                                                                                                       |                               |                                                 |
| Is this task done by non-foodservice center staff?<br>(List task code and abbreviated description) | What types of employees do this task<br>(i.e., title, position, etc.)? | How many employees of this type do this task ? | How many hours did each person of this type spend on this task during the 2016 calendar year? (fill in hours and number of periods, and circle type of period)<br><br>PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M |                               |                                                 |
|                                                                                                    |                                                                        |                                                | Hours per Week?<br>or other period if necessary                                                                                                                                                                                           |                               | Weeks per Year?<br>or other period if necessary |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |

| Staffing and Time Grid                                                                             |                                                                        |                                                |                                                                                                                                                                                                                                           |                               |                                                 |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------|
| (a)                                                                                                | (b)                                                                    | (c)                                            | (d)                                                                                                                                                                                                                                       |                               |                                                 |
| Is this task done by non-foodservice center staff?<br>(List task code and abbreviated description) | What types of employees do this task<br>(i.e., title, position, etc.)? | How many employees of this type do this task ? | How many hours did each person of this type spend on this task during the 2016 calendar year? (fill in hours and number of periods, and circle type of period)<br><br>PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M |                               |                                                 |
|                                                                                                    |                                                                        |                                                | Hours per Week?<br>or other period if necessary                                                                                                                                                                                           |                               | Weeks per Year?<br>or other period if necessary |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |

| Staffing and Time Grid                                                                             |                                                                        |                                                |                                                                                                                                                                                                                                           |                               |                                                 |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------|
| (a)                                                                                                | (b)                                                                    | (c)                                            | (d)                                                                                                                                                                                                                                       |                               |                                                 |
| Is this task done by non-foodservice center staff?<br>(List task code and abbreviated description) | What types of employees do this task<br>(i.e., title, position, etc.)? | How many employees of this type do this task ? | How many hours did each person of this type spend on this task during the 2016 calendar year? (fill in hours and number of periods, and circle type of period)<br><br>PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M |                               |                                                 |
|                                                                                                    |                                                                        |                                                | Hours per Week?<br>or other period if necessary                                                                                                                                                                                           |                               | Weeks per Year?<br>or other period if necessary |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |

| Staffing and Time Grid                                                                             |                                                                        |                                                |                                                                                                                                                                                                                                           |                               |                                                 |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------|
| (a)                                                                                                | (b)                                                                    | (c)                                            | (d)                                                                                                                                                                                                                                       |                               |                                                 |
| Is this task done by non-foodservice center staff?<br>(List task code and abbreviated description) | What types of employees do this task<br>(i.e., title, position, etc.)? | How many employees of this type do this task ? | How many hours did each person of this type spend on this task during the 2016 calendar year? (fill in hours and number of periods, and circle type of period)<br><br>PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M |                               |                                                 |
|                                                                                                    |                                                                        |                                                | Hours per Week?<br>or other period if necessary                                                                                                                                                                                           |                               | Weeks per Year?<br>or other period if necessary |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |



| Staffing and Time Grid                                                                             |                                                                        |                                                |                                                                                                                                                                                                                                              |                               |                                                 |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------|
| (a)                                                                                                | (b)                                                                    | (c)                                            | (d)                                                                                                                                                                                                                                          |                               |                                                 |
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|                                                                                                    |                                                                        |                                                | Hours per Week?<br>or other period if necessary                                                                                                                                                                                              |                               | Weeks per Year?<br>or other period if necessary |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |

| Staffing and Time Grid                                                                             |                                                                        |                                                |                                                                                                                                                                                                                                              |                                                 |                         |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------|
| (a)                                                                                                | (b)                                                                    | (c)                                            | (d)                                                                                                                                                                                                                                          |                                                 |                         |
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|                                                                                                    |                                                                        |                                                | Hours per Week?<br>or other period if necessary                                                                                                                                                                                              | Weeks per Year?<br>or other period if necessary |                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |

| Staffing and Time Grid                                                                             |                                                                        |                                                |                                                                                                                                                                                                                                           |                                                 |                         |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------|
| (a)                                                                                                | (b)                                                                    | (c)                                            | (d)                                                                                                                                                                                                                                       |                                                 |                         |
| Is this task done by non-foodservice center staff?<br>(List task code and abbreviated description) | What types of employees do this task<br>(i.e., title, position, etc.)? | How many employees of this type do this task ? | How many hours did each person of this type spend on this task during the 2016 calendar year? (fill in hours and number of periods, and circle type of period)<br><br>PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M |                                                 |                         |
|                                                                                                    |                                                                        |                                                | Hours per Week?<br>or other period if necessary                                                                                                                                                                                           | Weeks per Year?<br>or other period if necessary |                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____                   | For: _____<br>D   W   M |

| Staffing and Time Grid                                                                             |                                                                        |                                                |                                                                                                                                                                                                                                           |                               |                                                 |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------|
| (a)                                                                                                | (b)                                                                    | (c)                                            | (d)                                                                                                                                                                                                                                       |                               |                                                 |
| Is this task done by non-foodservice center staff?<br>(List task code and abbreviated description) | What types of employees do this task<br>(i.e., title, position, etc.)? | How many employees of this type do this task ? | How many hours did each person of this type spend on this task during the 2016 calendar year? (fill in hours and number of periods, and circle type of period)<br><br>PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M |                               |                                                 |
|                                                                                                    |                                                                        |                                                | Hours per Week?<br>or other period if necessary                                                                                                                                                                                           |                               | Weeks per Year?<br>or other period if necessary |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |
|                                                                                                    |                                                                        |                                                | _____hrs per                                                                                                                                                                                                                              | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                         |

**INSTRUCTIONS TO INTERVIEWER:** WHEN YOU HAVE COMPLETED THE STAFFING AND TIME GRID, COPY ALL OF THE TITLE/POSITIONS LISTED IN COLUMN (b) ONTO THE CENTER STAFF ROSTER COLUMN (1). BE SURE TO COPY EACH TITLE/POSITION ONCE, AND LIST IT WITH THE EXACT TEXT AND PHRASING YOU USED IN THE STAFFING AND TIME GRID. IN THE END, WE NEED TO LINK THE HOURS LISTED ABOVE TO THE SALARY FOR THAT POSITION.

## Instructions for Center Staff Roster

The purpose of this roster is to collect enough salary information to calculate what one hour of staff time costs for each person, title, or position.

For each position mentioned in the Staffing and Time Grid, I will ask for (2) the number of staff members in that position, (3) the average salary/wage of that position and the basis paid, (4) the total paid hours per week, (5) total paid weeks per year and (6) the total paid leave time benefit hours per year including the benefit for paid sick, vacation, and holiday time. **If there is variation in salary among staff in the same category, please give me the average (midpoint) salary for this position.** If you are unable to estimate an average (midpoint) salary, please use the extra space to list each staff member individually.

| (1)                | (2)             | (3)               | (4)                   | (5)                   | (6)                                                                               |
|--------------------|-----------------|-------------------|-----------------------|-----------------------|-----------------------------------------------------------------------------------|
| Title/Position     | Number of Staff | Salary/Wage       | Total Paid Hours/Week | Total Paid Weeks/Year | Total Paid Leave Time Hours/Year<br>(e.g., paid sick, vacation, and holiday time) |
| 1. Center Director | 1               | \$50,000 per year | 40 hrs/wk             | 48 wks/yr             | 160 hrs/yr                                                                        |

| Center Staff Roster |                 |                                                                                                                                                                                                                                                                           |  |                       |                       |                                                                                   |
|---------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|-----------------------|-----------------------------------------------------------------------------------|
| (1)                 | (2)             | (3)                                                                                                                                                                                                                                                                       |  | (4)                   | (5)                   | (6)                                                                               |
| Title/Position      | Number of Staff | Salary/Wage                                                                                                                                                                                                                                                               |  | Total Paid Hours/Week | Total Paid Weeks/Year | Total Paid Leave Time Hours/Year<br>(e.g., paid sick, vacation, and holiday time) |
| 1.                  | _____           | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly<br><input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ |  | _____ hrs/wk          | _____ wks/yr          | _____ hrs/yr                                                                      |
| 2.                  | _____           | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly<br><input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ |  | _____ hrs/wk          | _____ wks/yr          | _____ hrs/yr                                                                      |
| 3.                  | _____           | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly<br><input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ |  | _____ hrs/wk          | _____ wks/yr          | _____ hrs/yr                                                                      |
| 4.                  | _____           | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly<br><input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ |  | _____ hrs/wk          | _____ wks/yr          | _____ hrs/yr                                                                      |
| 5.                  | _____           | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly<br><input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ |  | _____ hrs/wk          | _____ wks/yr          | _____ hrs/yr                                                                      |

| Center Staff Roster p.2 |                 |                                                                                                                                                                                                                                                                           |  |                       |                       |                                                                                   |
|-------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|-----------------------|-----------------------------------------------------------------------------------|
| (1)                     | (2)             | (3)                                                                                                                                                                                                                                                                       |  | (4)                   | (5)                   | (6)                                                                               |
| Title/Position          | Number of Staff | Salary/Wage                                                                                                                                                                                                                                                               |  | Total Paid Hours/Week | Total Paid Weeks/Year | Total Paid Leave Time Hours/Year<br>(e.g., paid sick, vacation, and holiday time) |
| 6.                      | _____           | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly<br><input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ |  | _____ hrs/wk          | _____ wks/yr          | _____ hrs/yr                                                                      |
| 7.                      | _____           | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly<br><input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ |  | _____ hrs/wk          | _____ wks/yr          | _____ hrs/yr                                                                      |
| 8.                      | _____           | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly<br><input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ |  | _____ hrs/wk          | _____ wks/yr          | _____ hrs/yr                                                                      |
| 9.                      | _____           | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly<br><input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ |  | _____ hrs/wk          | _____ wks/yr          | _____ hrs/yr                                                                      |
| 10.                     | _____           | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly<br><input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ |  | _____ hrs/wk          | _____ wks/yr          | _____ hrs/yr                                                                      |



## **CENTER STAFF ROSTER CHECKLIST**

CHECK THE FOLLOWING INFORMATION FOR EACH ROSTER.

- ☐ THERE IS AN ENTRY ON THE ROSTER FOR EACH TYPE OF EMPLOYEE IN THE STAFFING AND TIME GRID.
- ☐ EVERY TYPE OF EMPLOYEE REFERENCED ON THE ROSTER IS INCLUDED ON THE STAFFING AND TIME GRID.
- ☐ NO EMPLOYEE IS LISTED ON BOTH THE CENTER STAFF ROSTER AND THE CENTER FOODSERVICE STAFF ROSTER.

FOLLOW-UP WITH SPONSOR STAFF FOR SALARY INFORMATION AS NEEDED.

## **END OF CENTER DIRECTOR COST INTERVIEW SCRIPT**

That is the end of the interview. Thank you for your participation in the Study of Nutrition and Activity in Child Care Settings.

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# HANDOUT 1: Foodservice Activity and Task List for Center Staff\*

**Activities and Tasks That May Involve Non-Foodservice Staff  
(Each Activity in bold has one or more Tasks listed below it.)**

**A. Set up/Make CACFP Breakfast**

- A1. Producing foods for CACFP breakfast.
- A2. Cleaning up production areas after preparing and serving CACFP breakfast.
- A3. Any other work that involves direct production for CACFP breakfast.

**B. Serve CACFP Breakfast**

- B1. Serving CACFP breakfast.
- B2. Cleaning up serving area and classrooms during/after CACFP breakfast.

**C. Set up/Make CACFP Lunch**

- C1. Producing foods for CACFP lunch.
- C2. Cleaning up production areas after preparing and serving CACFP lunch.
- C3. Any other work that involves direct production for CACFP lunch.

**D. Serve CACFP Lunch**

- D1. Serving CACFP lunch.
- D2. Cleaning up serving area and classrooms during/after CACFP lunch.

**E. Set up/Make CACFP Snack**

- E1. Making ready, preparing and serving foods for CACFP snacks.
- E2. Cleaning up production areas after preparing and serving CACFP snacks.

**F. Serve CACFP Snack**

- F1. Serving CACFP snack.
- F2. Cleaning up serving area and classrooms during/after CACFP snack.

**G. Set up/Make CACFP Supper**

- G1. Producing foods for CACFP supper.
- G2. Cleaning up production areas after preparing and serving CACFP supper.
- G3. Any other work that involves direct production for other CACFP supper.

**H. Serve CACFP Supper**

- H1. Serving CACFP supper.
- H2. Cleaning up serving area and classrooms during/after CACFP supper.

*(Continued on next page)*

**I. CACFP/Foodservice Administration**

- I1. Preparing, distributing and processing applications for free/reduced-price meals\*\*
- I2. Updating student status and records for CACFP
- I3. Ordering and purchasing food and supplies
- I4. Planning, budgeting and management for foodservice program/CACFP
- I5. Menu planning and nutritional analysis
- I6. Record keeping, accounting and data processing for foodservice program/CACFP.
- I7. Activities to promote healthy eating and participation in CACFP meals (includes related communications, events, planning, and training)
- I8. Development and monitoring of center wellness policies

**J. Other CACFP/Foodservice Activities**

- J1. Cleaning, maintenance, and security of space and equipment used exclusively for foodservice
- J2. Receiving, storing and/or transporting food and supplies used exclusively for foodservice
- J3. Maintenance of vehicles and other equipment used exclusively in food storage and transportation.
- J4. Other activities exclusively related to CACFP/foodservice not covered elsewhere.

*\* For centers serving infants, preparing meals includes preparation of formula, solid foods, or juices that are allowed to be reimbursable under CACFP. For time spent serving meals, include serving meals to infants if this occurs in identifiable periods of 15 minutes or more. Feeding of infants on an individual schedule is part of child care and should not be counted as foodservice time.*

*\*\* Only include applications for CACFP.*

## HANDOUT 2: Center Director Cost Interview Guide

1. Is this task performed by non-foodservice center staff?
2. What types of employees do this task (i.e., title, position, etc.)?
3. How many employees of this type do this task?
4. How many hours per week does each person of this type spend on this task during the 2016 calendar year? For how many weeks per year?

- If more than one person of this type does this task, please tell me how many hours per week each person of the type(s) spends on this task.
- It is best if you can provide an estimate of hours per week, and number of weeks per year.

***If not per week, is this time per day, per month, or per year? For how many days or months?***

- Here are some other ways to estimate the time:
  - If a task is done each day, take the time per day and multiply by the average number of days per week to get an estimate of the number of hours per week the type of person spends on the task. Multiply that by the number of weeks the center is open during the year to get the annual estimate.
  - If a task is done on a monthly basis, please tell me the hours per month and the number of months per year.
  - If a task is done once per year or infrequently, you can tell me the number of hours each employee of this type spends per year.
- If a task is performed for different amounts of time at various points during the year, tell me how many hours each person spends on the task separately for each time period.
  - Example: An employee spends 30 hours per week processing CACFP applications in August and 5 hours per month for the other 11 months of the year. Tell me the time for the first month and then the time for the other 11 months.
- Period of time must always match (day-day, week-week, month-month). For example, 1 hours per day for 60 days; 5 hours per week for 10 weeks; 1 hours per month for 2 months.

***What we need to know is how much time each type of employee spends on each activity including all of the tasks that they do. It's OK to combine tasks that make up an activity when providing time estimates if that's easier.***

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***I.21 Center Foodservice Cost Interview***

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OMB Control No: 0584-0615  
OMB Approval Expiration Date: 10/31/2019

## Study of Nutrition and Activity in Child Care Settings

### CENTER FOODSERVICE COST INTERVIEW

|                       |       |
|-----------------------|-------|
| Center Name:          | _____ |
| Center ID #:          | _____ |
| Center Director Name: | _____ |
| Respondent Name:      | _____ |
| Respondent Title:     | _____ |
| Respondent Phone:     | _____ |
| Respondent email:     | _____ |

***NOTE: This instrument should also be used for PRODUCTION KITCHENS operated by CACFP sponsors.***

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 0584-0615. The time required to complete this information collection is estimated to average 30 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.

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**About the Study.** The Study of Nutrition and Activity in Child Care Settings is intended to study nutrition and activity in child care centers, family day care homes, afterschool programs, and at-risk programs participating in the Child and Adult Care Food Program (CACFP). (We refer to all of these settings as providers.) More than 1,500 child care providers in over 20 states were selected to be part of the study. Abt Associates is conducting this study for the USDA Food and Nutrition Service (FNS). Participation in the study by selected sponsoring organizations (which we call sponsors) and child care providers who receive CACFP funds is required under Section 305 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA).

**Data Collection Activity.** The Center Foodservice Cost Interview will gather time use and payroll data for staff whose primary role is foodservice. It is expected to take approximately 30 minutes to complete.

**Protecting Privacy.** All information gathered from child care sponsors, child care centers, family day care homes, child care administrators and staff, and families participating in this study is for research purposes only and will be kept private to the full extent allowed by law except for general geographic location. Responses will be grouped with those of other study participants, and no individual participants, program administrators, program staff, parents, or children will be identified in any study report. Being part of the study will not affect any USDA benefits received by programs or families participating in this data collection.

**Questions.** If you have any questions about the study please call our toll-free study number at 1-866-890-6950 or email [SNACS@srbi.com](mailto:SNACS@srbi.com). We will be happy to answer your questions and to help you in any way we can.

**Thank you for participating in the Study of Nutrition and Activity in Child Care Settings**

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# Instructions to Interviewers for Completing the Center Foodservice Cost Interview

## STEP 1: COMPLETE THE CENTER FOODSERVICE STAFF TIME ALLOCATION GRID

**INTRODUCTION:** I want to find out how much time the people who work in this child care center spend on preparing meals, other foodservice activities (serving meals, cleaning up from meals, etc.) and administering the CACFP. We will collect information about all staff involved in the foodservice/CACFP. For this form, we will include only the staff members who primarily help with foodservice (prepare or serve meals, or clean up after meals). I will call these the foodservice staff. This does not include teachers or aides who regularly serve meals, they will be captured on the Center Director Cost Interview. We will complete a “time ladder” that represents the foodservice staff’s daily schedules. It may help if you have access to the schedules or time cards for the foodservice staff. In another interview we will talk about non-foodservice staff working in this center who do tasks for the CACFP.

Now, I’ll make a list of all “foodservice” staff working at this center. Please tell me if you employ the following staff who primarily help with foodservice, and the number of people employed. If there are multiple people, do they have the same foodservice job roles and responsibilities? That is, do staff in this role spend the same amount of time per day on the same specific foodservice tasks with the same schedule?

**PROBE FOR OTHER POSITIONS NOT LISTED IF THEY PERFORM FOODSERVICE TASKS ≥50% OF THEIR TIME. STAFF THAT PERFORM FOODSERVICE TASKS NOT LISTED HERE SHOULD BE CAPTURED ON THE CENTER DIRECTOR COST INTERVIEW**

**IF THERE ARE MULTIPLE STAFF WITH THE SAME POSITION/TITLE BUT DIFFERENT ROLES, CAPTURE ANYTHING THE RESPONDENT SAYS ABOUT HOW THE ROLES DIFFER IN THE “NOTES” COLUMN. ALSO CAPTURE IF SOME STAFF ARE FULL VS. PART TIME (DIFFERENT SCHEDULES).**

### FOODSERVICE STAFF LIST GRID

| “Do you have a...”<br>POSITION/TITLE                                                     | # of<br>staff | If >1, same roles?           |                             | NOTES |
|------------------------------------------------------------------------------------------|---------------|------------------------------|-----------------------------|-------|
| <input type="checkbox"/> Cook                                                            |               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |       |
| <input type="checkbox"/> Dishwasher                                                      |               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |       |
| <input type="checkbox"/> Maintenance/Janitor                                             |               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |       |
| <input type="checkbox"/> Kitchen Manager/<br><input type="checkbox"/> Nutrition Director |               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |       |
| <input type="checkbox"/> Assistant Cook                                                  |               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |       |
| <input type="checkbox"/> Other1:                                                         |               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |       |
| <input type="checkbox"/> Other2:                                                         |               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |       |
| <input type="checkbox"/> Other3:                                                         |               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |       |
| <input type="checkbox"/> Other4:                                                         |               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |       |
| <input type="checkbox"/> Other5:                                                         |               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |       |

☐ CHECK IF THERE ARE NO STAFF WHO PRIMARILY HELP WITH FOODSERVICE AT THIS CENTER. END THE INTERVIEW AND PROCEED TO THE CENTER DIRECTOR COST INTERVIEW.

### Center Hours

1. When does this center open (first employee arrives)? \_\_\_\_\_ AM/PM

2. When does this center close (last employee leaves)? \_\_\_\_\_ AM/PM

**GENERAL INSTRUCTIONS:** THE ALLOCATION GRIDS TOGETHER REPRESENT A SCHEDULE OF ALL FOODSERVICE STAFF IN THE CENTER, I.E. AN ARRANGEMENT OF STAFF ACROSS TASKS OVER TIME FOR THE REFERENCE WEEK. YOU WILL COLLECT THIS INFORMATION FOR THE PRIOR WEEK (FIVE WORKING DAYS). THIS IS THE REFERENCE WEEK. IF MONDAY WAS A HOLIDAY THEN USE THE SCHEDULE FOR THE MOST RECENT MONDAY THAT WAS A WORKING DAY (SIMILARLY FOR ANY OTHER WEEKDAY THAT WAS A HOLIDAY).

EACH POSITION CHECKED ABOVE MUST HAVE A COMPLETED GRID (MAY SPAN 2 PAGES DEPENDING ON TIME THAT CENTER IS OPEN). IF ANSWER TO SIMILAR ROLES IS "YES", COMPLETE ONE GRID FOR THE POSITION AND RECORD NUMBER OF STAFF IN POSITION. IF ANSWER IS "NO", COMPLETE ONE GRID FOR EACH INDIVIDUAL STAFF PERSON IN THAT POSITION.

**STEP BY STEP INSTRUCTIONS FOR COMPLETING EACH GRID:**

1. HEADER.

Let's start with [FIRST CHECKED POSITION/INDIVIDUAL STAFF PERSON FROM PAGE 1 LIST].

RECORD TITLE ON GRID; IF FILLING OUT FOR POSITION/TITLE, RECORD# OF PEOPLE IN THAT POSITION.

2. SCHEDULE.

Now let's work through [POSITION/INDIVIDUAL] schedule on the [REFERENCE MONDAY].

- a) When did the work day start, and which of the activities listed on the handout did this person start working on?

SHOW THE RESPONDENT 'HANDOUT 1: LIST OF CENTER FOODSERVICE STAFF TASKS' AND RECORD THE ACTIVITY CODE IN THE CELL FOR THE START WORK TIME.

- b) When did the [POSITION/INDIVIDUAL] finish this activity?

DRAW A VERTICAL ARROW THROUGH THE CELLS (GOING DOWN THE COLUMN) TO INDICATE THE DURATION OF TIME SPENT ON THAT ACTIVITY.

- c) Which of the activities did the [POSITION/INDIVIDUAL] do next, and when did the [POSITION/INDIVIDUAL] finish this?

ENTER THE CODE FOR THIS ACTIVITY IN THE CELL FOR THE ACTIVITY START TIME AND DRAW A VERTICAL ARROW DOWN TO THE TIME THIS ACTIVITY ENDED.

CONTINUE WITH THIS PROCESS UNTIL THE WHOLE WORK DAY IS MAPPED OUT. THEN FIND OUT ABOUT OTHER DAYS OF THE WEEK.

- d) Was the schedule for this [POSITION/INDIVIDUAL] for [REFERENCE TUESDAY] the same as [REFERENCE MONDAY]?

IF SO, WRITE SAME AS MONDAY. IF NOT, REPEAT a-c FOR TUESDAY. REPEAT THE PROCESS UNTIL YOU HAVE ACCOUNTED FOR ALL DAYS OF THE TARGET WEEK.

3. ADDITIONAL POSITIONS/INDIVIDUALS. REPEAT ALL STEPS FOR OTHER POSITIONS/ INDIVIDUALS ON LIST. IF THERE ARE MORE THAN FIVE POSITIONS OR STAFF WITH DIFFERENT TIME SPENT ON FOODSERVICE ACTIVITIES, USE ADDITIONAL GRIDS.

NOTE THAT IF A WORKER DID MORE THAN ONE ACTIVITY DURING A TIME INTERVAL OF 30 MINUTES OR MORE, DETERMINE THE APPROXIMATE AMOUNT OF TIME SPENT ON THE TWO TASKS DURING THE TIME. IF AN ACTIVITY TOOK LESS THAN 8 MINUTES OF THE TIME INTERVAL, DISREGARD IT.

#### **REVIEW**

- IF THERE SEEMS TO BE AN ACTIVITY THAT IS INAPPROPRIATE FOR A TITLE/POSITION, VERIFY THAT YOU HAVE RECORDED THE TIME UNDER THE CORRECT ACTIVITY AND NOTE THIS ON THE GRID.
- MAKE CERTAIN THAT YOU HAVE ACCOUNTED FOR ALL OF THE TIME FOR EACH TITLE/POSITION FROM THE START OF THE DAY UNTIL THEY LEAVE. THERE SHOULD BE NO GAPS IN THE TIME LADDER. ASK FOR AN EXPLANATION FOR ANY GAP AND CORRECT THE GRID IF NEEDED.

# Center Foodservice Time Allocation Grid

Title/Position: \_\_\_\_\_ Number of Staff: \_\_\_\_\_

## Activity Codes

- BP = Set up / Make CACFP Breakfast
- BS= Serve CACFP Breakfast
- LP = Set up / Make CACFP Lunch
- LS= Serve CACFP Lunch
- JP = Set up/Make both CACFP Breakfast & Lunch
- SP=Set up/Make CACFP Snacks
- SS= Serve CACFP Snacks
- DP = Set up / Make CACFP Supper
- DS = Serve CACFP Supper
- A = CACFP /Foodservice Administration
- OC = Other CACFP/Foodservice Activity
- NC= Non-CACFP Activity
- Break = Breaks / Non-Assignable Work

| Time of Day      | Monday | Tuesday | Wednesday | Thursday | Friday |
|------------------|--------|---------|-----------|----------|--------|
| 5:00 – 5:15 AM   |        |         |           |          |        |
| 5:15 – 5:30      |        |         |           |          |        |
| 5:30 – 5:45      |        |         |           |          |        |
| 5:45 – 6:00      |        |         |           |          |        |
| 6:00 – 6:15 AM   |        |         |           |          |        |
| 6:15 – 6:30      |        |         |           |          |        |
| 6:30 – 6:45      |        |         |           |          |        |
| 6:45 – 7:00      |        |         |           |          |        |
| 7:00 – 7:15 AM   |        |         |           |          |        |
| 7:15 – 7:30      |        |         |           |          |        |
| 7:30 – 7:45      |        |         |           |          |        |
| 7:45 – 8:00      |        |         |           |          |        |
| 8:00 – 8:15 AM   |        |         |           |          |        |
| 8:15 – 8:30      |        |         |           |          |        |
| 8:30 – 8:45      |        |         |           |          |        |
| 8:45 – 9:00      |        |         |           |          |        |
| 9:00 – 9:15 AM   |        |         |           |          |        |
| 9:15 – 9:30      |        |         |           |          |        |
| 9:30 – 9:45      |        |         |           |          |        |
| 9:45 – 10:00     |        |         |           |          |        |
| 10:00 – 10:15 AM |        |         |           |          |        |
| 10:15 – 10:30    |        |         |           |          |        |
| 10:30 – 10:45    |        |         |           |          |        |
| 10:45 – 11:00    |        |         |           |          |        |
| 11:00 – 11:15 AM |        |         |           |          |        |
| 11:15 – 11:30    |        |         |           |          |        |
| 11:30 – 11:45    |        |         |           |          |        |
| 11:45 – 12:00    |        |         |           |          |        |
| 12:00 – 12:15 PM |        |         |           |          |        |
| 12:15 – 12:30    |        |         |           |          |        |
| 12:30 – 12:45    |        |         |           |          |        |
| 12:45 – 1:00     |        |         |           |          |        |



# Center Foodservice Time Allocation Grid

|                                                                                                                                                                                                                                                           |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Title/Position: _____                                                                                                                                                                                                                                     |               | Number of Staff: _____                                                                                                                                                                                                                 |                  |                                                                                                                                                                       |               |
| <b>Activity Codes</b>                                                                                                                                                                                                                                     |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| <ul style="list-style-type: none"> <li>BP = Set up / Make CACFP Breakfast</li> <li>BS= Serve CACFP Breakfast</li> <li>LP = Set up / Make CACFP Lunch</li> <li>LS= Serve CACFP Lunch</li> <li>JP = Set up/Make both CACFP Breakfast &amp; Lunch</li> </ul> |               | <ul style="list-style-type: none"> <li>SP=Set up/Make CACFP Snacks</li> <li>SS= Serve CACFP Snacks</li> <li>DP = Set up / Make CACFP Supper</li> <li>DS = Serve CACFP Supper</li> <li>A = CACFP /Foodservice Administration</li> </ul> |                  | <ul style="list-style-type: none"> <li>OC = Other CACFP/Foodservice Activity</li> <li>NC= Non-CACFP Activity</li> <li>Break = Breaks / Non-Assignable Work</li> </ul> |               |
| <b>Time of Day</b>                                                                                                                                                                                                                                        | <b>Monday</b> | <b>Tuesday</b>                                                                                                                                                                                                                         | <b>Wednesday</b> | <b>Thursday</b>                                                                                                                                                       | <b>Friday</b> |
| 1:00 – 1:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 1:15 – 1:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 1:30 – 1:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 1:45 – 2:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 2:00 – 2:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 2:15 – 2:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 2:30 – 2:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 2:45 – 3:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 3:00 – 3:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 3:15 – 3:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 3:30 – 3:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 3:45 – 4:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 4:00 – 4:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 4:15 – 4:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 4:30 – 4:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 4:45 – 5:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 5:00 – 5:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 5:15 – 5:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 5:30 – 5:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 5:45 – 6:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 6:00 – 6:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 6:15 – 6:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 6:30 – 6:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 6:45 – 7:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 7:00 – 7:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 7:15 – 7:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 7:30 – 7:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 7:45 – 8:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 8:00 – 8:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 8:15 – 8:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 8:30 – 8:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 8:45 – 9:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |

# Center Foodservice Time Allocation Grid

|                                                                                                                                                                                                                                                                          |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Title/Position: _____                                                                                                                                                                                                                                                    |               | Number of Staff: _____                                                                                                                                                                                                                                      |                  |                                                                                                                                                                                                  |               |
| <b>Activity Codes</b>                                                                                                                                                                                                                                                    |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| <ul style="list-style-type: none"> <li>▪ BP = Set up / Make <b>Breakfast</b></li> <li>▪ BS= Serve <b>Breakfast</b></li> <li>▪ LP = Set up / Make <b>Lunch</b></li> <li>▪ LS= Serve <b>Lunch</b></li> <li>▪ JP = Set up/Make both <b>Breakfast &amp; Lunch</b></li> </ul> |               | <ul style="list-style-type: none"> <li>▪ SP=Set up/Make <b>Snacks</b></li> <li>▪ SS= Serve <b>Snacks</b></li> <li>▪ DP = Set up / Make <b>Supper</b></li> <li>▪ DS = Serve <b>Supper</b></li> <li>▪ A = CACFP /Foodservice <b>Administration</b></li> </ul> |                  | <ul style="list-style-type: none"> <li>▪ OC = Other <b>CACFP/Foodservice</b> Activity</li> <li>▪ NC= <b>Non-CACFP</b> Activity</li> <li>▪ Break = <b>Breaks</b> / Non-Assignable Work</li> </ul> |               |
| <b>Time of Day</b>                                                                                                                                                                                                                                                       | <b>Monday</b> | <b>Tuesday</b>                                                                                                                                                                                                                                              | <b>Wednesday</b> | <b>Thursday</b>                                                                                                                                                                                  | <b>Friday</b> |
| 5:00 – 5:15 AM                                                                                                                                                                                                                                                           |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 5:15 – 5:30                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 5:30 – 5:45                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 5:45 – 6:00                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 6:00 – 6:15 AM                                                                                                                                                                                                                                                           |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 6:15 – 6:30                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 6:30 – 6:45                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 6:45 – 7:00                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 7:00 – 7:15 AM                                                                                                                                                                                                                                                           |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 7:15 – 7:30                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 7:30 – 7:45                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 7:45 – 8:00                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 8:00 – 8:15 AM                                                                                                                                                                                                                                                           |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 8:15 – 8:30                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 8:30 – 8:45                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 8:45 – 9:00                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 9:00 – 9:15 AM                                                                                                                                                                                                                                                           |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 9:15 – 9:30                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 9:30 – 9:45                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 9:45 – 10:00                                                                                                                                                                                                                                                             |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 10:00 – 10:15 AM                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 10:15 – 10:30                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 10:30 – 10:45                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 10:45 – 11:00                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 11:00 – 11:15 AM                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 11:15 – 11:30                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 11:30 – 11:45                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 11:45 – 12:00                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 12:00 – 12:15 PM                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 12:15 – 12:30                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 12:30 – 12:45                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 12:45 – 1:00                                                                                                                                                                                                                                                             |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |

# Center Foodservice Time Allocation Grid

|                                                                                                                                                                                                                                                           |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Title/Position: _____                                                                                                                                                                                                                                     |               | Number of Staff: _____                                                                                                                                                                                                                 |                  |                                                                                                                                                                       |               |
| <b>Activity Codes</b>                                                                                                                                                                                                                                     |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| <ul style="list-style-type: none"> <li>BP = Set up / Make CACFP Breakfast</li> <li>BS= Serve CACFP Breakfast</li> <li>LP = Set up / Make CACFP Lunch</li> <li>LS= Serve CACFP Lunch</li> <li>JP = Set up/Make both CACFP Breakfast &amp; Lunch</li> </ul> |               | <ul style="list-style-type: none"> <li>SP=Set up/Make CACFP Snacks</li> <li>SS= Serve CACFP Snacks</li> <li>DP = Set up / Make CACFP Supper</li> <li>DS = Serve CACFP Supper</li> <li>A = CACFP /Foodservice Administration</li> </ul> |                  | <ul style="list-style-type: none"> <li>OC = Other CACFP/Foodservice Activity</li> <li>NC= Non-CACFP Activity</li> <li>Break = Breaks / Non-Assignable Work</li> </ul> |               |
| <b>Time of Day</b>                                                                                                                                                                                                                                        | <b>Monday</b> | <b>Tuesday</b>                                                                                                                                                                                                                         | <b>Wednesday</b> | <b>Thursday</b>                                                                                                                                                       | <b>Friday</b> |
| 1:00 – 1:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 1:15 – 1:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 1:30 – 1:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 1:45 – 2:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 2:00 – 2:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 2:15 – 2:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 2:30 – 2:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 2:45 – 3:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 3:00 – 3:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 3:15 – 3:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 3:30 – 3:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 3:45 – 4:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 4:00 – 4:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 4:15 – 4:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 4:30 – 4:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 4:45 – 5:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 5:00 – 5:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 5:15 – 5:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 5:30 – 5:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 5:45 – 6:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 6:00 – 6:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 6:15 – 6:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 6:30 – 6:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 6:45 – 7:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 7:00 – 7:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 7:15 – 7:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 7:30 – 7:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 7:45 – 8:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 8:00 – 8:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 8:15 – 8:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 8:30 – 8:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 8:45 – 9:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |

# Center Foodservice Time Allocation Grid

Title/Position: \_\_\_\_\_ Number of Staff: \_\_\_\_\_

## Activity Codes

- BP = Set up / Make **Breakfast**
- BS= Serve **Breakfast**
- LP = Set up / Make **Lunch**
- LS= Serve **Lunch**
- JP = Set up/Make both **Breakfast & Lunch**
- SP=Set up/Make **Snacks**
- SS= Serve **Snacks**
- DP = Set up / Make **Supper**
- DS = Serve **Supper**
- A = CACFP /Foodservice **Administration**
- OC = Other **CACFP/Foodservice** Activity
- NC= **Non-CACFP** Activity
- Break = **Breaks** / Non-Assignable Work

| Time of Day      | Monday | Tuesday | Wednesday | Thursday | Friday |
|------------------|--------|---------|-----------|----------|--------|
| 5:00 – 5:15 AM   |        |         |           |          |        |
| 5:15 – 5:30      |        |         |           |          |        |
| 5:30 – 5:45      |        |         |           |          |        |
| 5:45 – 6:00      |        |         |           |          |        |
| 6:00 – 6:15 AM   |        |         |           |          |        |
| 6:15 – 6:30      |        |         |           |          |        |
| 6:30 – 6:45      |        |         |           |          |        |
| 6:45 – 7:00      |        |         |           |          |        |
| 7:00 – 7:15 AM   |        |         |           |          |        |
| 7:15 – 7:30      |        |         |           |          |        |
| 7:30 – 7:45      |        |         |           |          |        |
| 7:45 – 8:00      |        |         |           |          |        |
| 8:00 – 8:15 AM   |        |         |           |          |        |
| 8:15 – 8:30      |        |         |           |          |        |
| 8:30 – 8:45      |        |         |           |          |        |
| 8:45 – 9:00      |        |         |           |          |        |
| 9:00 – 9:15 AM   |        |         |           |          |        |
| 9:15 – 9:30      |        |         |           |          |        |
| 9:30 – 9:45      |        |         |           |          |        |
| 9:45 – 10:00     |        |         |           |          |        |
| 10:00 – 10:15 AM |        |         |           |          |        |
| 10:15 – 10:30    |        |         |           |          |        |
| 10:30 – 10:45    |        |         |           |          |        |
| 10:45 – 11:00    |        |         |           |          |        |
| 11:00 – 11:15 AM |        |         |           |          |        |
| 11:15 – 11:30    |        |         |           |          |        |
| 11:30 – 11:45    |        |         |           |          |        |
| 11:45 – 12:00    |        |         |           |          |        |
| 12:00 – 12:15 PM |        |         |           |          |        |
| 12:15 – 12:30    |        |         |           |          |        |
| 12:30 – 12:45    |        |         |           |          |        |
| 12:45 – 1:00     |        |         |           |          |        |

# Center Foodservice Time Allocation Grid

|                                                                                                                                                                                                                                                           |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Title/Position: _____                                                                                                                                                                                                                                     |               | Number of Staff: _____                                                                                                                                                                                                                 |                  |                                                                                                                                                                       |               |
| <b>Activity Codes</b>                                                                                                                                                                                                                                     |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| <ul style="list-style-type: none"> <li>BP = Set up / Make CACFP Breakfast</li> <li>BS= Serve CACFP Breakfast</li> <li>LP = Set up / Make CACFP Lunch</li> <li>LS= Serve CACFP Lunch</li> <li>JP = Set up/Make both CACFP Breakfast &amp; Lunch</li> </ul> |               | <ul style="list-style-type: none"> <li>SP=Set up/Make CACFP Snacks</li> <li>SS= Serve CACFP Snacks</li> <li>DP = Set up / Make CACFP Supper</li> <li>DS = Serve CACFP Supper</li> <li>A = CACFP /Foodservice Administration</li> </ul> |                  | <ul style="list-style-type: none"> <li>OC = Other CACFP/Foodservice Activity</li> <li>NC= Non-CACFP Activity</li> <li>Break = Breaks / Non-Assignable Work</li> </ul> |               |
| <b>Time of Day</b>                                                                                                                                                                                                                                        | <b>Monday</b> | <b>Tuesday</b>                                                                                                                                                                                                                         | <b>Wednesday</b> | <b>Thursday</b>                                                                                                                                                       | <b>Friday</b> |
| 1:00 – 1:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 1:15 – 1:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 1:30 – 1:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 1:45 – 2:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 2:00 – 2:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 2:15 – 2:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 2:30 – 2:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 2:45 – 3:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 3:00 – 3:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 3:15 – 3:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 3:30 – 3:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 3:45 – 4:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 4:00 – 4:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 4:15 – 4:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 4:30 – 4:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 4:45 – 5:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 5:00 – 5:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 5:15 – 5:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 5:30 – 5:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 5:45 – 6:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 6:00 – 6:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 6:15 – 6:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 6:30 – 6:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 6:45 – 7:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 7:00 – 7:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 7:15 – 7:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 7:30 – 7:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 7:45 – 8:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 8:00 – 8:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 8:15 – 8:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 8:30 – 8:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 8:45 – 9:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |

# Center Foodservice Time Allocation Grid

|                                                                                                                                                                                                                                                                          |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Title/Position: _____                                                                                                                                                                                                                                                    |               | Number of Staff: _____                                                                                                                                                                                                                                      |                  |                                                                                                                                                                                                  |               |
| <b>Activity Codes</b>                                                                                                                                                                                                                                                    |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| <ul style="list-style-type: none"> <li>▪ BP = Set up / Make <b>Breakfast</b></li> <li>▪ BS= Serve <b>Breakfast</b></li> <li>▪ LP = Set up / Make <b>Lunch</b></li> <li>▪ LS= Serve <b>Lunch</b></li> <li>▪ JP = Set up/Make both <b>Breakfast &amp; Lunch</b></li> </ul> |               | <ul style="list-style-type: none"> <li>▪ SP=Set up/Make <b>Snacks</b></li> <li>▪ SS= Serve <b>Snacks</b></li> <li>▪ DP = Set up / Make <b>Supper</b></li> <li>▪ DS = Serve <b>Supper</b></li> <li>▪ A = CACFP /Foodservice <b>Administration</b></li> </ul> |                  | <ul style="list-style-type: none"> <li>▪ OC = Other <b>CACFP/Foodservice</b> Activity</li> <li>▪ NC= <b>Non-CACFP</b> Activity</li> <li>▪ Break = <b>Breaks</b> / Non-Assignable Work</li> </ul> |               |
| <b>Time of Day</b>                                                                                                                                                                                                                                                       | <b>Monday</b> | <b>Tuesday</b>                                                                                                                                                                                                                                              | <b>Wednesday</b> | <b>Thursday</b>                                                                                                                                                                                  | <b>Friday</b> |
| 5:00 – 5:15 AM                                                                                                                                                                                                                                                           |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 5:15 – 5:30                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 5:30 – 5:45                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 5:45 – 6:00                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 6:00 – 6:15 AM                                                                                                                                                                                                                                                           |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 6:15 – 6:30                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 6:30 – 6:45                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 6:45 – 7:00                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 7:00 – 7:15 AM                                                                                                                                                                                                                                                           |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 7:15 – 7:30                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 7:30 – 7:45                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 7:45 – 8:00                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 8:00 – 8:15 AM                                                                                                                                                                                                                                                           |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 8:15 – 8:30                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 8:30 – 8:45                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 8:45 – 9:00                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 9:00 – 9:15 AM                                                                                                                                                                                                                                                           |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 9:15 – 9:30                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 9:30 – 9:45                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 9:45 – 10:00                                                                                                                                                                                                                                                             |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 10:00 – 10:15 AM                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 10:15 – 10:30                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 10:30 – 10:45                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 10:45 – 11:00                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 11:00 – 11:15 AM                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 11:15 – 11:30                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 11:30 – 11:45                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 11:45 – 12:00                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 12:00 – 12:15 PM                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 12:15 – 12:30                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 12:30 – 12:45                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 12:45 – 1:00                                                                                                                                                                                                                                                             |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |

# Center Foodservice Time Allocation Grid

|                                                                                                                                                                                                                                                           |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Title/Position: _____                                                                                                                                                                                                                                     |               | Number of Staff: _____                                                                                                                                                                                                                 |                  |                                                                                                                                                                       |               |
| <b>Activity Codes</b>                                                                                                                                                                                                                                     |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| <ul style="list-style-type: none"> <li>BP = Set up / Make CACFP Breakfast</li> <li>BS= Serve CACFP Breakfast</li> <li>LP = Set up / Make CACFP Lunch</li> <li>LS= Serve CACFP Lunch</li> <li>JP = Set up/Make both CACFP Breakfast &amp; Lunch</li> </ul> |               | <ul style="list-style-type: none"> <li>SP=Set up/Make CACFP Snacks</li> <li>SS= Serve CACFP Snacks</li> <li>DP = Set up / Make CACFP Supper</li> <li>DS = Serve CACFP Supper</li> <li>A = CACFP /Foodservice Administration</li> </ul> |                  | <ul style="list-style-type: none"> <li>OC = Other CACFP/Foodservice Activity</li> <li>NC= Non-CACFP Activity</li> <li>Break = Breaks / Non-Assignable Work</li> </ul> |               |
| <b>Time of Day</b>                                                                                                                                                                                                                                        | <b>Monday</b> | <b>Tuesday</b>                                                                                                                                                                                                                         | <b>Wednesday</b> | <b>Thursday</b>                                                                                                                                                       | <b>Friday</b> |
| 1:00 – 1:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 1:15 – 1:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 1:30 – 1:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 1:45 – 2:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 2:00 – 2:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 2:15 – 2:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 2:30 – 2:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 2:45 – 3:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 3:00 – 3:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 3:15 – 3:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 3:30 – 3:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 3:45 – 4:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 4:00 – 4:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 4:15 – 4:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 4:30 – 4:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 4:45 – 5:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 5:00 – 5:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 5:15 – 5:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 5:30 – 5:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 5:45 – 6:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 6:00 – 6:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 6:15 – 6:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 6:30 – 6:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 6:45 – 7:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 7:00 – 7:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 7:15 – 7:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 7:30 – 7:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 7:45 – 8:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 8:00 – 8:15 PM                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 8:15 – 8:30                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 8:30 – 8:45                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |
| 8:45 – 9:00                                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                        |                  |                                                                                                                                                                       |               |

# Center Foodservice Time Allocation Grid

|                                                                                                                                                                                                                                                                          |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Title/Position: _____                                                                                                                                                                                                                                                    |               | Number of Staff: _____                                                                                                                                                                                                                                      |                  |                                                                                                                                                                                                  |               |
| <b>Activity Codes</b>                                                                                                                                                                                                                                                    |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| <ul style="list-style-type: none"> <li>▪ BP = Set up / Make <b>Breakfast</b></li> <li>▪ BS= Serve <b>Breakfast</b></li> <li>▪ LP = Set up / Make <b>Lunch</b></li> <li>▪ LS= Serve <b>Lunch</b></li> <li>▪ JP = Set up/Make both <b>Breakfast &amp; Lunch</b></li> </ul> |               | <ul style="list-style-type: none"> <li>▪ SP=Set up/Make <b>Snacks</b></li> <li>▪ SS= Serve <b>Snacks</b></li> <li>▪ DP = Set up / Make <b>Supper</b></li> <li>▪ DS = Serve <b>Supper</b></li> <li>▪ A = CACFP /Foodservice <b>Administration</b></li> </ul> |                  | <ul style="list-style-type: none"> <li>▪ OC = Other <b>CACFP/Foodservice</b> Activity</li> <li>▪ NC= <b>Non-CACFP</b> Activity</li> <li>▪ Break = <b>Breaks</b> / Non-Assignable Work</li> </ul> |               |
| <b>Time of Day</b>                                                                                                                                                                                                                                                       | <b>Monday</b> | <b>Tuesday</b>                                                                                                                                                                                                                                              | <b>Wednesday</b> | <b>Thursday</b>                                                                                                                                                                                  | <b>Friday</b> |
| 5:00 – 5:15 AM                                                                                                                                                                                                                                                           |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 5:15 – 5:30                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 5:30 – 5:45                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 5:45 – 6:00                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 6:00 – 6:15 AM                                                                                                                                                                                                                                                           |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 6:15 – 6:30                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 6:30 – 6:45                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 6:45 – 7:00                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 7:00 – 7:15 AM                                                                                                                                                                                                                                                           |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 7:15 – 7:30                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 7:30 – 7:45                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 7:45 – 8:00                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 8:00 – 8:15 AM                                                                                                                                                                                                                                                           |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 8:15 – 8:30                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 8:30 – 8:45                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 8:45 – 9:00                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 9:00 – 9:15 AM                                                                                                                                                                                                                                                           |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 9:15 – 9:30                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 9:30 – 9:45                                                                                                                                                                                                                                                              |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 9:45 – 10:00                                                                                                                                                                                                                                                             |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 10:00 – 10:15 AM                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 10:15 – 10:30                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 10:30 – 10:45                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 10:45 – 11:00                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 11:00 – 11:15 AM                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 11:15 – 11:30                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 11:30 – 11:45                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 11:45 – 12:00                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 12:00 – 12:15 PM                                                                                                                                                                                                                                                         |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 12:15 – 12:30                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 12:30 – 12:45                                                                                                                                                                                                                                                            |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |
| 12:45 – 1:00                                                                                                                                                                                                                                                             |               |                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                                                  |               |



### Center Foodservice Time Allocation Grid

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |                        |                  |                 |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------|------------------|-----------------|---------------|
| Title/Position: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | Number of Staff: _____ |                  |                 |               |
| <b>Activity Codes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                        |                  |                 |               |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 33%;"> <ul style="list-style-type: none"> <li>▪ BP = Set up / Make CACFP Breakfast</li> <li>▪ BS= Serve CACFP Breakfast</li> <li>▪ LP = Set up / Make CACFP Lunch</li> <li>▪ LS= Serve CACFP Lunch</li> <li>▪ JP = Set up/Make both CACFP Breakfast &amp; Lunch</li> </ul> </div> <div style="width: 33%;"> <ul style="list-style-type: none"> <li>▪ SP=Set up/Make CACFP Snacks</li> <li>▪ SS= Serve CACFP Snacks</li> <li>▪ DP = Set up / Make CACFP Supper</li> <li>▪ DS = Serve CACFP Supper</li> <li>▪ A = CACFP /Foodservice Administration</li> </ul> </div> <div style="width: 33%;"> <ul style="list-style-type: none"> <li>▪ OC = Other CACFP/Foodservice Activity</li> <li>▪ NC= Non-CACFP Activity</li> <li>▪ Break = Breaks / Non-Assignable Work</li> </ul> </div> </div> |               |                        |                  |                 |               |
| <b>Time of Day</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Monday</b> | <b>Tuesday</b>         | <b>Wednesday</b> | <b>Thursday</b> | <b>Friday</b> |
| 1:00 – 1:15 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                        |                  |                 |               |
| 1:15 – 1:30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 1:30 – 1:45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 1:45 – 2:00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 2:00 – 2:15 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                        |                  |                 |               |
| 2:15 – 2:30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 2:30 – 2:45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 2:45 – 3:00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 3:00 – 3:15 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                        |                  |                 |               |
| 3:15 – 3:30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 3:30 – 3:45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 3:45 – 4:00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 4:00 – 4:15 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                        |                  |                 |               |
| 4:15 – 4:30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 4:30 – 4:45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 4:45 – 5:00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 5:00 – 5:15 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                        |                  |                 |               |
| 5:15 – 5:30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 5:30 – 5:45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 5:45 – 6:00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 6:00 – 6:15 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                        |                  |                 |               |
| 6:15 – 6:30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 6:30 – 6:45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 6:45 – 7:00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 7:00 – 7:15 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                        |                  |                 |               |
| 7:15 – 7:30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 7:30 – 7:45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 7:45 – 8:00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 8:00 – 8:15 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                        |                  |                 |               |
| 8:15 – 8:30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 8:30 – 8:45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |
| 8:45 – 9:00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                        |                  |                 |               |

DO NOT FILL – FOR OFFICE USE ONLY [Reviewers: This will be completed for each title/position or individual that has a completed Time Allocation Grid]

**Title/Position:**

**Number of People:**

| Time of Day                                                  | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------------------------------------------------------|--------|---------|-----------|----------|--------|
| <b>BP</b> = Set up / Make CACFP Breakfast                    |        |         |           |          |        |
| <b>BS</b> = Serve CACFP Breakfast                            |        |         |           |          |        |
| <b>LP</b> = Set up / Make CACFP Lunch                        |        |         |           |          |        |
| <b>LS</b> = Serve CACFP Lunch                                |        |         |           |          |        |
| <b>JP</b> = Set up/Make both CACFP Breakfast and CACFP Lunch |        |         |           |          |        |
| <b>SP</b> =Set up/Make CACFP Snacks                          |        |         |           |          |        |
| <b>SS</b> = Serve CACFP Snacks                               |        |         |           |          |        |
| <b>OP</b> = Set up / Make Other CACFP Meals                  |        |         |           |          |        |
| <b>OS</b> = Serve Other CACFP Meals                          |        |         |           |          |        |
| <b>EP</b> = Nutrition Education/Promotion                    |        |         |           |          |        |
| <b>A</b> = Foodservice Administration, etc.                  |        |         |           |          |        |
| <b>ON</b> = Other Non-Production Activity                    |        |         |           |          |        |
| <b>Break</b> = Breaks / Non-Assignable Work                  |        |         |           |          |        |

## **Step 2: FILL OUT THE CENTER FOODSERVICE STAFF ROSTER**

*COMPLETE THE CENTER FOODSERVICE STAFF ROSTER COLUMNS (1) THROUGH (6) WITH THE RESPONDENT AFTER THE TIME ALLOCATION GRID IS COMPLETE.*

- 1. COPY THE TITLE/POSITION AND NUMBER OF PEOPLE FROM EACH GRID TO THE CENTER FOODSERVICE STAFF ROSTER. NOTE: THE TITLE/POSITION, NUMBER OF PEOPLE AND ORDER MUST MATCH EXACTLY BETWEEN THE TIME ALLOCATION GRIDS AND THE ROSTER – AS THESE TWO NEED TO BE LINKED IN ANALYSIS.*
- 2. ASK THE RESPONDENT COLUMNS (2) THROUGH (6).*

*REPEAT THIS PROCESS COMPLETING A NEW ROW ON THE ROSTER FOR EACH TITLE/POSITION FROM THE TIME ALLOCATION GRIDS.*

*FOLLOW-UP WITH CENTER DIRECTOR OR SPONSOR FOR SALARY AND STATUS INFORMATION AS NEEDED.*

### **REVIEW**

- MAKE CERTAIN THAT THE TOTAL NUMBER OF STAFF ON THE GRIDS IS EQUAL TO THE TOTAL NUMBER OF STAFF ON THE CENTER FOODSERVICE STAFF ROSTER.*

## Instructions for Center Foodservice Staff Roster

The purpose of this roster is to collect enough salary information to calculate what one hour of staff time costs for each person, title, or position.

For each position (1) I will ask for (2) the number of staff members in that position, (3) the average salary/wage of that position and the basis paid (see categories below), (4) the total paid hours per week and (5) total paid weeks per year worked, and (6) whether the employee is regular staff who receives full fringe benefits or other staff (includes contracted and temporary staff who do not receive full fringe benefits). **If there is variation in salary among staff in the same category, please indicate the average (midpoint) salary for this position.** If you are unable to estimate an average (midpoint) salary, please use the extra space to list each staff member individually.

### EXAMPLE: DO NOT READ TO RESPONDENT

| (1)<br>Title/Position | (2)<br>Number of Staff | (3)<br>Salary/Wage                                                                                                                                                                                                                                                                                                        | (4)<br>Total Paid Hours/ Week | (5)<br>Total Paid Weeks/ Year | (6)<br>Status                       |                                |
|-----------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------|-------------------------------------|--------------------------------|
|                       |                        |                                                                                                                                                                                                                                                                                                                           |                               |                               | Regular<br>(full benefits)          | Other<br>(limited/no benefits) |
| 1. Assistant Cook     | <u>1</u>               | <div> <div>\$ <u>15,000</u> per</div> <div> <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly </div> <div> <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year <input type="checkbox"/> Other: _____ </div> </div> | 30                            | 40                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>       |

***If completing roster for a production kitchen operated by sponsor, put name of sponsor in space for "Center".***

**Center Foodservice Staff Roster**
**Center:** \_\_\_\_\_

| (1)<br><br>Title/Position | (2)<br><br>Number<br>of Staff | (3)<br><br>Salary/Wage                                                                                                                                                                                                                                                                                            |  | (4)<br><br>Total Paid<br>Hours/ Week | (5)<br><br>Total Paid<br>Weeks/ Year | (6)<br>Status              |                                   |
|---------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--------------------------------------|----------------------------|-----------------------------------|
|                           |                               |                                                                                                                                                                                                                                                                                                                   |  |                                      |                                      | Regular<br>(full benefits) | Other<br>(limited/no<br>benefits) |
| 1.                        | _____                         | <div>\$_____ per</div> <div> <input type="checkbox"/> Hour<br/> <input type="checkbox"/> Week<br/> <input type="checkbox"/> Bi-weekly<br/> <input type="checkbox"/> Semi-monthly </div> <div> <input type="checkbox"/> Month<br/> <input type="checkbox"/> Year<br/> <input type="checkbox"/> Other: _____ </div> |  |                                      |                                      | <input type="checkbox"/>   | <input type="checkbox"/>          |
| 2.                        | _____                         | <div>\$_____ per</div> <div> <input type="checkbox"/> Hour<br/> <input type="checkbox"/> Week<br/> <input type="checkbox"/> Bi-weekly<br/> <input type="checkbox"/> Semi-monthly </div> <div> <input type="checkbox"/> Month<br/> <input type="checkbox"/> Year<br/> <input type="checkbox"/> Other: _____ </div> |  |                                      |                                      | <input type="checkbox"/>   | <input type="checkbox"/>          |
| 3.                        | _____                         | <div>\$_____ per</div> <div> <input type="checkbox"/> Hour<br/> <input type="checkbox"/> Week<br/> <input type="checkbox"/> Bi-weekly<br/> <input type="checkbox"/> Semi-monthly </div> <div> <input type="checkbox"/> Month<br/> <input type="checkbox"/> Year<br/> <input type="checkbox"/> Other: _____ </div> |  |                                      |                                      | <input type="checkbox"/>   | <input type="checkbox"/>          |
| 4.                        | _____                         | <div>\$_____ per</div> <div> <input type="checkbox"/> Hour<br/> <input type="checkbox"/> Week<br/> <input type="checkbox"/> Bi-weekly<br/> <input type="checkbox"/> Semi-monthly </div> <div> <input type="checkbox"/> Month<br/> <input type="checkbox"/> Year<br/> <input type="checkbox"/> Other: _____ </div> |  |                                      |                                      | <input type="checkbox"/>   | <input type="checkbox"/>          |
| 5.                        | _____                         | <div>\$_____ per</div> <div> <input type="checkbox"/> Hour<br/> <input type="checkbox"/> Week<br/> <input type="checkbox"/> Bi-weekly<br/> <input type="checkbox"/> Semi-monthly </div> <div> <input type="checkbox"/> Month<br/> <input type="checkbox"/> Year<br/> <input type="checkbox"/> Other: _____ </div> |  |                                      |                                      | <input type="checkbox"/>   | <input type="checkbox"/>          |
| 6.                        | _____                         | <div>\$_____ per</div> <div> <input type="checkbox"/> Hour<br/> <input type="checkbox"/> Week<br/> <input type="checkbox"/> Bi-weekly<br/> <input type="checkbox"/> Semi-monthly </div> <div> <input type="checkbox"/> Month<br/> <input type="checkbox"/> Year<br/> <input type="checkbox"/> Other: _____ </div> |  |                                      |                                      | <input type="checkbox"/>   | <input type="checkbox"/>          |
| 7.                        | _____                         | <div>\$_____ per</div> <div> <input type="checkbox"/> Hour<br/> <input type="checkbox"/> Week<br/> <input type="checkbox"/> Bi-weekly<br/> <input type="checkbox"/> Semi-monthly </div> <div> <input type="checkbox"/> Month<br/> <input type="checkbox"/> Year<br/> <input type="checkbox"/> Other: _____ </div> |  |                                      |                                      | <input type="checkbox"/>   | <input type="checkbox"/>          |
| 8.                        | _____                         | <div>\$_____ per</div> <div> <input type="checkbox"/> Hour<br/> <input type="checkbox"/> Week<br/> <input type="checkbox"/> Bi-weekly<br/> <input type="checkbox"/> Semi-monthly </div> <div> <input type="checkbox"/> Month<br/> <input type="checkbox"/> Year<br/> <input type="checkbox"/> Other: _____ </div> |  |                                      |                                      | <input type="checkbox"/>   | <input type="checkbox"/>          |

| (1)<br><br>Title/Position | (2)<br><br>Number<br>of Staff | (3)<br><br>Salary/Wage                                                                                                                                                                                                                                                | (4)<br><br>Total Paid<br>Hours/ Week | (5)<br><br>Total Paid<br>Weeks/ Year | (6)<br>Status              |                                   |
|---------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------|----------------------------|-----------------------------------|
|                           |                               |                                                                                                                                                                                                                                                                       |                                      |                                      | Regular<br>(full benefits) | Other<br>(limited/no<br>benefits) |
| 9.                        | _____                         | \$_____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ |                                      |                                      | <input type="checkbox"/>   | <input type="checkbox"/>          |
| 10.                       | _____                         | \$_____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ |                                      |                                      | <input type="checkbox"/>   | <input type="checkbox"/>          |
| 11.                       | _____                         | \$_____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ |                                      |                                      | <input type="checkbox"/>   | <input type="checkbox"/>          |
| 12.                       | _____                         | \$_____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ |                                      |                                      | <input type="checkbox"/>   | <input type="checkbox"/>          |
| 13..                      | _____                         | \$_____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ |                                      |                                      | <input type="checkbox"/>   | <input type="checkbox"/>          |
| 14.                       | _____                         | \$_____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ |                                      |                                      | <input type="checkbox"/>   | <input type="checkbox"/>          |
| 15.                       | _____                         | \$_____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ |                                      |                                      | <input type="checkbox"/>   | <input type="checkbox"/>          |
| 16.                       | _____                         | \$_____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ |                                      |                                      | <input type="checkbox"/>   | <input type="checkbox"/>          |

# HANDOUT 1: List of Center Foodservice Staff Tasks

## Definitions of Activities for Center Foodservice Time Allocation Grids\*

### **(BP) Set up/Make CACFP Breakfast**

- Producing foods for CACFP breakfast
- Cleaning up production area after preparing and serving CACFP breakfast
- Any other work that involves direct production for breakfast.

### **(BS) Serve CACFP Breakfast**

- Serving CACFP breakfast
- Cleaning up serving area and classrooms during/after CACFP breakfast

### **(LP) Set up/Make CACFP Lunch**

- Producing foods for CACFP lunch
- Cleaning up production area after preparing and serving CACFP lunch
- Any other work that involves direct production for CACFP lunch.

### **(LS) Serve CACFP Lunch**

- Serving CACFP lunch
- Cleaning up serving area and classrooms during/after CACFP lunch

### **(JP) Set up/Make both CACFP Breakfast and CACFP Lunch**

- Producing foods for both CACFP breakfast and CACFP lunch (such as baking foods offered at breakfast and lunch)
- Cleaning up production area after preparing and serving both CACFP breakfast and CACFP lunch
- Any other work that involves direct production for both breakfast and lunch

### **(SP) Set up/Make CACFP Snacks**

- Producing foods for CACFP snacks
- Cleaning production area after preparing and serving CACFP snacks
- Any other work that involves direct production for CACFP snacks

### **(SS) Serve CACFP Snacks**

- Serving CACFP snacks
- Cleaning up serving area and classrooms after CACFP snacks

### **(DP) Set up/Make CACFP Supper**

- Producing food for CACFP supper
- Cleaning up production area after preparing CACFP supper
- Any other work that involves direct production for other supper.

### **(DS) Serve CACFP Supper**

- Serving CACFP supper
- Cleaning up serving area and classrooms after CACFP supper

## Definitions of Activities for Center Foodservice Time Allocation Grids continued\*

### **(A) CACFP/Foodservice Administration**

- Preparing, distributing and processing applications for free/reduced-price meals\*\*
- Updating student status and records
- Ordering and purchasing food and supplies
- Planning, budgeting and management for foodservice program/CACFP
- Menu planning and nutritional analysis
- Record keeping, accounting and data processing for foodservice program/CACFP.
- Activities to promote healthy eating and participation in CACFP meals (includes related communications, events, planning, and training)
- Development and monitoring of center wellness policies

### **(OC) Other CACFP/Foodservice Activity**

- Cleaning, maintenance, and security of space and equipment used exclusively for foodservice
- Receiving, storing and/or transporting food and supplies used exclusively for foodservice
- Maintenance of vehicles and other equipment used exclusively in food storage and transportation.
- Other activities exclusively related to CACFP/foodservice not covered elsewhere.

### **(NC) Non-CACFP Activity**

- Feeding infants on an individual schedule or otherwise not part of meals for infants\*
- Determining eligibility for Head Start or other child care assistance
- Any other activity related to child care or child care program administration
- General administration of child care center
- Any activity related to programs other than CACFP (e.g., Title XX)
- Cleaning, maintenance, and security of facilities, vehicles and equipment not exclusively used for foodservice
- Storage and transportation not exclusively related to foodservice (e.g., general purpose supplies)

### **(Break) Breaks / Non-Assignable Work**

- Breaks during a work day (between activities)
- Down-time due to problems with facilities or equipment
- Work that cannot be assigned to any other category on this form

\* For centers serving infants, preparing meals includes preparation of formula, solid foods, or juices that are allowed to be reimbursable under CACFP. For time spent serving meals, include serving meals to infants if this occurs in identifiable periods of 15 minutes or more. Feeding of infants on an individual schedule is part of child care and should not be counted as foodservice time.

\*\* Only include applications for CACFP. Include time determining eligibility for Head Start or child care assistance as Non-CACFP Activity (#12).



## ***I.22 Financial Cost Interview***

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## Study of Nutrition and Activity in Child Care Settings FINANCIAL COST INTERVIEW

### SPONSORS:

Sponsor Name: \_\_\_\_\_

Sponsor ID #: \_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_

Title of Primary Contact: \_\_\_\_\_

### INDEPENDENT CENTERS:

Center Name: \_\_\_\_\_

Center ID #: \_\_\_\_\_

Center Director Name: \_\_\_\_\_

### ADDITIONAL RESPONDENTS (IF NECESSARY)

Respondent Name: \_\_\_\_\_

Respondent Title: \_\_\_\_\_

Respondent Phone: \_\_\_\_\_

Respondent email: \_\_\_\_\_

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 0584-0615. The time required to complete this information collection is estimated to average 45 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.

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**About the Study.** The Study of Nutrition and Activity in Child Care Settings is intended to study nutrition and activity in child care centers, family day care homes, afterschool programs, and at-risk programs participating in the Child and Adult Care Food Program (CACFP). We refer to all of these settings as providers. More than 1,500 child care providers in over 20 states were selected to be part of the study. Abt Associates is conducting this study for the USDA Food and Nutrition Service (FNS). Participation in the study by selected sponsoring organizations (which we call sponsors) and child care providers who receive CACFP funds is required under Section 305 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA).

**Data Collection Activity.** The Financial Cost Interview will gather data on the expenses and revenues of serving CACFP meals. It is expected to take approximately 45 minutes to complete.

**Protecting Privacy.** All information gathered from child care sponsors, child care centers, family day care homes, child care administrators and staff, and families participating in this study is for research purposes only and will be kept private to the full extent allowed by law except for general geographic location. Responses will be grouped with those of other study participants, and no individual participants, program administrators, program staff, parents, or children will be identified in any study report. Being part of the study will not affect any USDA benefits received by programs or families participating in this data collection.

**Questions.** If you have any questions about the study please call our toll-free study number at 1-866-890-6950 or email [SNACS@srbi.com](mailto:SNACS@srbi.com). We will be happy to answer your questions and to help you in any way we can.

**Thank you for participating in the Study of Nutrition and Activity in Child Care Settings**

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## Financial Cost Interview: CACFP Expense Statement

- ☐ Completed by Sponsor Director/CEO/Program Director
- ☐ Completed by Sponsor Business Manager/Chief Financial Officer/Accountant
- ☐ Completed by Center Director/CEO/Manager
- ☐ Completed by Center Business Manager/Chief Financial Officer/Accountant
- ☐ Completed by Other (specify below)

### Additional Respondents

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

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## CACFP Expense Statement

TO READ TO RESPONDENT (SPONSOR/CENTER DIRECTOR):

At this time I want to review the CACFP expenses that your organization can identify. I understand that your organization may not separately track all of the resources it uses to provide meals and administer the CACFP.

In preparation for our visit with you today, we asked that you have your printed expense statement available for us to reference during the interview. Do you have a financial statement or report that shows all of the CACFP costs that your organization recognized for Federal Fiscal Year 2016 (10/1/2015-9/30/2016)?

IF RESPONDENT HAS STATEMENT [PROVIDE RESPONDENT WITH HANDOUT ONE AND TWO]

Thank you. Here are two handouts you can use for reference while we go through the expense interview. Handout one provides the definitions of the CACFP expense categories that we are interested in collecting. Handout two provides a list of the items that are usually included in these categories. [CONTINUE TO QUESTION 1]

IF RESPONDENT DOES NOT HAVE THE STATEMENT READY —[PROVIDE RESPONDENT WITH HANDOUT ONE AND TWO]

Here are two handouts that detail the information we need from your statement. You can also use them for reference while we go through the expense interview. Handout one provides the definitions of the CACFP expense categories we are interested in collecting. Handout two provides a list of the items that are usually included in these categories. This information may be in a report specifically for the CACFP or in a more general financial statement or report. If your organization tracks expenses separately for its programs, the information may be in an expense report for child care operations. This statement does not have to show all possible categories, just the best information you have. We will need to obtain a printed copy of your statement before we can continue with the interview. May I have a copy of this statement? [WAIT FOR RESPONDENT TO RETRIEVE COPY OF EXPENSE STATEMENT]

1. Thank you for providing your financial statement with information on CACFP expenses. Please confirm the period covered by this statement. We are seeking information for the 2016 Federal Fiscal Year (October 2015 through September 2016)

CHECK ONE BELOW:

☐ **FEDERAL FISCAL YEAR 2016 EXPENSE STATEMENT PROVIDED**

☐ **EXPENSE STATEMENT FOR OTHER PERIOD PROVIDED**

**PERIOD COVERED BY STATEMENT:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **TO** \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **NO STATEMENT PROVIDED [COLLECT ANY SUPPORTING DOCUMENTS AVAILABLE]**

## **QUESTIONS FOR MAJOR CATEGORY F: FOOD FOR CACFP**

TO READ TO RESPONDENT (SPONSOR/CENTER DIRECTOR):

In this first section, I'd like to know about food costs associated with CACFP [center/programs] overseen by your organization.

F1. What is the total cost of food purchased for CACFP for [PERIOD COVERED BY STATEMENT]?

\$\_\_\_\_\_ MARK ON STATEMENT → GO TO F2

☐ CACFP VALUE NOT AVAILABLE → GO TO F1a

F1a. What was the total purchased food cost for your organization?

\$\_\_\_\_\_ MARK ON STATEMENT → GO TO F1b

☐ VALUE NOT AVAILABLE → GO TO F1b

F1b. What is your best estimate of the cost of food purchased for CACFP?

RECORD AS \$ OR % OF TOTAL IF DOLLAR AMOUNT GIVEN IN F1a.

TOTAL CACFP ONLY FOOD COST ESTIMATE \$\_\_\_\_\_ → GO TO F4  
NOTHING TO MARK ON STATEMENT

**OR**

CACFP PERCENTAGE OF TOTAL FOOD COST \_\_\_\_\_% → GO TO F4  
NOTHING TO MARK ON STATEMENT

F2. Is the change in the value of CACFP food inventory over the year reported in the expense statement?

YES → GO TO F2a ..... 1

NO → GO TO F2b ..... 2

F2a. What is the change in the value of CACFP food inventory?

\$\_\_\_\_\_ MARK ON STATEMENT → GO TO F3

F2b. What were the starting and ending value of the CACFP food inventory over [PERIOD COVERED BY STATEMENT]? Please report values of food for use in CACFP in child care for the entire organization. You may need to refer to a balance sheet for this information.  
DO NOT NEED TO MARK STATEMENT

STARTING VALUE: \$\_\_\_\_\_ ☐ NOT AVAILABLE

ENDING VALUE: \$\_\_\_\_\_ ☐ NOT AVAILABLE

F3. Were there any other costs for CACFP purchased food not included in the total cost for CACFP purchased food (QUESTION F1) and not including the difference between the starting and ending value of inventory) for [PERIOD COVERED BY STATEMENT]? [IF NECESSARY: This might include food paid for by credit card that is then charged to a miscellaneous account.]

YES → CONTINUE ..... 1  
NO → GO TO F4 ..... 2  
DON'T KNOW OR NOT AVAILABLE → GO TO F4 ..... 3

F3a. What was the amount of these costs? ACCEPT ANY ESTIMATE

\$ \_\_\_\_\_ → MARK IF THIS APPEARS ON STATEMENT. IF THIS IS AN  
ESTIMATE THERE WON'T BE ANYTHING TO MARK  
☐ DON'T KNOW / NOT AVAILABLE

F4. Does your organization or its centers receive USDA foods for use in CACFP (also known as donated commodities)?

YES → CONTINUE TO F5..... 1  
NO → GO TO F8 ..... 2

F5. Does the expense for CACFP purchased food include the value of USDA foods for use in CACFP received by the organization or its centers?

YES → GO TO F6 ..... 1  
NO → CONTINUE TO F5a ..... 2

F5a. Is the value of USDA foods for use in CACFP received by the organization or its centers reported on the expense statement?

YES → CONTINUE TO F5b ..... 1  
NO, IT IS NOT REPORTED → GO TO F5c..... 2

F5b. What is the value of USDA foods received for use in CACFP?

\$ \_\_\_\_\_ MARK ON STATEMENT → GO TO F6

F5c. What is the estimated value of USDA foods received by the entire organization for use in CACFP for child care centers in the reporting period? ACCEPT ANY ESTIMATE

\$ \_\_\_\_\_ ☐ VALUE NOT AVAILABLE  
NOTHING TO MARK ON STATEMENT

F6. Does the expense for purchased food include storage, transportation, or processing of USDA foods (also known as donated commodities) received by the organization or its centers?

YES ..... 1  
NO ..... 2

F7. Is the change in USDA foods inventory for CACFP reported on the expense statement?

YES → GO TO F7a ..... 1  
NO → GO TO F7b ..... 2

F7a. What is the change in value of USDA foods inventory for CACFP?

\$\_\_\_\_\_ MARK ON STATEMENT → GO TO F8

F7b. What were the starting and ending value of the USDA foods inventory over [PERIOD COVERED BY STATEMENT]? Please report values of USDA foods for use in CACFP in child care for the entire organization. You may need to refer to a balance sheet for this information. DO NOT NEED TO MARK ON STATEMENT

STARTING VALUE: \$\_\_\_\_\_ ☐ NOT AVAILABLE

ENDING VALUE: \$\_\_\_\_\_ ☐ NOT AVAILABLE

F8. Did your organization receive any donated or deeply discounted foods from a food bank or another source for CACFP during [PERIOD COVERED BY STATEMENT]?

YES → GO TO F8a ..... 1  
NO → GO TO CACFP EXPENSE STATEMENT WORKSHEET ..... 2

F8a. Please estimate the value of donated or deeply discounted food for CACFP. ACCEPT ANY ESTIMATE

\$\_\_\_\_\_ NOTHING TO MARK ON STATEMENT  
☐ VALUE NOT AVAILABLE

### **CACFP EXPENSE STATEMENT WORKSHEET**

A. [INDEPENDENT CENTERS] CROSS OUT COLUMNS (b) AND (c) ON EXPENSE WORKSHEET.

[SPONSORS] ASK: Does your organization have any Family Day Care Home (FDCH) administration expenses?

- ☐ YES → CONTINUE  
☐ NO → CROSS OUT COLUMNS (b) AND (c) ON EXPENSE WORKSHEET AND CONTINUE

## CACFP EXPENSE STATEMENT WORKSHEET

First, let's talk about **labor**. Please only include labor costs that are on the CACFP foodservice and administration expense statement. For labor costs on an overall expense statement, please only include expenses that can be directly and fully attributed to CACFP foodservice and administration.

IF NECESSARY: For example, the cost of a cook is listed on the overall expense statement. Their entire job is to prepare meals for CACFP and they should be included. On the other hand, a teacher's aide who helps serve food but their time performing this activity is not separated from their teaching duties on the expense statement should not be included.

☐ THERE ARE NO LABOR COSTS THAT CAN BE FULLY ATTRIBUTED TO CACFP FOODSERVICE AND ADMINISTRATION → GO TO NEXT SECTION INTRO: OTHER DIRECT OPERATING COSTS

| ITEM / SUB-ITEM                       | (a) What is the total CACFP Cost for [ITEM]?<br><br>MARK ON STATEMENT |                                 | (b) Does that amount include family day care home administration costs?                                                                          | (c) IF YES TO (b): What we would like to do is break out just the sponsor-level costs to oversee CACFP in family day care homes. Can you give me that amount?<br>ACCEPT ANY ESTIMATE. NOTHING TO MARK ON STATEMENT |
|---------------------------------------|-----------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                       | DOLLAR AMOUNT                                                         | INCLUDED IN ITEM                |                                                                                                                                                  |                                                                                                                                                                                                                    |
| <b>LABOR</b>                          |                                                                       |                                 |                                                                                                                                                  |                                                                                                                                                                                                                    |
| A1. Salaries and wages                | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM               | INCLUDED IN ITEM #<br><br>_____ | <input type="checkbox"/> YES → GO TO (c)<br><input type="checkbox"/> NO → GO TO NEXT ITEM<br><input type="checkbox"/> DK → GO TO NEXT ITEM       | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM                                                                                                                                                            |
| A2. Fringe benefits and payroll taxes | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM               | INCLUDED IN ITEM #<br><br>_____ | <input type="checkbox"/> YES → GO TO (c)<br><input type="checkbox"/> NO → GO TO NEXT ITEM<br><input type="checkbox"/> DK → GO TO NEXT ITEM       | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM                                                                                                                                                            |
| <b>A. TOTAL LABOR</b>                 | \$<br><br><input type="checkbox"/> NA → GO TO NEXT SECTION            | INCLUDED IN ITEM #<br><br>_____ | <input type="checkbox"/> YES → GO TO (c)<br><input type="checkbox"/> NO → GO TO NEXT SECTION<br><input type="checkbox"/> DK → GO TO NEXT SECTION | \$<br><br><input type="checkbox"/> NA → GO TO NEXT SECTION                                                                                                                                                         |

Now let's talk about costs other than labor and food, which I will call **"other direct operating costs."** Please only include other direct operating costs that are on the CACFP foodservice and administration expense statement. For other direct operating costs on an overall expense statement, please only include expenses that can be directly and fully attributable to CACFP foodservice and administration.

**IF NECESSARY:** For example, if energy is not charged directly on the CACFP foodservice expense statement because it is charged to the organization as a whole, then do not include it in the total for utilities. We do not need to know the overall cost of energy for the organization. On the other hand, if storage space rental is charged directly to the CACFP foodservice expense statement then include it in the total for rent.

☐ THERE ARE NO 'OTHER DIRECT OPERATING COSTS' THAT CAN BE FULLY ATTRIBUTED TO CACFP FOODSERVICE AND ADMINISTRATION → GO TO NEXT SECTION C INTRO

| ITEM / SUB-ITEM                                     | (a) What is the total CACFP Cost for [ITEM]?<br><br>MARK ON STATEMENT |                             | (b) Does that amount include family day care home administration costs?                                                                          | (c) IF YES TO (b): What we would like to do is break out just the sponsor-level costs to oversee CACFP in family day care homes. Can you give me that amount? ACCEPT ANY ESTIMATE. NOTHING TO MARK ON STATEMENT |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                     | DOLLAR AMOUNT                                                         | INCLUDED IN ITEM            |                                                                                                                                                  |                                                                                                                                                                                                                 |
| <b>OTHER DIRECT OPERATING COSTS</b>                 |                                                                       |                             |                                                                                                                                                  |                                                                                                                                                                                                                 |
| B1. Supplies and expendable equipment               | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM               | INCLUDED IN ITEM #<br>_____ | <input type="checkbox"/> YES → GO TO (c)<br><input type="checkbox"/> NO → GO TO NEXT ITEM<br><input type="checkbox"/> DK → GO TO NEXT ITEM       | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM                                                                                                                                                         |
| B2. Utilities                                       | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM               | INCLUDED IN ITEM #<br>_____ | <input type="checkbox"/> YES → GO TO (c)<br><input type="checkbox"/> NO → GO TO NEXT ITEM<br><input type="checkbox"/> DK → GO TO NEXT ITEM       | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM                                                                                                                                                         |
| B3. Rent                                            | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM               | INCLUDED IN ITEM #<br>_____ | <input type="checkbox"/> YES → GO TO (c)<br><input type="checkbox"/> NO → GO TO NEXT ITEM<br><input type="checkbox"/> DK → GO TO NEXT ITEM       | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM                                                                                                                                                         |
| B4. Contracted services/ interorganization payments | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM               | INCLUDED IN ITEM #<br>_____ | <input type="checkbox"/> YES → GO TO (c)<br><input type="checkbox"/> NO → GO TO NEXT ITEM<br><input type="checkbox"/> DK → GO TO NEXT ITEM       | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM                                                                                                                                                         |
| B5. Other miscellaneous direct operating costs      | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM               | INCLUDED IN ITEM #<br>_____ | <input type="checkbox"/> YES → GO TO (c)<br><input type="checkbox"/> NO → GO TO NEXT ITEM<br><input type="checkbox"/> DK → GO TO NEXT ITEM       | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM                                                                                                                                                         |
| <b>B. TOTAL OTHER DIRECT OPERATING COSTS</b>        | \$<br><br><input type="checkbox"/> NA → GO TO NEXT SECTION            | INCLUDED IN ITEM #<br>_____ | <input type="checkbox"/> YES → GO TO (c)<br><input type="checkbox"/> NO → GO TO NEXT SECTION<br><input type="checkbox"/> DK → GO TO NEXT SECTION | \$<br><br><input type="checkbox"/> NA → GO TO NEXT SECTION                                                                                                                                                      |

Next I will ask you about **equipment purchase and depreciation costs**. Please only include equipment purchase and depreciation costs that are on the CACFP foodservice and administration expense statement. For equipment purchase and depreciation costs on an overall expense statement, please only include expenses that can be directly and fully attributable to CACFP foodservice and administration.

IF NECESSARY: For example, if a refrigerator was purchased and charged to the CACFP foodservice expense statement then it should be included. However, if the refrigerator was not charged to CACFP foodservice then it should not be included.

☐ THERE ARE NO 'EQUIPMENT PURCHASE AND DEPRECIATION COSTS' THAT CAN BE FULLY ATTRIBUTED TO CACFP FOODSERVICE AND ADMINISTRATION → GO TO NEXT SECTION INTRO: INDIRECT COSTS

| ITEM / SUB-ITEM                                           | (a) What is the total CACFP Cost for [ITEM]?<br><br>MARK ON STATEMENT |                             | (b) Does that amount include family day care home administration costs?                                                                          | (c) IF YES TO (b): What we would like to do is break out just the sponsor-level costs to oversee CACFP in family day care homes. Can you give me that amount? ACCEPT ANY ESTIMATE. NOTHING TO MARK ON STATEMENT |
|-----------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                           | DOLLAR AMOUNT                                                         | INCLUDED IN ITEM            |                                                                                                                                                  |                                                                                                                                                                                                                 |
| <b>EQUIPMENT PURCHASE AND DEPRECIATION COSTS</b>          |                                                                       |                             |                                                                                                                                                  |                                                                                                                                                                                                                 |
| C1. Equipment purchase                                    | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM               | INCLUDED IN ITEM #<br>_____ | <input type="checkbox"/> YES → GO TO (c)<br><input type="checkbox"/> NO → GO TO NEXT ITEM<br><input type="checkbox"/> DK → GO TO NEXT ITEM       | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM                                                                                                                                                         |
| C2. Equipment depreciation                                | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM               | INCLUDED IN ITEM #<br>_____ | <input type="checkbox"/> YES → GO TO (c)<br><input type="checkbox"/> NO → GO TO NEXT ITEM<br><input type="checkbox"/> DK → GO TO NEXT ITEM       | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM                                                                                                                                                         |
| <b>C. TOTAL EQUIPMENT PURCHASE AND DEPRECIATION COSTS</b> | \$<br><br><input type="checkbox"/> NA → GO TO NEXT SECTION            | INCLUDED IN ITEM #<br>_____ | <input type="checkbox"/> YES → GO TO (c)<br><input type="checkbox"/> NO → GO TO NEXT SECTION<br><input type="checkbox"/> DK → GO TO NEXT SECTION | \$<br><br><input type="checkbox"/> NA → GO TO NEXT SECTION                                                                                                                                                      |

The next item is **indirect costs**. Please only include indirect costs that are on the CACFP foodservice and administration expense statement. For indirect costs on an expense statement, please only include expenses that are applicable to CACFP foodservice and administration.

| Item/Sub-item                  | <b>(a) What is the total CACFP Cost for [ITEM]?</b><br><br><b>MARK ON STATEMENT</b><br><br>DOLLAR AMOUNT | <b>(b) Does that amount include family day care home administration costs?</b>                                                                   | <b>(c) IF YES TO (b): What we would like to do is break out just the sponsor-level costs to oversee CACFP in family day care homes. Can you give me that amount? ACCEPT ANY ESTIMATE. NOTHING TO MARK ON STATEMENT</b> |
|--------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>INDIRECT COSTS</b>          |                                                                                                          |                                                                                                                                                  |                                                                                                                                                                                                                        |
| <b>D. TOTAL INDIRECT COSTS</b> | \$<br><br><input type="checkbox"/> NA → GO TO NEXT SECTION                                               | <input type="checkbox"/> YES → GO TO (c)<br><input type="checkbox"/> NO → GO TO NEXT SECTION<br><input type="checkbox"/> DK → GO TO NEXT SECTION | \$<br><br><input type="checkbox"/> NA → GO TO NEXT SECTION                                                                                                                                                             |



E. Are there any other CACFP foodservice and administration costs, that we have **not yet captured**? Please only include costs that are on the CACFP foodservice and administration expense statement. For costs on the overall expense statement, please include those expenses that can be directly and fully attributable to CACFP foodservice and administration.

☐ YES - What are they? WRITE IN E1-E4.

☐ NO – SKIP TO NEXT SECTION: EQUIPMENT DEPRECIATION SUPPLEMENT

| Item/Sub-item                                               | (a) What is the total CACFP Cost for [ITEM]?<br><br>MARK ON STATEMENT<br><br>DOLLAR AMOUNT | (b) Does that amount include family day care home administration costs?                                                                    | (c) IF YES TO (b): What we would like to do is break out just the sponsor-level costs to oversee CACFP in family day care homes. Can you give me that amount? ACCEPT ANY ESTIMATE. NOTHING TO MARK ON STATEMENT |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>COSTS NOT LISTED ELSEWHERE (LIST AND DESCRIBE BELOW)</b> |                                                                                            |                                                                                                                                            |                                                                                                                                                                                                                 |
| E1.                                                         | \$                                                                                         | <input type="checkbox"/> YES → GO TO (c)<br><input type="checkbox"/> NO → GO TO NEXT ITEM<br><input type="checkbox"/> DK → GO TO NEXT ITEM | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM                                                                                                                                                         |
| E2.                                                         | \$                                                                                         | <input type="checkbox"/> YES → GO TO (c)<br><input type="checkbox"/> NO → GO TO NEXT ITEM<br><input type="checkbox"/> DK → GO TO NEXT ITEM | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM                                                                                                                                                         |
| E3.                                                         | \$                                                                                         | <input type="checkbox"/> YES → GO TO (c)<br><input type="checkbox"/> NO → GO TO NEXT ITEM<br><input type="checkbox"/> DK → GO TO NEXT ITEM | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM                                                                                                                                                         |
| E4.                                                         | \$                                                                                         | <input type="checkbox"/> YES → GO TO (c)<br><input type="checkbox"/> NO → GO TO NEXT ITEM<br><input type="checkbox"/> DK → GO TO NEXT ITEM | \$<br><br><input type="checkbox"/> NA → GO TO NEXT ITEM                                                                                                                                                         |

## **EQUIPMENT DEPRECIATION SUPPLEMENT**

UE1. INTERVIEWER – CHECK THE CORRECT RESPONSE BELOW AND FOLLOW SKIP PATTERN

☐ THERE IS A DOLLAR AMOUNT IN “C2. Equipment Depreciation” OR A VALUE FOR C2 “INCLUDED IN ITEM” (PAGE 13)

→ GO TO FRINGE BENEFIT RATE CHART

☐ “C2. Equipment Depreciation” (PAGE 13) IS ANSWERED AS “NA” IN COLUMN (a)

→ READ UE2 ON NEXT PAGE, AND COMPLETE GRID

UE2. LIST ALL SAMPLED CENTERS AND SUPPLYING KITCHENS FROM RIB IN COLUMNS A AND B BEFORE STARTING. For each center or supplying kitchen, I will ask you for the estimated CACFP kitchen equipment purchase value and the average age of the CACFP kitchen equipment. Please only include equipment used primarily for CACFP. For example, do not include equipment also used to provide food for another program, like the National School Lunch Program (NSLP).

| A. CENTER ID | B. CENTER NAME | C. What is the total kitchen equipment purchase value for [CENTER]?<br>ACCEPT ESTIMATE | D. What is the average age of the kitchen equipment, in years, for [CENTER]?<br>ACCEPT ESTIMATE |
|--------------|----------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 1.           |                | \$ _____<br><input type="checkbox"/> NONE <input type="checkbox"/> DK                  | _____ yrs<br><input type="checkbox"/> DK                                                        |
| 2.           |                | \$ _____<br><input type="checkbox"/> NONE <input type="checkbox"/> DK                  | _____ yrs<br><input type="checkbox"/> DK                                                        |
| 3.           |                | \$ _____<br><input type="checkbox"/> NONE <input type="checkbox"/> DK                  | _____ yrs<br><input type="checkbox"/> DK                                                        |
| 4.           |                | \$ _____<br><input type="checkbox"/> NONE <input type="checkbox"/> DK                  | _____ yrs<br><input type="checkbox"/> DK                                                        |
| 5.           |                | \$ _____<br><input type="checkbox"/> NONE <input type="checkbox"/> DK                  | _____ yrs<br><input type="checkbox"/> DK                                                        |
| 6.           |                | \$ _____<br><input type="checkbox"/> NONE <input type="checkbox"/> DK                  | _____ yrs<br><input type="checkbox"/> DK                                                        |
| 7.           |                | \$ _____<br><input type="checkbox"/> NONE <input type="checkbox"/> DK                  | _____ yrs<br><input type="checkbox"/> DK                                                        |
| 8.           |                | \$ _____<br><input type="checkbox"/> NONE <input type="checkbox"/> DK                  | _____ yrs<br><input type="checkbox"/> DK                                                        |
| 9.           |                | \$ _____<br><input type="checkbox"/> NONE <input type="checkbox"/> DK                  | _____ yrs<br><input type="checkbox"/> DK                                                        |

## INTRO TO FRINGE BENEFIT RATE CHART:

TO READ TO RESPONDENT (SPONSOR/CENTER DIRECTOR):

**The fringe benefit rate is the amount your organization paid in employee benefits and employer paid taxes as a percentage of payroll.** Benefits and taxes include: the employer's share of payroll taxes such as FICA and unemployment taxes; the employer paid portion of health, dental, vision, life and other insurance; and employer contributions to retirement/pensions.

For example: If the organization pays \$1 million in payroll and \$300,000 in benefits and taxes, the fringe rate is 30%.

**A. What was the fringe benefit rate for all employees in your organization during [PERIOD COVERED BY STATEMENT]?**

**FRINGE BENEFIT RATE FOR ALL EMPLOYEES: \_\_\_\_\_%**

→ IF RESPONDENT GAVE A FRINGE RATE, GO TO END OF EXPENSE STATEMENT SCRIPT

→ IF RESPONDENT DOES NOT KNOW THE FRINGE RATE, CONTINUE:

That's fine. We can calculate the overall fringe rate if you can provide me with three figures:

| ROW NUMBER                                  | DESCRIPTOIN                              | AMOUNT<br>[DO NOT MARK<br>STATEMENT] |
|---------------------------------------------|------------------------------------------|--------------------------------------|
| A1.                                         | Total salaries and wages                 | \$ _____                             |
| A2.                                         | Total payroll taxes                      | \$ _____                             |
| A3.                                         | Total employee benefits                  | \$ _____                             |
| <b>INTERVIEWER: CALULATE FIGURES BELOW:</b> |                                          |                                      |
| A4.                                         | TOTAL FRINGE BENEFITS (SUM OF A2 AND A3) | \$ _____                             |
| A5.                                         | DIVIDE A4 BY A1 AND CONVERT TO PERCENT   | _____ %                              |
| FRINGE RATE:                                |                                          | _____ %                              |

**CONFIRM CALCULATED RATE WITH RESPONDENT**

## END OF EXPENSE STATEMENT SCRIPT.

This concludes our review of your expenses.

Next, I am going to ask you about CACFP revenues.

## FOODSERVICE EXPENSE STATEMENT

### Handout 1: Definitions of Expense Categories

- A. **LABOR:** Personnel costs, including salaries and wages, and fringe benefits and payroll taxes.
- A1. *Salaries and Wages:*** Includes salaries and wages paid to regular and temporary or contract employees. Does not include fees paid to independent consultants.
  - A2. *Fringe benefits and payroll taxes:*** Includes the sponsor/center foodservice share of the cost of health insurance, life insurance, pension contributions or other retirement benefits, tuition assistance, dental insurance, meal allowances, or other non-cash employee benefits. Also includes the sponsor / center foodservice share of payroll taxes or similar mandatory charges for Social Security, Medicare, Unemployment Compensation, and Workers' Compensation insurance.
- B. **OTHER DIRECT OPERATING COSTS:** Direct expenses for foodservice of an operational (recurring) nature, other than labor and food. Does not include capital outlays, depreciation, or indirect costs.
- B1. *Supplies and expendable equipment:*** This category includes all types of supplies (other than food) used for all aspects of foodservice operations. Expendable equipment includes any type of equipment purchase that may be treated as an expense according to USDA and other applicable rules. Usually this is equipment with a cost below a specified dollar amount (such as \$500).
  - B2. *Utilities:*** This category includes electricity, heating and cooking fuels, water, and sewer services.
  - B3. *Rent:***
    - ***Equipment/vehicle rental:*** This category includes expenses for rent of any type of center foodservice equipment or vehicles.
    - ***Storage space rental:*** This category includes expenses for rent of facilities for storing food and foodservice supplies.
    - ***Other space rental:*** This category includes expenses for rent of facilities for food preparation, serving, or foodservice administration.
  - B4. *Contracted services/interorganization payments:*** This category includes all expenses for contracted or purchased services from private organizations or individuals, and payments to other organizations for specific services charged on a direct cost basis.
    - ***Professional services:*** Includes services provided by professionals, such as dietary/management consulting, training of staff, legal services, audits, etc.
    - ***Foodservice management company fees:*** Includes all payments to foodservice management companies other than reimbursement of

expenses for labor and food. Examples include management or consulting fees, and cost of funds or profit. NOTE: (1) The purchase of complete meals prepared under contract to the Sponsor ("pre-plated meals") or per-meal charges for meals prepared on-site should also be reported here; (2) If a foodservice management company bills a single amount to the Sponsor for all of its services, that amount should be reported here.

- **Repairs and maintenance of equipment:** Includes repair, maintenance, and associated charges (e.g., parts) for foodservice equipment used in kitchens, cafeterias, storage facilities, and administrative offices.
- **Storage, transportation or processing of USDA Food:** This category includes charges from the State or from contractors to the Sponsor organization for the transportation, storages, and processing of USDA donated commodities.
- **Other storage:** Fees for storage on a contract basis and associated charges (such as loading/unloading of shipments). Do not include storage charges specifically for USDA Food if charged separately.
- **Other transportation:** Charges for transportation of food, foodservice supplies, etc. on a contract basis. Do not include transportation charges specifically for USDA Food if charged separately.
- **Insurance and bond premiums:** Includes payments for insurance of property and supplies, and liability insurance or bond. Does not include payments for insurance benefits to workers or workers' compensation insurance.
- **Other services:** Includes services not listed elsewhere, such as data processing, payroll processing, linen or laundry services, extermination, health inspections, etc.

**B5. Other miscellaneous direct operating costs:**

- **Communications:** Includes telephone, fax, postage, courier services, and other communications costs.
- **Travel / miscellaneous:** This category includes all other costs directly identified as foodservice expenses. Examples of costs in this category are: mileage and other travel reimbursements, association memberships, and subscriptions.

- C. **EQUIPMENT PURCHASES AND DEPRECIATION COSTS:** Includes equipment purchase and equipment depreciation.
- C1. Equipment purchase:** Includes expenses for new or replacement equipment items considered capital equipment (usually more than \$5,000) according to USDA and other applicable rules, based on their useful life and cost. Includes equipment for kitchens, cafeterias, storage facilities, transportation, and administration.
  - C2. Equipment depreciation:** An annual charge equal to the purchase cost of capital equipment divided by the useful life of the equipment. Usually reported only under accrual accounting.
- D. **INDIRECT COSTS:** Costs shared among several Sponsor programs or functions, such as administrative support, occupancy, general-purpose supplies, and communications. Usually the indirect cost for foodservice, if reported, is computed by applying a percentage rate to specified types of direct costs, which may exclude food. The indirect cost should be the amount actually charged to the Sponsor foodservice account.
- F. **FOOD:** Includes purchased food, donated commodities (a.k.a. USDA food), and charges for the transportation, storage, and processing of donated commodities.
- **Purchased food:** This is the value of purchased food used by the Center, including purchased foods that have been made with donated USDA commodities as ingredients.
  - **Value of USDA foods received:** This is the total USDA-assigned value of USDA donated commodities used by the Center.
  - **Storage and shipping fees:** This category includes charges from the State for the transportation, storage, and processing of USDA donated commodities.
  - **Processing costs:** This category includes other charges (such as from contractors to the Sponsor) for the transportation, storage, and processing of USDA donated commodities.
  - **Inventory used/loss:** The value of inventory of purchased food and donated commodities used or lost during the year, in addition to purchases or receipts.

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# FOODSERVICE EXPENSE STATEMENT

## Handout 2: Expense Items

### A. LABOR

#### ***A1. Salaries and wages***

- Regular foodservice employees
- Other regular employees
- Sponsor organization employees involved in administering the CACFP
- Temporary employees

#### ***A2. Fringe benefits and payroll taxes***

- Social security taxes
- Unemployment compensation
- Worker's compensation
- Health insurance
- Pension contributions or other retirement benefits
- Other benefits (life insurance, disability insurance, etc.)

### B. OTHER DIRECT OPERATING COSTS

#### ***B1. Supplies and expendable equipment***

- Food production supplies and expendable equipment
- Transportation supplies (gas, grease, oil, tires, etc.)
- Office supplies and expendable equipment
- Other supplies and expendable equipment

#### ***B2. Utilities***

- Energy
- Other utilities (water, sewer)

#### ***B3. Rent***

- Equipment/vehicle rental
- Storage space rental
- Other space rental

#### ***B4. Contracted services/interorganization payment***

- Professional services
- Foodservice management company fees, etc.
- Repairs and maintenance of equipment for foodservice
- Storage
- Transportation
- Insurance and bond premiums
- Other services

**B5. Other direct operating costs**

- Communications
- Travel/miscellaneous

**C. EQUIPMENT PURCHASES AND DEPRECIATION COSTS**

**C1. Equipment purchase**

- Cafeteria/kitchen equipment
- Motor vehicles for foodservice
- Other equipment for CACFP or foodservice

**C2. Equipment depreciation**

- Cafeteria/kitchen
- Other equipment

**D. INDIRECT COSTS**

- *Indirect cost for 2016*
- *Indirect cost for prior year(s) charged in 2016*

**Types of kitchens**

An independent kitchen is a kitchen located at a child care center that prepares food only for that center.

A base kitchen is a kitchen located at a child care center that prepares food for that center and also sends prepared food to other centers that are part of the same organization.

A satellite kitchen is a kitchen or other meal preparation area in a center that receives prepared food or meals from an off-site kitchen operated by the same organization or an outside vendor.

## Sponsor Cost Interview: CACFP Revenue Statement

- ☐ Completed by Sponsor Director/CEO/Program Director
- ☐ Completed by Sponsor Business Manager/Chief Financial Officer/Accountant
- ☐ Completed by Center Director/CEO/Manager
- ☐ Completed by Center Business Manager/Chief Financial Officer/Accountant

### Additional Respondents

|              |              |
|--------------|--------------|
| Name: _____  | Title: _____ |
| Phone: _____ | email: _____ |
| Name: _____  | Title: _____ |
| Phone: _____ | email: _____ |

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## **CACFP Revenue Statement**

TO READ TO RESPONDENT (SPONSOR/CENTER DIRECTOR):

At this time I want to review the CACFP revenues that your organization can identify.

[PROVIDE RESPONDENT WITH HANDOUT 3]

Handout 3 provides definitions of the CACFP revenue categories that we are interested in and can be used as a reference during the interview:

- CACFP meal/snack reimbursement
- Child payments for food only
- Adult payments for food only
- Credit in lieu of USDA donated food
- Value of USDA donated food
- Other foodservice revenue

This information may be in a report specifically for the CACFP or in a more general financial statement or report. If your organization tracks revenues separately for its programs, the information may be in a revenue report for child care operations.

In preparation for our visit with you today, we asked that you have your printed revenue statement available for us to reference during the interview.

Do you have a financial statement that shows all of the CACFP revenues that your organization recognized for the same period as the CACFP expenses we have reviewed?

NOTE: THE GOAL IS TO GET THE MOST COMPLETE STATEMENT AVAILABLE. WE DO NOT EXPECT ALL CATEGORIES TO BE COVERED.

[IF RESPONDENT HAS PRINTED STATEMENT READY] – CONTINUE TO QUESTION 1

IF RESPONDENT DOES NOT HAVE THE STATEMENT READY — Ok, we will need to obtain a printed copy of the CACFP revenue statement before we begin the interview. May I have a copy of this statement? [WAIT FOR RESPONDENT TO RETRIEVE COPY OF REVENUE STATEMENT]

1. Thank you for providing your financial statement with information on CACFP revenues.  
Please confirm the period covered by this statement.

CHECK ONE BELOW:

- ☐ Same period as expenses
- ☐ Revenue statement for different period than expenses

Period covered by revenue statement:

\_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

- ☐ **NO CACFP REVENUE STATEMENT AVAILABLE** [INTERVIEWER: ASK RESPONDENT IF THEY HAVE ANY RECORD OF CACFP REVENUES FOR CATEGORIES BELOW AND IF SO FILL IN AVAILABLE TOTALS ON CACFP REVENUE STATEMENT WORKSHEET]

2. Which of the following types of CACFP revenues can your organization identify?

|                                        | YES                      | NO                       | NOT<br>APPLICABLE        |
|----------------------------------------|--------------------------|--------------------------|--------------------------|
| A. CACFP meal/snack reimbursement      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Child payments for food only        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Adult payments for food only        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Credit in lieu of USDA donated food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Value of USDA donated food          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Other CACFP/foodservice revenue     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- A. [INDEPENDENT CENTERS] CROSS OUT COLUMNS (d) AND (e) ON REVENUE STATEMENT WORKSHEET.

**CACFP REVENUE STATEMENT WORKSHEET**

| COMPLETE THE GRID FOR EACH REVENUE CATEGORY IDENTIFIED IN QUESTION 2                                                   |                                                                                                    |                                                                                                                                                |                                                                                                                                                      | SPONSORS ONLY                                                                                                        |                                                                                                                                                                                                                                                                      | NOTES<br>IF NO FOR (b) OR (c)<br>EXPLAIN IN NOTES<br>COLUMN. EXPLAIN ANY<br>OTHER ODD SITUATIONS. |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| REVENUE CATEGORIES<br><br>You said that you can identify<br>revenues for [REVENUE<br>CATEGORY].                        | (a) What was the total CACFP<br>revenues for [ITEM]?<br><br>MARK STATEMENT                         | (b) Does this include<br>revenues related to CACFP<br>meals and snacks provided<br>in child care centers serving<br>children below school age? | (c) Does this include<br>revenues related to CACFP<br>for meals and snacks<br>provided in child care<br>centers serving ONLY<br>school age children? | (d) Does this include revenues for<br>administration of family day care<br>homes that your organization<br>sponsors? | (e) What we would like to do is break out just the<br>reimbursements for administering and overseeing<br>CACFP operations in family day care homes that<br>your organization sponsors. Can you give me<br>that amount? ACCEPT ANY ESTIMATE. DO<br>NOT MARK STATEMENT |                                                                                                   |
| A. CACFP meal/snack<br>reimbursement                                                                                   | \$<br><input type="checkbox"/> DK → GO TO NEXT ROW                                                 | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                                    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                                          | <input type="checkbox"/> YES → ASK (e)<br><input type="checkbox"/> No → GO TO NEXT ROW                               | \$<br><input type="checkbox"/> DK                                                                                                                                                                                                                                    |                                                                                                   |
| B. Child payments for food only                                                                                        | \$<br><input type="checkbox"/> DK → GO TO NEXT ROW<br><input type="checkbox"/> NA → GO TO NEXT ROW | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                                    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                                          | [not applicable]                                                                                                     | [not applicable]                                                                                                                                                                                                                                                     |                                                                                                   |
| C. Adult payments for food only                                                                                        | \$<br><input type="checkbox"/> DK → GO TO NEXT ROW<br><input type="checkbox"/> NA → GO TO NEXT ROW | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                                    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                                          | [not applicable]                                                                                                     | [not applicable]                                                                                                                                                                                                                                                     |                                                                                                   |
| D. Credit in lieu of USDA<br>donated food                                                                              | \$<br><input type="checkbox"/> DK → GO TO NEXT ROW<br><input type="checkbox"/> NA → GO TO NEXT ROW | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                                    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                                          | [not applicable]                                                                                                     | [not applicable]                                                                                                                                                                                                                                                     |                                                                                                   |
| E. Value of USDA donated food                                                                                          | \$<br><input type="checkbox"/> DK → GO TO NEXT ROW<br><input type="checkbox"/> NA → GO TO NEXT ROW | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                                    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                                          | [not applicable]                                                                                                     | [not applicable]                                                                                                                                                                                                                                                     |                                                                                                   |
| Other CACFP/foodservice revenue (SPECIFY). ONLY INCLUDE ADDITIONAL ITEMS SPECIFICALLY LISTED ON THE REVENUE STATEMENT. |                                                                                                    |                                                                                                                                                |                                                                                                                                                      |                                                                                                                      |                                                                                                                                                                                                                                                                      |                                                                                                   |
| F.                                                                                                                     | \$<br><input type="checkbox"/> DK → GO TO NEXT ROW<br><input type="checkbox"/> NA → GO TO NEXT ROW | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                                    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                                          | <input type="checkbox"/> YES → ASK (e)<br><input type="checkbox"/> No → GO TO NEXT ROW                               | \$<br><input type="checkbox"/> DK                                                                                                                                                                                                                                    |                                                                                                   |
| G.                                                                                                                     | \$<br><input type="checkbox"/> DK → GO TO NEXT ROW<br><input type="checkbox"/> NA → GO TO NEXT ROW | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                                    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                                          | <input type="checkbox"/> YES → ASK (e)<br><input type="checkbox"/> No → GO TO NEXT ROW                               | \$<br><input type="checkbox"/> DK                                                                                                                                                                                                                                    |                                                                                                   |
| Total CACFP Revenues                                                                                                   | \$<br><input type="checkbox"/> DK → GO TO Q3<br><input type="checkbox"/> NA → GO TO Q3             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                                    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                                                                          | <input type="checkbox"/> YES → ASK (e)<br><input type="checkbox"/> No → GO TO Q3                                     | \$<br><input type="checkbox"/> DK                                                                                                                                                                                                                                    |                                                                                                   |

3. IF ANY ITEMS ARE CHECKED “YES” IN COLUMN (b), ASK:  
Do any of the centers serving children below school age also operate outside-of-school hours or at-risk programs for school-age children? ☐ YES ☐ NO

**END OF REVENUE STATEMENT SCRIPT.** This concludes our review of your revenues. Next I want to review your organization’s total revenues and expense.

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## Handout 3: Definitions of Revenue Categories

### **A. CACFP meal/snack reimbursement**

The reimbursement that the sponsor/center received from the state CACFP administering organization for meals served to eligible participants.

### **B. Child payments for food only**

Payments received from households to support the cost of meals served to children. If there is no separate charge for meals, report \$0.00 on this line.

### **C. Adult payments for food only**

Payments received from staff or other adults to support the cost of meals.

### **D. Credit in lieu of USDA donated food**

The value of credit received in lieu of the center's entitlement for USDA foods.

### **E. Value of USDA donated food:**

The value of USDA foods received, including USDA foods delivered to the center or sponsor and USDA foods received as part of processed products.

### **F. Other foodservice revenue:**

Any other income received to support the foodservice operations, such as:

- Tuition, fees or local, state or federal grant amounts specifically designated for foodservice program expenses
- Sale(s) of foodservice equipment purchased with CACFP funds
- Allowable interest earned on advance funds
- Proceeds from parent/child or other dinners and the sale of materials developed using CACFP staff or resources
- Cash donations earmarked for the foodservice account
- Value of other donated food

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## Financial Cost Interview: Total Revenues and Expenses

- ☐ Completed by Sponsor Director/CEO/Program Director
- ☐ Completed by Sponsor Business Manager/Chief Financial Officer/Accountant
- ☐ Completed by Center Director/CEO/Manager
- ☐ Completed by Center Business Manager/Chief Financial Officer/Accountant
- ☐ Completed by Other (specify below)

### Additional Respondents

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

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## TOTAL REVENUES AND EXPENSES

(TO READ TO RESPONDENT (SPONSOR/CENTER DIRECTOR))

Finally, I would like to review the total revenues and expenses for your organization, including all of its child care and other programs and activities. This information will be kept private and combined with information from other respondents to provide a more complete picture of the CACFP in its larger context.

1. Will you be able to provide me with the total revenues, personnel expenses, and non-personnel expenses that your organization recognized for Federal Fiscal Year 2016 (October 2015 to September 2016) or some other period? NOTE: THE GOAL IS TO GET THE MOST COMPLETE INFORMATION AVAILABLE.

CHECK ONE BELOW:

☐ **FEDERAL FISCAL YEAR 2016 DATA AVAILABLE (OCT 2015 TO SEPT 2016)**

☐ **DATA FOR OTHER PERIOD PROVIDED**

Period covered by statement: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **NOT AVAILABLE → ACCEPT VERBAL AMOUNTS**

☐ **REFUSED → GO TO CLOSING**

2. So that we can classify your organization for analysis purposes and analyze overhead costs, what are the [READ ITEM BELOW] for all programs and activities of your organization for the period you have specified:

| ITEM                                                                                   | TOTAL FOR PERIOD (\$) |
|----------------------------------------------------------------------------------------|-----------------------|
| a) Total revenues                                                                      | \$ _____              |
| b) Total personnel expenses<br>(salaries/wages, payroll taxes, and<br>fringe benefits) | \$ _____              |
| c) Total non-personnel expenses (all<br>other direct and indirect/overhead<br>costs)   | \$ _____              |
| d) Total all expenses (b +c)                                                           | \$ _____              |

COMPLETE TABLE AS MUCH AS POSSIBLE. IF THERE ARE NUMEROUS ITEMS THAT MAKE UP PERSONNEL EXPENSES, LEAVE BLANK AND ATTACH DETAIL (E.G., WAGES, PAYROLL TAXES, ITEMIZED BENEFITS ETC.). IF THERE ARE NUMEROUS ITEMS THAT MAKE UP NON-PERSONNEL EXPENSES, LEAVE BLANK AND ENTER TOTAL PERSONNEL EXPENSES AND TOTAL ALL EXPENSES.

END OF TOTAL REVENUES AND EXPENSES SCRIPT.

Those are all the questions I have. Thank you very much for participating in SNACS.

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***I.23 CACFP Meal and Snack Counts Booklet***

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OMB Control No: 0584-0615  
OMB Approval Expiration Date: 10/31/2019

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

### CACFP Meal and Snack Counts Booklet

**affix label here**

**Name and contact information of person filling out this booklet:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization: \_\_\_\_\_

Location (City and State): \_\_\_\_\_

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 0584-0615. The time required to complete this information collection is estimated to average 10 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.

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Please answer the following questions for **CACFP meals and snacks only**. Do not include meals or snacks claimed under NSLP, SBP, other programs, or unclaimed meals.

Please answer **only** for the center/program listed on the cover of this booklet.

1. How many days per year does this center/program serve children, while school is in session (i.e. school days)?

\_\_\_\_\_ days while school is in session

- 1a. Which CACFP meals are served by this center/program on school days?

CHECK ALL THAT APPLY

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

2. How many days per year does this center/program serve children, when school is **NOT** in session (e.g. during school vacations or holidays)?

\_\_\_\_\_ days while school is **NOT** session

- 2a. Which CACFP meals are served by this center/program on days when school is **NOT** in session?

CHECK ALL THAT APPLY

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

3. We would like to know the number of children by age currently attending this center/program. We are looking for the average number of children in attendance per day for each age listed below. On an average day, how many children at this center/program are in each of the following age categories?

[IF NECESSARY: If you cannot provide the average number of children in attendance per day for each age listed, we can also accept the number of children enrolled in your child care facility in each age category listed below.]

| <b>Age</b>                | <b>Number of Children<br/>(RANGE: 0-999)</b> |
|---------------------------|----------------------------------------------|
| <b>3a.</b> Up to 3 months |                                              |
| <b>3b.</b> 4-5 months     |                                              |
| <b>3c.</b> 6-7 months     |                                              |
| <b>3d.</b> 8-11 months    |                                              |
| <b>3e.</b> 1 year         |                                              |
| <b>3f.</b> 2 years        |                                              |
| <b>3g.</b> 3 years        |                                              |
| <b>3h.</b> 4 years        |                                              |
| <b>3i.</b> 5 years        |                                              |
| <b>3j.</b> 6 years        |                                              |
| <b>3k.</b> 7 years        |                                              |
| <b>3l.</b> 8 years        |                                              |
| <b>3m.</b> 9 years        |                                              |
| <b>3n.</b> 10 years       |                                              |
| <b>3o.</b> 11 years       |                                              |
| <b>3p.</b> 12 years       |                                              |
| <b>3q.</b> 13 years       |                                              |

**This booklet contains two types of meal count forms: (1) CACFP Meal and Snack Counts Form; (2) Infant CACFP Meal Counts Form.**

**The CACFP Meal and Snacks Counts Form should be used for children you serve age 1 and above.**

**The Infant CACFP Meal Counts Form should be used for infants you serve below 1 year of age.**

**The counts provided on these forms must be for the TARGET WEEK. Refer to the cover of this booklet for the dates of the Target Week. This is the same time period for which the Menu Survey was completed.**

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## **How to fill out the CACFP Meal and Snack Counts Form**

Please provide the number of children served for each of the CACFP meals and snacks throughout the week indicated on the front cover.

- If your facility is closed for any of the days during the target week, mark it with an X over the day of the week.
- If you did not serve a CACFP meal or snack, please mark it with an X.
- The counts provided must be for the same week as the Menu Survey

### **Example of completed meal and snack counts form**

In the example on the next page (pg. 8), the childcare facility does not serve CACFP dinner on Thursday, and the facility was closed on Friday, Saturday and Sunday.

EXAMPLE OF COMPLETED CACFP MEAL AND SNACK COUNTS FORM-MEALS ONLY

| Number of Reimbursable CACFP Meals by Meal Type |           |           |                                    |             |
|-------------------------------------------------|-----------|-----------|------------------------------------|-------------|
| Target Week                                     |           |           | Total Number of Reimbursable Meals | For Abt Use |
|                                                 | Monday    | Breakfast | 26                                 |             |
|                                                 |           | Lunch     | 24                                 |             |
|                                                 |           | Dinner    | 23                                 |             |
|                                                 | Tuesday   | Breakfast | 25                                 |             |
|                                                 |           | Lunch     | 20                                 |             |
|                                                 |           | Dinner    | 26                                 |             |
|                                                 | Wednesday | Breakfast | 21                                 |             |
|                                                 |           | Lunch     | 23                                 |             |
|                                                 |           | Dinner    | 26                                 |             |
|                                                 | Thursday  | Breakfast | 26                                 |             |
|                                                 |           | Lunch     | 24                                 |             |
|                                                 |           | Dinner    |                                    |             |
|                                                 | Friday    | Breakfast |                                    |             |
|                                                 |           | Lunch     |                                    |             |
|                                                 |           | Dinner    |                                    |             |
|                                                 | Saturday  | Breakfast |                                    |             |
|                                                 |           | Lunch     |                                    |             |
|                                                 |           | Dinner    |                                    |             |
|                                                 | Sunday    | Breakfast |                                    |             |
|                                                 |           | Lunch     |                                    |             |
|                                                 |           | Dinner    |                                    |             |

**If you have any questions** at any time please call our toll-free number at 1-866-890-6950. 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.**



# CACFP Meal and Snack Counts Form—Named Program

**COMPLETE THESE TABLES FOR THE PROGRAM LISTED ON THE COVER ONLY.**

Below, please provide the number of children in your care for each CACFP meal and snack during the target week.

| Number of Reimbursable CACFP Meals by Meal Type |           |           |                                          |             |
|-------------------------------------------------|-----------|-----------|------------------------------------------|-------------|
| Target Week                                     |           |           | Total Number of Reimbursable CACFP Meals | For Abt Use |
|                                                 | Monday    | Breakfast |                                          |             |
|                                                 |           | Lunch     |                                          |             |
|                                                 |           | Dinner    |                                          |             |
|                                                 | Tuesday   | Breakfast |                                          |             |
|                                                 |           | Lunch     |                                          |             |
|                                                 |           | Dinner    |                                          |             |
|                                                 | Wednesday | Breakfast |                                          |             |
|                                                 |           | Lunch     |                                          |             |
|                                                 |           | Dinner    |                                          |             |
|                                                 | Thursday  | Breakfast |                                          |             |
|                                                 |           | Lunch     |                                          |             |
|                                                 |           | Dinner    |                                          |             |
|                                                 | Friday    | Breakfast |                                          |             |
|                                                 |           | Lunch     |                                          |             |
|                                                 |           | Dinner    |                                          |             |
|                                                 | Saturday  | Breakfast |                                          |             |
|                                                 |           | Lunch     |                                          |             |
|                                                 |           | Dinner    |                                          |             |
|                                                 | Sunday    | Breakfast |                                          |             |
|                                                 |           | Lunch     |                                          |             |
|                                                 |           | Dinner    |                                          |             |

| Number of Reimbursable CACFP Snacks by Snack Type |           |                 |                                           |             |
|---------------------------------------------------|-----------|-----------------|-------------------------------------------|-------------|
| Target Week                                       |           |                 | Total Number of Reimbursable CACFP Snacks | For Abt Use |
|                                                   | Monday    | Morning Snack   |                                           |             |
|                                                   |           | Afternoon Snack |                                           |             |
|                                                   |           | Evening Snack   |                                           |             |
|                                                   | Tuesday   | Morning Snack   |                                           |             |
|                                                   |           | Afternoon Snack |                                           |             |
|                                                   |           | Evening Snack   |                                           |             |
|                                                   | Wednesday | Morning Snack   |                                           |             |
|                                                   |           | Afternoon Snack |                                           |             |
|                                                   |           | Evening Snack   |                                           |             |
|                                                   | Thursday  | Morning Snack   |                                           |             |
|                                                   |           | Afternoon Snack |                                           |             |
|                                                   |           | Evening Snack   |                                           |             |
|                                                   | Friday    | Morning Snack   |                                           |             |
|                                                   |           | Afternoon Snack |                                           |             |
|                                                   |           | Evening Snack   |                                           |             |
|                                                   | Saturday  | Morning Snack   |                                           |             |
|                                                   |           | Afternoon Snack |                                           |             |
|                                                   |           | Evening Snack   |                                           |             |
|                                                   | Sunday    | Morning Snack   |                                           |             |
|                                                   |           | Afternoon Snack |                                           |             |
|                                                   |           | Evening Snack   |                                           |             |

## How to fill out the Infant CACFP Meal Counts Form

The following instructions are only for child care providers participating in CACFP who prepare infant food, up to the age of 1.

Please provide the number of infants in your care on each day of the Target Week.

- If your facility is closed for any of the days during the target week, mark it with an X over the day of the week.
- The counts provided must be for the same week as the Menu Survey

### Example of completed Infant CACFP Meal Counts Form

In this example, the childcare facility is closed on Friday, Saturday and Sunday.

| Number of Infants Served Daily |           |                                |             |
|--------------------------------|-----------|--------------------------------|-------------|
| Target Day                     |           | Total Number of Infants Served | For Abt Use |
|                                | Monday    | 10                             |             |
|                                | Tuesday   | 11                             |             |
|                                | Wednesday | 10                             |             |
|                                | Thursday  | 11                             |             |
|                                | Friday    | X                              |             |
|                                | Saturday  | X                              |             |
|                                | Sunday    | X                              |             |

## Infant CACFP Meal Counts Form—Named Program

**COMPLETE THIS TABLE FOR THE PROGRAM LISTED ON THE COVER ONLY.**

Please indicate the number of infants in your childcare facility  
**on each day of the target week**

| Number of Infants Served Daily |           |                                |             |
|--------------------------------|-----------|--------------------------------|-------------|
| Target Day                     |           | Total Number of Infants Served | For Abt Use |
|                                | Monday    |                                |             |
|                                | Tuesday   |                                |             |
|                                | Wednesday |                                |             |
|                                | Thursday  |                                |             |
|                                | Friday    |                                |             |
|                                | Saturday  |                                |             |
|                                | Sunday    |                                |             |

**If you have any questions** at any time please call our toll-free number at 1-866-890-6950. 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.**

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## **Total CACFP Meal Counts**

4. Does this center (location) operate another program(s) under CACFP other than the program listed on the cover?

☐ Yes → Please fill out the tables on the next two pages (p. 14 and 15).

☐ No→ Do not fill out the next two pages (p.14-15). This booklet is complete.

# Meal and Snack Counts Form—All CACFP

**COMPLETE THE TABLES BELOW FOR ALL CACFP PROGRAMS AT THIS CENTER (LOCATION) INCLUDING THE ONE ON THE COVER.**

Below, please provide the number of children in your care for each meal and snack during the target week.

| Number of Reimbursable CACFP Meals by Meal Type |           |           |                                          |             |
|-------------------------------------------------|-----------|-----------|------------------------------------------|-------------|
| Target Week                                     |           |           | Total Number of Reimbursable CACFP Meals | For Abt Use |
|                                                 | Monday    | Breakfast |                                          |             |
|                                                 |           | Lunch     |                                          |             |
|                                                 |           | Dinner    |                                          |             |
|                                                 | Tuesday   | Breakfast |                                          |             |
|                                                 |           | Lunch     |                                          |             |
|                                                 |           | Dinner    |                                          |             |
|                                                 | Wednesday | Breakfast |                                          |             |
|                                                 |           | Lunch     |                                          |             |
|                                                 |           | Dinner    |                                          |             |
|                                                 | Thursday  | Breakfast |                                          |             |
|                                                 |           | Lunch     |                                          |             |
|                                                 |           | Dinner    |                                          |             |
|                                                 | Friday    | Breakfast |                                          |             |
|                                                 |           | Lunch     |                                          |             |
|                                                 |           | Dinner    |                                          |             |
|                                                 | Saturday  | Breakfast |                                          |             |
|                                                 |           | Lunch     |                                          |             |
|                                                 |           | Dinner    |                                          |             |
|                                                 | Sunday    | Breakfast |                                          |             |
|                                                 |           | Lunch     |                                          |             |
|                                                 |           | Dinner    |                                          |             |

| Number of Reimbursable CACFP Snacks by Snack Type |           |                 |                                           |             |
|---------------------------------------------------|-----------|-----------------|-------------------------------------------|-------------|
| Target Week                                       |           |                 | Total Number of Reimbursable CACFP Snacks | For Abt Use |
|                                                   | Monday    | Morning Snack   |                                           |             |
|                                                   |           | Afternoon Snack |                                           |             |
|                                                   |           | Evening Snack   |                                           |             |
|                                                   | Tuesday   | Morning Snack   |                                           |             |
|                                                   |           | Afternoon Snack |                                           |             |
|                                                   |           | Evening Snack   |                                           |             |
|                                                   | Wednesday | Morning Snack   |                                           |             |
|                                                   |           | Afternoon Snack |                                           |             |
|                                                   |           | Evening Snack   |                                           |             |
|                                                   | Thursday  | Morning Snack   |                                           |             |
|                                                   |           | Afternoon Snack |                                           |             |
|                                                   |           | Evening Snack   |                                           |             |
|                                                   | Friday    | Morning Snack   |                                           |             |
|                                                   |           | Afternoon Snack |                                           |             |
|                                                   |           | Evening Snack   |                                           |             |
|                                                   | Saturday  | Morning Snack   |                                           |             |
|                                                   |           | Afternoon Snack |                                           |             |
|                                                   |           | Evening Snack   |                                           |             |
|                                                   | Sunday    | Morning Snack   |                                           |             |
|                                                   |           | Afternoon Snack |                                           |             |
|                                                   |           | Evening Snack   |                                           |             |

## Infant CACFP Meal Counts Form—ALL CACFP

**COMPLETE THE TABLE BELOW FOR ALL CACFP PROGRAMS AT YOUR CENTER (LOCATION), INCLUDING THE ONE ON THE COVER.**

Please indicate the number of infants in your childcare facility  
**on each day of the target week**

| Number of Infants Served Daily |           |                                |             |
|--------------------------------|-----------|--------------------------------|-------------|
| Target Day                     |           | Total Number of Infants Served | For Abt Use |
|                                | Monday    |                                |             |
|                                | Tuesday   |                                |             |
|                                | Wednesday |                                |             |
|                                | Thursday  |                                |             |
|                                | Friday    |                                |             |
|                                | Saturday  |                                |             |
|                                | Sunday    |                                |             |

**If you have any questions** at any time please call our toll-free number at 1-866-890-6950. 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.**

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***I.24 Self-Administered Cost Questionnaire***

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

## Self-Administered Cost Questionnaire

This document should be completed by an administrator most familiar with foodservice/CACFP operations. Other agency personnel may need to assist in compiling information. Please return all pages by May 31, 2017. This document may be mailed/FedEx'ed, faxed, or emailed to:

SNACS, Attn: Ashley Bradbury  
55 Wheeler Street  
Cambridge, MA 02138

Fax: 617-386-2622

Email: [SNACS@srbi.com](mailto:SNACS@srbi.com)

affix label here

**Please complete the section below with names and contact information for the person(s) filling out this booklet.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization: \_\_\_\_\_

Location (City and State): \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization: \_\_\_\_\_

Location (City and State): \_\_\_\_\_

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 0584-0615. The time required to complete this information collection is estimated to average 35 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.

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Please provide information on all CACFP activities. Sponsors, please provide information for CACFP activities for your organization. Independent Centers, please provide information for the sampled center only. For purposes of this questionnaire the term “organization” refers to the Sponsor organization or the Independent Center.

## PART 1– PROGRAM DESCRIPTION

1. How would you describe your organization? Is it a....

CHECK ONE

- ☐ Private non-profit organization
- ☐ Public school district
- ☐ Charter school organization
- ☐ Local government such as a town, city , or county
- ☐ For-profit corporation
- ☐ Other (describe:\_\_\_\_\_)

INDEPENDENT CENTERS: Please go to Part 2: Meal/Snack Information, page 4

SPONSORS: Please continue to question 2 below.

2. **SPONSORS ONLY:** Now we are going to ask about the number of centers and/or programs that your organization sponsors broken down by age and type of center. Centers should be counted in each category for which they have children.

School-age includes Kindergarten but not Pre-K.

|                                                                        | Affiliated child care centers<br>Not applicable <input type="checkbox"/> | Unaffiliated child care centers<br>Not applicable <input type="checkbox"/> | Not Applicable           |
|------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------|
| a. What is the total number of centers/programs sponsored?             |                                                                          |                                                                            |                          |
| b. How many serve infants?                                             |                                                                          |                                                                            | <input type="checkbox"/> |
| c. How many serve toddlers?<br>(12 mo. – 36 mo.)                       |                                                                          |                                                                            | <input type="checkbox"/> |
| d. How many serve preschoolers?<br>(36 mo. – Kindergarten entry)       |                                                                          |                                                                            | <input type="checkbox"/> |
| e. How many serve younger children and school-age children?            |                                                                          |                                                                            | <input type="checkbox"/> |
| f. How many serve <b>only</b> school-age children?                     |                                                                          |                                                                            | <input type="checkbox"/> |
| g. What is the total number of family child care homes sponsored?      |                                                                          |                                                                            | <input type="checkbox"/> |
| h. What is the total number of at-risk afterschool programs sponsored? |                                                                          |                                                                            | <input type="checkbox"/> |

3. **SPONSORS ONLY:** How many days per year does your organization serve children, while school is in session (i.e. school days)?

\_\_\_\_\_ days while school is in session

- 3a. Which CACFP meals are served by centers and/or programs on school days?

CHECK ALL THAT APPLY

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

4. **SPONSORS ONLY:** How many days per year does your organization serve children, when school is NOT in session (e.g. during school vacations or holidays)?

\_\_\_\_\_ days while school is **NOT** session

- 4a. Which CACFP meals are served by centers and/or programs on days when school is **NOT** in session? CHECK ALL THAT APPLY

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

## PART 2 – MEAL/SNACK INFORMATION

For the Federal Fiscal Year Oct. 1, 2015 – September 30, 2016 (FFY 2016), please provide counts of CACFP-eligible meals and snacks in the table below.

For centers or other sites that serve infants, toddlers, and/or preschoolers **but no school-age children**, put meal counts in Section A.

For centers or other sites that serve infants, toddlers, and/or preschoolers **and also serve school-age children**, put meal counts in Section B.

For centers or other sites that only serve school-age children, put meal counts in Section C and programs that serve school-age children only.

**SPONSORS:** provide data for all sponsored centers and programs

**INDEPENDENT CENTERS:** provide data for the sampled child care center

### 5. Meal Counts

|           | A. Centers or sites serving infants, toddlers, and/or preschoolers, no school-age children) |                 |        | B. Centers or sites serving infants, toddlers, and/or preschoolers, and also school-age children) |                 |        | C. Centers or sites serving only school-age children |                 |        |
|-----------|---------------------------------------------------------------------------------------------|-----------------|--------|---------------------------------------------------------------------------------------------------|-----------------|--------|------------------------------------------------------|-----------------|--------|
|           | Total #:                                                                                    |                 |        | Total #:                                                                                          |                 |        | Total #:                                             |                 |        |
| Meal Type | # Paid                                                                                      | # Reduced price | # Free | # Paid                                                                                            | # Reduced price | # Free | # Paid                                               | # Reduced price | # Free |
| Breakfast |                                                                                             |                 |        |                                                                                                   |                 |        |                                                      |                 |        |
| Lunch     |                                                                                             |                 |        |                                                                                                   |                 |        |                                                      |                 |        |
| Supper    |                                                                                             |                 |        |                                                                                                   |                 |        |                                                      |                 |        |
| Snack     |                                                                                             |                 |        |                                                                                                   |                 |        |                                                      |                 |        |

5a. If meal counts reported above are for any time period other than FFY 2016, please indicate the time period here: \_\_\_\_\_

### PART 3 – METHOD FOR ALLOCATING INDIRECT COSTS

These questions should be completed by a representative of your organization who is familiar with the accounting for government programs and grants. The questions in this section ask about the methods your organization may use to calculate indirect costs attributable to foodservice and other programs or grants. The questions also ask about the procedures your organization might use to obtain approval for these methods from the State. Questions refer to Fiscal Year or FY 2016, that is between October 1, 2015 and September 30, 2016.

**Definition: Indirect costs** are costs incurred for the benefit of multiple programs, functions, or other cost objectives and therefore cannot be identified readily and specifically with a particular program or other cost objective. They typically support administrative overhead functions such as fringe benefits, accounting, payroll, purchasing, facilities management, utilities, etc.

Please refer to the end of this questionnaire for definitions of all terms used.

6. In FY 2016, did your organization use an indirect cost rate in financial reporting or claims for reimbursement under any State or Federal program? (An **indirect cost rate** is calculated as:  $\text{Indirect Cost Rate} = \text{Total Indirect Costs} \div \text{Total Direct Costs}$ .)
- ☐ YES → GO TO 7
- ☐ NO → GO TO 14
- ☐ DON'T KNOW → GO 14

**If your organization had more than one indirect cost rate, in the questions below refer to the rate that included the most indirect costs in the questions that follow.**

7. Did a State Agency provide your organization with an indirect cost rate(s) that it used in FY 2016?
- ☐ YES → GO TO QUESTION 10
- ☐ NO → GO TO QUESTION 14
- ☐ DON'T KNOW → GO TO QUESTION 12
8. Did your organization use a formula provided by a State Agency to calculate its indirect cost rate(s) used in FY 2016?
- ☐ YES → GO TO QUESTION 10
- ☐ NO → GO TO QUESTION 9
- ☐ DON'T KNOW → GO TO QUESTION 12
9. Did your organization obtain approval from a State Agency for its indirect cost rate(s) used in FY 2016?
- ☐ YES → GO TO QUESTION 10
- ☐ NO → GO TO QUESTION 12
- ☐ DON'T KNOW → GO TO QUESTION 12



10. What State Agency provided the indirect cost rate(s), provided a formula for the indirect cost rate(s), or approved your organization's indirect cost rate(s) used in FY 2016?

NAME OF STATE AGENCY: \_\_\_\_\_

☐ DON'T KNOW → GO TO QUESTION 12

11. Please provide the following contact information for questions about indirect cost rates at this State Agency:

NAME OF RESPONSIBLE OFFICIAL: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

☐ DON'T KNOW

→ CONTINUE TO QUESTION 12 ON THE NEXT PAGE

12. What **types of indirect cost rate(s)** did your organization use in FY 2016?  
SEE DEFINITIONS AT THE END OF THIS QUESTIONNAIRE.

CHECK ALL THAT APPLY.

- ☐ Restricted rate  
☐ Unrestricted rate  
☐ Other rate (*specify*) \_\_\_\_\_  
☐ DON'T KNOW

13. For each type of indirect cost rate checked in question 12 above, please enter the rate used in FY 2016 below. If there was more than one type of rate, provide the maximum rate your organization could have used. If you do not know the rate's percent, please write "DK" for don't know.

\_\_\_\_\_ % RESTRICTED RATE  
\_\_\_\_\_ % UNRESTRICTED RATE  
\_\_\_\_\_ % OTHER TYPE OF RATE (OR UNKNOWN TYPE OF RATE)

14. Did your organization use an **indirect cost allocation plan** that employed a method other than indirect cost rate(s) during FY 2016? An indirect cost allocation plan is a document or a set of rules that divide shared costs such as management, payroll processing, auditing, or utilities between an organization's programs or funding streams. This plan may use measures related to usage, such as staff counts or numbers of classroom, instead of an indirect cost rate. Shared costs are those that are not tracked separately by program when they are incurred.

- ☐ YES → GO TO QUESTION 15  
☐ NO → GO TO **PART 4 – COMPONENTS OF INDIRECT COSTS.**  
☐ DON'T KNOW → GO TO **PART 4 – COMPONENTS OF INDIRECT COSTS**

15. Did a State Agency provide your organization with one or more **indirect cost allocation plan(s)** for use in FY 2016?

- ☐ YES → GO TO QUESTION 17  
☐ NO → GO TO QUESTION 16  
☐ DON'T KNOW → GO TO QUESTION 16

16. Did a State agency review the **indirect cost allocation plan(s)** that your organization used in FY 2016?

- ☐ YES → GO TO QUESTION 17  
☐ NO → GO TO QUESTION 18  
☐ DON'T KNOW → GO TO QUESTION 18

17. Please provide the following contact information for questions about indirect cost plans at this State Agency:

NAME OF RESPONSIBLE OFFICIAL: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

☐ DON'T KNOW

18. In the table below, please specify the types of costs covered by the **indirect cost allocation plan** used in FY 2016 and what types of factors were used to allocate these costs. For example: an organization might identify payroll processing as a shared cost and use the percentage of staff hours for each program as the basis for allocating payroll costs. Other factors might be percentage of square feet or classrooms, or percentage of students served. You can provide this information generally and in your own words.

IF THERE IS MORE THAN ONE PLAN, Please answer for the plan that includes the most indirect costs, whether or not you plan to allocate indirect costs to the CACFP. Refer to this plan in the rest of the questionnaire.

| Type of Shared costs | Factor or method for allocating |
|----------------------|---------------------------------|
| 1.                   |                                 |
| 2.                   |                                 |
| 3.                   |                                 |
| 4.                   |                                 |
| 5.                   |                                 |
| 6.                   |                                 |
| 7.                   |                                 |

19. Please attach a copy of your **indirect cost allocation plan** used in FY 2016 (as described in question 18 above).

☐ COPY OF INDIRECT COST ALLOCATION PLAN ATTACHED

☐ NO DOCUMENT AVAILABLE

## PART 4 – COMPONENTS OF INDIRECT COSTS

If your organization did not have an indirect cost rate (Question 6 = NO) and did not have a cost allocation plan (Question 14 = NO) in 2016, stop here.

This section asks about the components of indirect costs that apply to your organization for FY 2016. Check 'Yes'/'No'/'DK' in each row for each type of rate or plan your organization had. If a type of rate or plan is not applicable, check 'Not applicable' and do not complete rows a. through l. in the table below for that rate.

20. Which of the following **cost categories** were included as indirect costs in the [Restricted Rate / Unrestricted Rate / Other/Unknown Rate / Other Allocation Plan] for your organization in FY 2016?

|                                                    | Restricted Rate<br>Not applicable <input type="checkbox"/> |                          |                          | Unrestricted Rate<br>Not applicable <input type="checkbox"/> |                          |                          | Other/Unknown Rate<br>Not applicable <input type="checkbox"/> |                          |                          | Other Allocation Plan<br>Not applicable <input type="checkbox"/> |                          |                          |
|----------------------------------------------------|------------------------------------------------------------|--------------------------|--------------------------|--------------------------------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------|--------------------------|--------------------------|------------------------------------------------------------------|--------------------------|--------------------------|
| Cost Categories                                    | Yes                                                        | No                       | DK                       | Yes                                                          | No                       | DK                       | Yes                                                           | No                       | DK                       | Yes                                                              | No                       | DK                       |
| a. Salaries and wages                              | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Employee benefits and payroll taxes             | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Workers' compensation                           | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Supplies and expendable equipment*              | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Equipment rental                                | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Energy (gas, oil, or electricity)               | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Water or sewer                                  | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Communications (phone, internet)                | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Insurance (liability, vehicle, etc.)            | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Other purchased services                        | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Any other cost categories?<br>(Describe below.) | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Description of other cost categories.           |                                                            |                          |                          |                                                              |                          |                          |                                                               |                          |                          |                                                                  |                          |                          |

\*Expendable equipment is equipment below the dollar threshold for treating as a capital or depreciation expense.

21. Which of the following **support functions** were treated as indirect costs in the [Restricted Rate / Unrestricted Rate / Other/Unknown Rate / Other Allocation Plan] for your organization for FY 2016?

SEE DEFINITIONS AT THE END OF THIS QUESTIONNAIRE.

|                                                                       | Restricted Rate<br>Not applicable <input type="checkbox"/> |                          |                          | Unrestricted Rate<br>Not applicable <input type="checkbox"/> |                          |                          | Other/Unknown Rate<br>Not applicable <input type="checkbox"/> |                          |                          | Other Allocation Plan<br>Not applicable <input type="checkbox"/> |                          |                          |
|-----------------------------------------------------------------------|------------------------------------------------------------|--------------------------|--------------------------|--------------------------------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------|--------------------------|--------------------------|------------------------------------------------------------------|--------------------------|--------------------------|
| Support Function                                                      | Yes                                                        | No                       | DK                       | Yes                                                          | No                       | DK                       | Yes                                                           | No                       | DK                       | Yes                                                              | No                       | DK                       |
| a. Accounting, budget, finance and payroll                            | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Data processing operations and programming                         | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Administration of personnel, benefits and human resources          | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Purchasing and contracting                                         | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| e. General administration and policy (Director's office, Board, etc.) | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Custodial and janitorial                                           | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Building operations and maintenance                                | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Equipment and vehicle operations and maintenance                   | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Refuse disposal, pest control, other sanitation                    | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Security personnel or services                                     | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Storage and transportation of goods                                | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Any other support functions? (Describe below.)                     | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Description of other support function in l. above.                 |                                                            |                          |                          |                                                              |                          |                          |                                                               |                          |                          |                                                                  |                          |                          |
| n. Any other support functions? (Describe below.)                     | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Description of other support function in n. above.                 |                                                            |                          |                          |                                                              |                          |                          |                                                               |                          |                          |                                                                  |                          |                          |

Thank you for completing this questionnaire.

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## DEFINITIONS FOR INDIRECT COST QUESTIONNAIRE

**Accounting, budget, finance, and payroll** includes tasks to process payments to and from the organization, maintain financial records, manage cash, and produce financial reports.

**Administration of personnel, benefits, and human resources** includes recruiting, hiring, enrollment/disenrollment in benefit plans, and other human resource (HR) administration functions. This does not include the costs of non-HR personnel or the cost of employee benefits (health/dental insurance, pension/retirement, tuition assistance, etc.).

**Allocation** is the process of assigning indirect costs to particular programs and other cost objectives, such that each program bears a portion of the indirect costs commensurate with the benefit received from that cost.

**Board** expenses may include salaries or other compensation to board of directors members, and support staff assigned to agency board of directors.

**Building operations and maintenance** means services of this type not provided by custodial/janitorial staff, particularly more skilled services (such as heating/ventilation/air conditioning maintenance or repair).

**Business Manager** is the official who is responsible for your organization's procedures regarding indirect costs for CACFP foodservice and other programs. In some agencies the Business Manager is the Chief Financial Officer (CFO).

**Custodial and janitorial** means routine cleaning, storage, setting up/rearranging furniture, and other work performed by staff or contractors whose primary work is routine cleaning, storage, and setting up/rearranging furniture.

**Data processing operations and programming** includes all support for mainframe, server, and client computers, and for communications networks (voice and data).

**Direct cost base** is the total cost of foodservice in the reference period, less any amounts excluded when calculating indirect costs (e.g., capital outlays).

**Equipment and vehicle operations and maintenance** includes management of motor pools, routine maintenance and repair of vehicles, and routine maintenance and report of equipment.

**Expendable equipment** means equipment purchases treated as an annual operating expense; not a capital expense, under Federal and State rules.

**Final rate** is an indirect cost rate based on the actual allowable costs of a specified period. A final, audited rate is not subject to adjustment.

**Full indirect cost** of a grant or program is the amount of indirect cost determined by applying the appropriate method for determining the grant or program's share of the organization's indirect costs. For an organization that uses indirect cost rates, the full indirect cost is equal to applicable indirect cost rate times the base of direct costs for the grant or program.

**General administration and policy** includes the Organization Director and other administration not listed elsewhere.

**Indirect costs** are costs incurred for the benefit of multiple programs, functions, or other cost objectives and therefore cannot be identified readily and specifically with a particular program or other cost

objective. They typically support administrative overhead functions such as fringe benefits, accounting, payroll, purchasing, facilities management, utilities, etc.

**Indirect cost allocation plans** are documents or a set of rules that divide shared costs such as management, payroll processing, auditing, or utilities between an organization's programs or funding streams. Such a plan may use measures related to usage, such as staff counts or numbers of classroom instead of an indirect cost rate. Shared costs are those that are not tracked separately by program when they are incurred.

**Indirect cost rate** is calculated as:

Indirect Cost Rate = Total Indirect Costs ÷ Total Direct Costs

*Note: Certain costs may be excluded from indirect or direct costs according to applicable Federal and State rules for computing and claiming indirect costs.*

**Not Final Rate** is an indirect cost rate that is subject to adjustment or revision. An example of a not final rate is a provisional rate. A provisional rate is a temporary indirect cost rate applicable to a specified period which is used for funding, interim reimbursement, and reporting indirect costs on Federal awards pending the establishment of a "final" rate for that period.

**Programs** are activities or services, such as instruction and center foodservice that have identifiable direct costs. These direct costs may be charged to grants or other special-purpose accounts, or to the organization's general fund.

**Providing and maintaining uniforms** includes obtaining, distributing, and cleaning uniforms for organization personnel.

**Purchasing and contracting** includes solicitation and review of bids for purchases and contracts, preparation and negotiation of purchasing agreements and contracts, processing purchase requests and purchase orders, and managing contracts (other than processing of contractor invoices).

**Recovery of indirect costs** means that funds are transferred, from the center foodservice account and other programs and grants, to the organization general fund, in payment of indirect costs.

**Refuse disposal, pest control, other sanitation** refers to when these services are not performed as part of "custodial and janitorial" or "building operation and maintenance" services.

**Restricted indirect rates** (restricted rates) are used for grants, such as Title I, with a requirement that Federal funds supplement, not supplant non-Federal funds.

**Security** includes tasks to ensure the safety of children, organization personnel, and organization property.

**Storage and transportation of goods** refers to when these services are not performed as part of "custodial and janitorial" or "building operation and maintenance" services.

**Unrestricted indirect rates** (unrestricted rates) may be used when a requirement that Federal funds supplement, not supplant non-Federal funds, does not apply.



***I.25 Sponsor Cost Interview***

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## Study of Nutrition and Activity in Child Care Settings

### SPONSOR COST INTERVIEW

**SPONSORS:**

Sponsor Name: \_\_\_\_\_

Sponsor ID #: \_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_

Title of Primary Contact: \_\_\_\_\_

**INDEPENDENT CENTERS:**

Center Name: \_\_\_\_\_

Center ID #: \_\_\_\_\_

Center Director Name: \_\_\_\_\_

**ADDITIONAL RESPONDENTS (IF NECESSARY)**

Respondent Name: \_\_\_\_\_

Respondent Title: \_\_\_\_\_

Respondent Phone: \_\_\_\_\_

Respondent email: \_\_\_\_\_

Included in this booklet:

Sponsor CACFP Staff Cost Interview

➔ **To be completed by Sponsors ONLY**

Support Staff Cost Interview

➔ **To be completed by Sponsors AND Independent Centers**

Food Price and USDA Foods Checklist

➔ **To be completed by Sponsors AND Independent Centers**

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 0584-0615. The time required to complete this information collection is estimated to average 65 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.

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## **INTRODUCTION (READ ONCE FOR EACH NEW RESPONDENT)**

**About the Study.** The Study of Nutrition and Activity in Child Care Settings is intended to study nutrition and activity in child care centers, family day care homes, afterschool programs, and at-risk programs participating in the Child and Adult Care Food Program (CACFP). (We refer to all of these settings as providers.) More than 1,500 child care providers in over 20 states were selected to be part of the study. Abt Associates is conducting this study for the USDA Food and Nutrition Service (FNS). Participation in the study by selected sponsoring organizations (which we call sponsors) and child care providers who receive CACFP funds is required under Section 305 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA).

**Data Collection Activity.** The Sponsor Cost Interview will gather time use and payroll data for staff with direct and support roles in the CACFP. This interview will also identify vendors used for CACFP foods and collect price documentation. It is expected to take 65 minutes to complete (on average).

**Protecting Privacy.** All information gathered from child care sponsors, child care centers, family day care homes, child care administrators and staff, and families participating in this study is for research purposes only and will be kept private to the full extent allowed by law except for general geographic location. Responses will be grouped with those of other study participants, and no individual participants, program administrators, program staff, parents, or children will be identified in any study report. Being part of the study will not affect any USDA benefits received by programs or families participating in this data collection.

**Questions.** If you have any questions about the study please call our toll-free study number at 1-866-890-6950 or email [SNACS@srbi.com](mailto:SNACS@srbi.com). We will be happy to answer your questions and to help you in any way we can.

**Thank you for participating in the Study of Nutrition and Activity in Child Care Settings.**

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# Sponsor Cost Interview: Sponsor CACFP Staff Cost Interview

- ☐ Completed by Sponsor Director/CEO/Program Director
- ☐ Completed by Sponsor Business Manager/Chief Financial Officer/Accountant
- ☐ Completed by Center Director/CEO/Manager
- ☐ Completed by Center Business Manager/Chief Financial Officer/Accountant
- ☐ Completed by Other (specify below)

## Additional Respondents

|              |              |
|--------------|--------------|
| Name: _____  | Title: _____ |
| Phone: _____ | email: _____ |
| Name: _____  | Title: _____ |
| Phone: _____ | email: _____ |

## Sponsor Staff Overview

First, I would like to get an overview of the staff of your organization. For each of the following types of staff, please tell me - Does your organization employ this type of staff at the sponsor level? **Please include contractors or consultants with ongoing roles. Do not include any staff based in child care centers or schools.**

For each type of staff employed by the sponsor, please tell me if they have a direct role, a support role, or no role in the CACFP. A **direct role** means that they spend time on tasks that are directly and specifically part of CACFP operations, including foodservice, or CACFP administration. This includes meal production, submitting reimbursement claims, training staff, and purchasing food. A **support role** means they do tasks that support CACFP and other programs, such as administering payroll, managing staff who work CACFP and other programs, or maintaining classrooms and other facilities not just used for foodservice.

*CHECK THE APPROPRIATE RESPONSES FOR EACH TYPE OF STAFF. A RESPONSE IN COLUMN A SHOULD BE CHECKED FOR EACH TYPE OF SPONSOR-LEVEL STAFF. COLUMN B SHOULD BE COMPLETED FOR EACH STAFF TYPE WITH "YES" IN (A).*

| SPONSOR STAFF GRID<br><br>Type of Non-Center Staff                                               | (A)<br>Employed by<br>SPONSOR<br>(AGENCY/ORG)? |                          | (B)<br>Does this position have a<br>direct CACFP role, a<br>support role, or no role? |                          |                          |
|--------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                                  | Yes                                            | No                       | Direct                                                                                | Support                  | None                     |
| a. SPONSOR Director/CEO                                                                          | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Child care director (not CEO)                                                                 | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| c. CACFP/Foodservice supervisor                                                                  | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Nutritionists or dietitians                                                                   | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Central kitchen staff                                                                         | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Staff supervising multiple centers<br>(e.g. Regional managers)                                | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Finance staff (CFO, bookkeeper,<br>fiscal support)                                            | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other administrative staff<br>(secretaries, receptionists,<br>department administrators etc.) | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Maintenance Staff                                                                             | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Warehouse Staff                                                                               | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Drivers (include ALL drivers)                                                                 | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Any other staff not listed above?                                                             | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>                                                              | <input type="checkbox"/> | <input type="checkbox"/> |

Now we are going to create a staff roster that will help us to analyze the labor cost for your staff who have **direct roles** in CACFP. I will ask you to list the different job titles or positions of all such staff, listing regular and temporary staff separately. In the Support Staff Cost Interview, we will compile information on support staff who have **support roles** for CACFP, such as a payroll administrator for the entire agency.



*ON STAFF ROSTER, LIST TITLES FOR ALL STAFF TYPES WITH “DIRECT” CHECKED ABOVE INCLUDING CONSULTANTS AND COMPLETE THE STAFF ROSTER WITH THE LEAD CONTACT. FOLLOW-UP AFTER THE INTERVIEW IF THE CONTACT DOES NOT PROVIDE SALARY INFORMATION (COLUMN 4).*

## Roster for Sponsor Staff with Direct CACFP Roles

For each position with a direct CACFP role, please tell me (2) the number of staff, (3) the salary/wage of that position and the basis paid, (4) the total paid hours per week, (5) total paid weeks per year worked, (6) whether the employee is regular staff who receives full fringe benefits or other staff (includes contracted and temporary staff who do not receive full fringe benefits), and (7) the total hours per week worked on CACFP. You can combine 2 or more staff if they share the same information. **If there is variation in salary among staff in the same category, please indicate the average (midpoint) salary for this position.** If you are unable to estimate an average (midpoint) salary for a title/position with multiple staff, we will need to list each staff member individually (e.g., Nutritionist 1, Nutritionist 2 etc.). DO NOT INCLUDE NAMES. COLUMNS 1, 3, 4, 5, AND 6 CAN BE COMPLETED BY HUMAN RESOURCES/ACCOUNTING OFFICIAL. COLUMNS 1, 4, 5, 6, AND 7 THROUGH 15 MUST MATCH TO COMBINE STAFF.

| (1)                   | (2)             | (3)                                                                                                                                                                   | (4)                   | (5)                   | (6)                      |                                     | (7)                                      |
|-----------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|--------------------------|-------------------------------------|------------------------------------------|
| Title/Position        | Number of Staff | Salary/Wage                                                                                                                                                           | Total Paid Hours/Week | Total Paid Weeks/Year | Regular (Full Benefits)  | Other (Limited/ No Benefits)        | Total Work related to CACFP Hours / Week |
| 1. <i>CACFP clerk</i> | <u>1</u>        | \$ <u>25,000</u> per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly | 20                    | 50                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 20                                       |

| (1)            | (2)             | (3)                                                                                                                                                           | (4)                   | (5)                   | (6)                      |                              | (7)                                      |
|----------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|--------------------------|------------------------------|------------------------------------------|
| Title/Position | Number of Staff | Salary/Wage                                                                                                                                                   | Total Paid Hours/Week | Total Paid Weeks/Year | Regular (Full Benefits)  | Other (Limited/ No Benefits) | Total Work related to CACFP Hours / Week |
| 1.             |                 | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly |                       |                       | <input type="checkbox"/> | <input type="checkbox"/>     |                                          |
| 2.             |                 | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly |                       |                       | <input type="checkbox"/> | <input type="checkbox"/>     |                                          |
| 3.             |                 | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly |                       |                       | <input type="checkbox"/> | <input type="checkbox"/>     |                                          |

### Foodservice and CACFP-related Activities Time Allocation Grid for Sponsor Staff

For each position, please tell me the **percentage of time** spent on activities below in **Calendar Year 2016**. For each task we're looking for the percent of the person's CACFP-related hours spent on this task, so that the total of all tasks equals 100% of their CACFP-related Foodservice time. For a more detailed description of activities included in each category, please see **HANDOUT 4: CACFP/Foodservice Activities**.

*NOTE: EACH ROW SHOULD ADD UP TO 100 PERCENT*

- **Breakfast Production:** Direct production and/ or service of breakfast, and cleaning up after breakfast.
- **Lunch Production:** Direct production and/ or serving of lunch, and cleaning up after lunch.
- **Breakfast and Lunch Production:** Simultaneous production of breakfast and lunch, as described above (such as baking foods offered at breakfast and lunch).
- **Snack Production:** Direct production and/ or serving of snacks; and cleaning up after snacks.
- **Supper Production:** Direct production and/ or serving of supper; and cleaning up after supper.
- **Family Day Care Home (FDCH) Administration:** Processing applications for FDCH to participate in CACFP; training and monitoring FDCHs; tiering determinations; processing applications for free/reduced price meals\*; processing meal claims; other administration/oversight of FDCH participation in CACFP.
- **CACFP/Foodservice Administration for Child Care Centers (CCCs):** Preparing, distributing and processing applications\*; direct certification; updating child status and eligibility records; ordering and purchasing food and supplies; planning, budgeting and management for CACFP/foodservice program; menu planning and nutritional analysis; nutrition education and promotion; and record keeping, accounting and data processing for CACFP/foodservice program related to CCCs.
- **Other CACFP/Foodservice Activities for Child Care Centers (CCCs):** Cleaning, maintenance, and security of CACFP/foodservice space and equipment; receiving, storing and/or transporting food and foodservice supplies; maintenance of vehicles and other equipment used in foodservice storage and transportation for CCCs.

| (8)<br>Breakfast<br>Production % | (9)<br>Lunch<br>Production % | (10)<br>Breakfast<br>and Lunch<br>Production % | (11)<br>Snack<br>Production % | (12)<br>Supper<br>Production % | (13)<br>FDCH<br>Administration<br>% | (14)<br>CACFP/<br>Foodservice<br>Administration for<br>CCCs % | (15)<br>Other-<br>CACFP/<br>Foodservice for<br>CCCs% | CACFP/<br>Foodservice Total<br>(Should =100%) |
|----------------------------------|------------------------------|------------------------------------------------|-------------------------------|--------------------------------|-------------------------------------|---------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------|
| 1.                               |                              |                                                |                               |                                |                                     |                                                               |                                                      | = 100%                                        |
| 2.                               |                              |                                                |                               |                                |                                     |                                                               |                                                      | = 100%                                        |
| 3.                               |                              |                                                |                               |                                |                                     |                                                               |                                                      | = 100%                                        |

\* Only include applications for Free/Reduced Price Meals. Do not include time processing Head Start applications or other income eligibility applications for child care services.

### Roster for Sponsor Staff with Direct CACFP Roles

| (1)<br><br>Title/Position | (2)<br><br>Number of Staff | (3)<br><br>Salary/Wage                                                                                                                                                                                                                                                 | (4)<br><br>Total Paid Hours/Week | (5)<br><br>Total Paid Weeks/Year | (6)<br>Status            |                              | (7)<br><br>Total Work related to CACFP Hours / Week |
|---------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|--------------------------|------------------------------|-----------------------------------------------------|
|                           |                            |                                                                                                                                                                                                                                                                        |                                  |                                  | Regular (Full Benefits)  | Other (Limited/ No Benefits) |                                                     |
| 4.                        |                            | \$ _____ per _____<br><input type="checkbox"/> Hour <input type="checkbox"/> Month<br><input type="checkbox"/> Week <input type="checkbox"/> Year<br><input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Semi-monthly |                                  |                                  | <input type="checkbox"/> | <input type="checkbox"/>     |                                                     |
| 5.                        |                            | \$ _____ per _____<br><input type="checkbox"/> Hour <input type="checkbox"/> Month<br><input type="checkbox"/> Week <input type="checkbox"/> Year<br><input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Semi-monthly |                                  |                                  | <input type="checkbox"/> | <input type="checkbox"/>     |                                                     |
| 6.                        |                            | \$ _____ per _____<br><input type="checkbox"/> Hour <input type="checkbox"/> Month<br><input type="checkbox"/> Week <input type="checkbox"/> Year<br><input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Semi-monthly |                                  |                                  | <input type="checkbox"/> | <input type="checkbox"/>     |                                                     |
| 7.                        |                            | \$ _____ per _____<br><input type="checkbox"/> Hour <input type="checkbox"/> Month<br><input type="checkbox"/> Week <input type="checkbox"/> Year<br><input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Semi-monthly |                                  |                                  | <input type="checkbox"/> | <input type="checkbox"/>     |                                                     |
| 8.                        |                            | \$ _____ per _____<br><input type="checkbox"/> Hour <input type="checkbox"/> Month<br><input type="checkbox"/> Week <input type="checkbox"/> Year<br><input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Semi-monthly |                                  |                                  | <input type="checkbox"/> | <input type="checkbox"/>     |                                                     |
| 9.                        |                            | \$ _____ per _____<br><input type="checkbox"/> Hour <input type="checkbox"/> Month<br><input type="checkbox"/> Week <input type="checkbox"/> Year<br><input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Semi-monthly |                                  |                                  | <input type="checkbox"/> | <input type="checkbox"/>     |                                                     |
| 10.                       |                            | \$ _____ per _____<br><input type="checkbox"/> Hour <input type="checkbox"/> Month<br><input type="checkbox"/> Week <input type="checkbox"/> Year<br><input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Semi-monthly |                                  |                                  | <input type="checkbox"/> | <input type="checkbox"/>     |                                                     |
| 11.                       |                            | \$ _____ per _____<br><input type="checkbox"/> Hour <input type="checkbox"/> Month<br><input type="checkbox"/> Week <input type="checkbox"/> Year<br><input type="checkbox"/> Bi-weekly <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Semi-monthly |                                  |                                  | <input type="checkbox"/> | <input type="checkbox"/>     |                                                     |

**Foodservice and CACFP-related Activities Time Allocation Grid for Sponsor Staff**

| (8)<br>Breakfast<br>Production % | (9)<br>Lunch<br>Production % | (10)<br>Breakfast<br>and Lunch<br>Production % | (11)<br>Snack<br>Production % | (12)<br>Supper<br>Production % | (13)<br>FDCH<br>Administration<br>% | (14)<br>CACFP/<br>Foodservice<br>Administration<br>for CCCs % | (15)<br>Other–<br>CACFP/<br>Foodservice for<br>CCCs% | CACFP/<br>Foodservice<br>Total (Should<br>=100%) |
|----------------------------------|------------------------------|------------------------------------------------|-------------------------------|--------------------------------|-------------------------------------|---------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------|
| 4.                               |                              |                                                |                               |                                |                                     |                                                               |                                                      | = 100%                                           |
| 5.                               |                              |                                                |                               |                                |                                     |                                                               |                                                      | = 100%                                           |
| 6.                               |                              |                                                |                               |                                |                                     |                                                               |                                                      | = 100%                                           |
| 7.                               |                              |                                                |                               |                                |                                     |                                                               |                                                      | = 100%                                           |
| 8.                               |                              |                                                |                               |                                |                                     |                                                               |                                                      | = 100%                                           |
| 9.                               |                              |                                                |                               |                                |                                     |                                                               |                                                      | = 100%                                           |
| 10.                              |                              |                                                |                               |                                |                                     |                                                               |                                                      | = 100%                                           |
| 11.                              |                              |                                                |                               |                                |                                     |                                                               |                                                      | = 100%                                           |

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# HANDOUT 4: CACFP/Foodservice Activities

Activity List for Foodservice and CACFP-related Activities Time Allocation Grid for Sponsor Staff (Numbers match columns on grid)

## 8. Breakfast Production

- Making ready, preparing and serving food.
- Cleaning up after breakfast (kitchen and serving area).
- Any other work that involves direct production for breakfast.

## 9. Lunch Production

- Making ready, preparing and serving food.
- Cleaning up after lunch (kitchen and serving area).
- Any other work that involves direct production for lunch.

## 10. Breakfast and Lunch Production

- Making ready, preparing and serving food for both breakfast and lunch.
- Cleaning up after breakfast and lunch (if done at the same time).
- Any other work that involves direct production for both breakfast and lunch.

## 11. Snack Production

- Making ready, preparing and serving foods for snacks.
- Cleaning up after snacks (kitchen and serving area).

## 12. Supper Production

- Making ready, preparing and serving foods for supper.
- Cleaning up after supper (kitchen and serving area).

## 13. Family Day Care Home (FDCH) Administration

- Processing applications for FDCH to participate in CACFP
- Training and monitoring FDCHs for CACFP requirements
- Tiering determinations for FDCHs
- Processing applications for free/reduced price meals\* for children in FDCHs
- Processing FDCH meal claims;
- Other administration or oversight of FDCH participation in CACFP.

## 14. CACFP/Foodservice Administration for Child Care Centers (CCCs)

- Ordering and purchasing food and supplies.
- Planning, budgeting and management for foodservice program.
- Menu planning and nutritional analysis.
- Nutrition education and promotion for providers, children or parents
- Record-keeping, accounting and data processing for foodservice program.
- Maintaining student payment accounts for meals.
- Preparing and distributing applications.\*
- Obtaining and processing data for direct certification.
- Processing applications for free/reduced price meals\* for children in CCCs.
- Updating student certification status and records.

## 15. Other CACFP/Foodservice Activities for CCCs

- Cleaning and maintenance of buildings and other fixed assets used in foodservice (kitchens, warehouse space, and administrative space).
- Security, refuse, extermination and other services related to buildings and other fixed assets used in foodservice.
- Foodservice equipment maintenance.
- Receiving and storing food and supplies.
- Preparing and loading deliveries of food and supplies from a central storage point to production sites.
- Transporting food and supplies to production sites.
- Transporting prepared food from production kitchens to satellite kitchens.
- Maintenance of vehicles and other equipment used in storage and transportation.

\* Only include applications for Free/Reduced Price Meals. Do not include time processing Head Start applications or other income eligibility applications for child care services.

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## Sponsor Cost Interview: Support Staff Cost Interview

- ☐ Completed by Sponsor Director/CEO/Program Director
- ☐ Completed by Sponsor Business Manager/Chief Financial Officer/Accountant
- ☐ Completed by Center Director/CEO/Manager
- ☐ Completed by Center Business Manager/Chief Financial Officer/Accountant
- ☐ Completed by Other (specify below)

### Additional Respondents

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

## SUPPORT STAFF COST INTERVIEW

THIS INTERVIEW SHOULD BE COMPLETED WITH THE SPONSOR CACFP/CHILD CARE DIRECTOR AND BUSINESS MANAGER, PREFERABLY TOGETHER.

**INTRODUCTION.** In this part of the interview, we will talk about the costs of functions that support both CACFP and foodservice operations as well as other programs in your organization's child care centers. So far the staff cost interviews have captured estimates of how much time staff spend specifically on CACFP foodservice activities.

In this interview, we want to capture staff who perform tasks that support both CACFP foodservice as well as childcare or other programs in your organization. For staff not already captured on the other staff cost interviews, it may not be easy to separate out the time spent on these activities in support of CACFP food service from time spent in support of other programs. This interview, therefore, will capture the total time spent performing these activities.

IF SUPPORT IS PROVIDED BY ANOTHER ORGANIZATION AND THE RESPONDENT DOES NOT HAVE ALL OF THE INFORMATION NEEDED, ASK THEM TO COORDINATE WITH THE ORGANIZATION TO GET THE INFORMATION IF POSSIBLE.

### SCRIPT FOR SUPPORT FUNCTION COST GRID (WORK ACROSS THE ROWS)

First, let's walk through a list of activities to determine which should be included in this interview.

GIVE THE RESPONDENT HANDOUT 5 "Definitions for Support Function Cost Grid"

Think about the staff who handle [TASK] in support of CACFP Foodservice (IF NECESSARY: and administration).

Q1: Can the time spent on this task in support of CACFP foodservice be reported separately, or is this time combined with time performing this activity for other programs?

- ☐ CACFP time can be reported separately → Q2
- ☐ Time is combined with support of other Programs → Q3
- ☐ Organization does not have anyone who does this task → CHECK TASK N/A AND GO TO NEXT TASK

Q2: I want to be sure we've already captured this time on a staffing cost interview. WORK WITH RESPONDENT TO MAKE SURE TIME IS ON THE Center Foodservice Cost Interview(s), Center Director Cost Interview(s) or Sponsor CACFP Staff Cost Interview.

Q3: Is this activity included in your indirect cost rate? (If your organization has more than one indirect cost rate, consider the most inclusive one.)

IF THERE ISN'T AN INDIRECT COST RATE, CHECK "NO"

IF THE RESPONDENT DOESN'T KNOW, CHECK "DK"

## SUPPORT FUNCTION COST GRID

| TASK IN SUPPORT OF CACFP - FOODSERVICE                       | TASK N/A                 | Q1: Can the time spent on this task in support of CACFP foodservice be reported separately, or is this time combined with time performing this activity for other programs? | Q2: WORK WITH RESPONENT TO MAKE SURE TIME IS ON THE Center Foodservice Cost Interview(s), Center Director Cost Interview(s) or Sponsor CACFP Staff Cost Interview | Q3: Is this activity included in your indirect cost rate?<br><br>IF THERE ISN'T AN INDIRECT COST RATE, CHECK "NO"                              |
|--------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| a. Accounting, budget, finance and payroll                   | <input type="checkbox"/> | <input type="checkbox"/> CACFP time can be reported separately → Q2<br><input type="checkbox"/> Time is combined with support of other Programs → Q3                        | <input type="checkbox"/> Center Foodservice Cost Intv<br><input type="checkbox"/> Center Director Cost Intv<br><input type="checkbox"/> Sponsor CACFP Staff Intv  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO → INCLUDE ON PROCESS GRID<br><input type="checkbox"/> DK → INCLUDE ON PROCESS GRID |
| b. Data processing operations and programming                | <input type="checkbox"/> | <input type="checkbox"/> CACFP time can be reported separately → Q2<br><input type="checkbox"/> Time is combined with support of other Programs → Q3                        | <input type="checkbox"/> Center Foodservice Cost Intv<br><input type="checkbox"/> Center Director Cost Intv<br><input type="checkbox"/> Sponsor CACFP Staff Intv  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO → INCLUDE ON PROCESS GRID<br><input type="checkbox"/> DK → INCLUDE ON PROCESS GRID |
| c. Administration of personnel, benefits and human resources | <input type="checkbox"/> | <input type="checkbox"/> CACFP time can be reported separately → Q2<br><input type="checkbox"/> Time is combined with support of other Programs → Q3                        | <input type="checkbox"/> Center Foodservice Cost Intv<br><input type="checkbox"/> Center Director Cost Intv<br><input type="checkbox"/> Sponsor CACFP Staff Intv  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO → INCLUDE ON PROCESS GRID<br><input type="checkbox"/> DK → INCLUDE ON PROCESS GRID |
| d. Purchasing and contracting                                | <input type="checkbox"/> | <input type="checkbox"/> CACFP time can be reported separately → Q2<br><input type="checkbox"/> Time is combined with support of other Programs → Q3                        | <input type="checkbox"/> Center Foodservice Cost Intv<br><input type="checkbox"/> Center Director Cost Intv<br><input type="checkbox"/> Sponsor CACFP Staff Intv  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO → INCLUDE ON PROCESS GRID<br><input type="checkbox"/> DK → INCLUDE ON PROCESS GRID |
| e. General administration and policy                         | <input type="checkbox"/> | <input type="checkbox"/> CACFP time can be reported separately → Q2<br><input type="checkbox"/> Time is combined with support of other Programs → Q3                        | <input type="checkbox"/> Center Foodservice Cost Intv<br><input type="checkbox"/> Center Director Cost Intv<br><input type="checkbox"/> Sponsor CACFP Staff Intv  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO → INCLUDE ON PROCESS GRID<br><input type="checkbox"/> DK → INCLUDE ON PROCESS GRID |
| f. Custodial and janitorial                                  | <input type="checkbox"/> | <input type="checkbox"/> CACFP time can be reported separately → Q2<br><input type="checkbox"/> Time is combined with support of other Programs → Q3                        | <input type="checkbox"/> Center Foodservice Cost Intv<br><input type="checkbox"/> Center Director Cost Intv<br><input type="checkbox"/> Sponsor CACFP Staff Intv  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO → INCLUDE ON PROCESS GRID<br><input type="checkbox"/> DK → INCLUDE ON PROCESS GRID |
| g. Building operations and maintenance                       | <input type="checkbox"/> | <input type="checkbox"/> CACFP time can be reported separately → Q2<br><input type="checkbox"/> Time is combined with support of other Programs → Q3                        | <input type="checkbox"/> Center Foodservice Cost Intv<br><input type="checkbox"/> Center Director Cost Intv<br><input type="checkbox"/> Sponsor CACFP Staff Intv  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO → INCLUDE ON PROCESS GRID<br><input type="checkbox"/> DK → INCLUDE ON PROCESS GRID |
| h. Equipment and vehicle operations and maintenance          | <input type="checkbox"/> | <input type="checkbox"/> CACFP time can be reported separately → Q2<br><input type="checkbox"/> Time is combined with support of other Programs → Q3                        | <input type="checkbox"/> Center Foodservice Cost Intv<br><input type="checkbox"/> Center Director Cost Intv<br><input type="checkbox"/> Sponsor CACFP Staff Intv  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO → INCLUDE ON PROCESS GRID<br><input type="checkbox"/> DK → INCLUDE ON PROCESS GRID |
| i. Refuse disposal, pest control and other sanitation        | <input type="checkbox"/> | <input type="checkbox"/> CACFP time can be reported separately → Q2<br><input type="checkbox"/> Time is combined with support of other Programs → Q3                        | <input type="checkbox"/> Center Foodservice Cost Intv<br><input type="checkbox"/> Center Director Cost Intv<br><input type="checkbox"/> Sponsor CACFP Staff Intv  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO → INCLUDE ON PROCESS GRID<br><input type="checkbox"/> DK → INCLUDE ON PROCESS GRID |
| j. Security                                                  | <input type="checkbox"/> | <input type="checkbox"/> CACFP time can be reported separately → Q2<br><input type="checkbox"/> Time is combined with support of other Programs → Q3                        | <input type="checkbox"/> Center Foodservice Cost Intv<br><input type="checkbox"/> Center Director Cost Intv<br><input type="checkbox"/> Sponsor CACFP Staff Intv  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO → INCLUDE ON PROCESS GRID<br><input type="checkbox"/> DK → INCLUDE ON PROCESS GRID |
| k. Storage and transportation of goods                       | <input type="checkbox"/> | <input type="checkbox"/> CACFP time can be reported separately → Q2<br><input type="checkbox"/> Time is combined with support of other Programs → Q3                        | <input type="checkbox"/> Center Foodservice Cost Intv<br><input type="checkbox"/> Center Director Cost Intv<br><input type="checkbox"/> Sponsor CACFP Staff Intv  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO → INCLUDE ON PROCESS GRID<br><input type="checkbox"/> DK → INCLUDE ON PROCESS GRID |

## PROCESS GRID FOR OTHER SUPPORT STAFF - INSTRUCTIONS

To estimate the time spent on tasks in support of CACFP and other programs that is not already captured on another staffing cost interview or an indirect cost, I will ask you some questions about the staff that perform this task and for how long. The goal is to estimate the total number of hours spent in calendar year 2016 on this task. That means all the time spent on the task, including time in support of CACFP and in support of other Programs.

COMPLETE COLUMNS a-d FOR EACH TASK WITH “NO” OR “DK” CHECKED IN Q3 IN THE SUPPORT FUNCTION COST GRID. REPEAT c AND d FOR EACH TYPE OF EMPLOYEE IDENTIFIED IN b.

- (a) The [FIRST] task identified as a support task is [FIRST TASK WITH “NO” OR “DK” CHECKED IN Q3 IN THE SUPPORT FUNCTION COST GRID].
- (b) What types of employees do this task?
- (c) How many employees of this type do this task?
- (d) How many hours per week and weeks per year did each person of this type spend on this task during calendar year 2016?

**NOTE:** FOR TASKS IDENTIFIED ON THE SUPPORT FUNCTION COST GRID ON THE PREVIOUS PAGE - CAPTURE ALL TIME EMPLOYEES SPEND ON THE TASK IN SUPPORT OF ANY PROGRAM, NOT JUST CACFP FOODSERVICE.

**NOTE:** INCLUDE CONTRACTED PEOPLE (SUCH AS TEMP EMPLOYEES) WHO ARE PAID FOR THEIR TIME.  
DO NOT INCLUDE CONTRACTED SERVICES (SUCH AS PAYING \$115 PER MONTH FOR TRASH REMOVAL)

| Process Grid for Support Staff                                                         |                                                                     |                                               |                                                                                                                                                                                                                                                                                        |                               |                                                        |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|
| (a)                                                                                    | (b)                                                                 | (c)                                           | (d)                                                                                                                                                                                                                                                                                    |                               |                                                        |
| [TASK] is identified as a support task<br>(LIST TASK CODE AND ABBREVIATED DESCRIPTION) | What types of employees do this task (i.e., title, position, etc.)? | How many employees of this type do this task? | How many hours per week did each person of this type spend on this task during calendar year 2016? (if hours per week are not available, fill in hours and number of periods, and circle type of period)<br><b>PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M</b> |                               |                                                        |
|                                                                                        |                                                                     |                                               | Hours per Week?<br><i>or other period if necessary</i>                                                                                                                                                                                                                                 |                               | Weeks per Year?<br><i>or other period if necessary</i> |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |

| Process Grid for Support Staff                                                         |                                                                     |                                               |                                                                                                                                                                                                                                                                                        |                               |                                                        |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|
| (a)                                                                                    | (b)                                                                 | (c)                                           | (d)                                                                                                                                                                                                                                                                                    |                               |                                                        |
| [TASK] is identified as a support task<br>(LIST TASK CODE AND ABBREVIATED DESCRIPTION) | What types of employees do this task (i.e., title, position, etc.)? | How many employees of this type do this task? | How many hours per week did each person of this type spend on this task during calendar year 2016? (if hours per week are not available, fill in hours and number of periods, and circle type of period)<br><b>PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M</b> |                               |                                                        |
|                                                                                        |                                                                     |                                               | Hours per Week?<br><i>or other period if necessary</i>                                                                                                                                                                                                                                 |                               | Weeks per Year?<br><i>or other period if necessary</i> |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                          | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |

| Process Grid for Support Staff                                                                    |                                                                                |                                                          |                                                                                                                                                                                                                                                                                               |                               |                                                        |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|
| (a)<br><br>[TASK] is identified as a support task<br>(LIST TASK CODE AND ABBREVIATED DESCRIPTION) | (b)<br><br>What types of employees do this task (i.e., title, position, etc.)? | (c)<br><br>How many employees of this type do this task? | (d)<br>How many hours per week did each person of this type spend on this task during calendar year 2016? (if hours per week are not available, fill in hours and number of periods, and circle type of period)<br><b>PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M</b> |                               |                                                        |
|                                                                                                   |                                                                                |                                                          | Hours per Week?<br><i>or other period if necessary</i>                                                                                                                                                                                                                                        |                               | Weeks per Year?<br><i>or other period if necessary</i> |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |

| Process Grid for Support Staff                                                                    |                                                                                |                                                          |                                                                                                                                                                                                                                                                                               |                               |                                                        |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|
| (a)<br><br>[TASK] is identified as a support task<br>(LIST TASK CODE AND ABBREVIATED DESCRIPTION) | (b)<br><br>What types of employees do this task (i.e., title, position, etc.)? | (c)<br><br>How many employees of this type do this task? | (d)<br>How many hours per week did each person of this type spend on this task during calendar year 2016? (if hours per week are not available, fill in hours and number of periods, and circle type of period)<br><b>PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M</b> |                               |                                                        |
|                                                                                                   |                                                                                |                                                          | Hours per Week?<br><i>or other period if necessary</i>                                                                                                                                                                                                                                        |                               | Weeks per Year?<br><i>or other period if necessary</i> |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                                   |                                                                                |                                                          | _____ hrs per                                                                                                                                                                                                                                                                                 | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |



| Process Grid for Support Staff                                                         |                                                                     |                                               |                                                                                                                                                                                                                                                                                    |                               |                                                        |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|
| (a)                                                                                    | (b)                                                                 | (c)                                           | (d)                                                                                                                                                                                                                                                                                |                               |                                                        |
| [TASK] is identified as a support task<br>(LIST TASK CODE AND ABBREVIATED DESCRIPTION) | What types of employees do this task (i.e., title, position, etc.)? | How many employees of this type do this task? | How many hours per week did each person of this type spend on this task during calendar year 2016? (if hours per week not available, fill in hours and number of periods, and circle type of period)<br><b>PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M</b> |                               |                                                        |
|                                                                                        |                                                                     |                                               | Hours per Week?<br><i>or other period if necessary</i>                                                                                                                                                                                                                             |                               | Weeks per Year?<br><i>or other period if necessary</i> |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |

| Process Grid for Support Staff                                                         |                                                                     |                                               |                                                                                                                                                                                                                                                                                    |                               |                                                        |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------|
| (a)                                                                                    | (b)                                                                 | (c)                                           | (d)                                                                                                                                                                                                                                                                                |                               |                                                        |
| [TASK] is identified as a support task<br>(LIST TASK CODE AND ABBREVIATED DESCRIPTION) | What types of employees do this task (i.e., title, position, etc.)? | How many employees of this type do this task? | How many hours per week did each person of this type spend on this task during calendar year 2016? (if hours per week not available, fill in hours and number of periods, and circle type of period)<br><b>PERIOD IN SECOND AND THIRD COLUMNS IN (d) MUST MATCH: D-D, W-W, M-M</b> |                               |                                                        |
|                                                                                        |                                                                     |                                               | Hours per Week?<br><i>or other period if necessary</i>                                                                                                                                                                                                                             |                               | Weeks per Year?<br><i>or other period if necessary</i> |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |
|                                                                                        |                                                                     |                                               | _____ hrs per                                                                                                                                                                                                                                                                      | D   W   M   Y<br>Other: _____ | For: _____<br>D   W   M                                |

## Support Staff Roster Instructions

**Instructions:** LIST (1) THE JOB TITLES OR POSITIONS OF ALL SPONSOR STAFF LISTED ON THE PROCESS GRID FOR SUPPORT STAFF.

For each position identified in the Process Grid, please tell me (2) the unit\*, (3) the number of staff members in that position in the unit, (4) the average salary/wage of that position and the basis paid, (5) the total paid hours per week, (6) the total paid weeks per year, and (7) the total leave time hours per year including paid sick, vacation, and holiday time. If there is variation in salary among staff in the same category, please tell me the average (midpoint) salary for this position. COLUMNS 2, 5, 6, AND 7 MUST MATCH TO COMBINE STAFF.

Use staff initials in column 1 if listing several people with the same title separately. \*For column 2, check 'Center' if this person is in support of just the sampled center(s) CACFP and childcare program. Check 'Sponsor' if this time for this person is in support of all centers and programs under the Sponsor organization.

| Support Staff Roster      |                                                                     |                            |                                                                                                                                                                                                                                                                           |                                  |                                  |                                                                                         |
|---------------------------|---------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|-----------------------------------------------------------------------------------------|
| (1)<br><br>Title/Position | (2)<br><br>Unit (check the appropriate unit)                        | (3)<br><br>Number of Staff | (4)<br><br>Salary/Wage                                                                                                                                                                                                                                                    | (5)<br><br>Total Paid Hours/Week | (6)<br><br>Total Paid Weeks/Year | (7)<br><br>Total Leave Time Hours/Year<br>(e.g., paid sick, vacation, and holiday time) |
| 1.                        | <input type="checkbox"/> Center<br><input type="checkbox"/> Sponsor | _____                      | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly<br><input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ | _____ hrs/wk                     | _____ wks/yr                     | _____ hrs/yr                                                                            |
| 2.                        | <input type="checkbox"/> Center<br><input type="checkbox"/> Sponsor | _____                      | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly<br><input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ | _____ hrs/wk                     | _____ wks/yr                     | _____ hrs/yr                                                                            |
| 3.                        | <input type="checkbox"/> Center<br><input type="checkbox"/> Sponsor | _____                      | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly<br><input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ | _____ hrs/wk                     | _____ wks/yr                     | _____ hrs/yr                                                                            |
| 4.                        | <input type="checkbox"/> Center<br><input type="checkbox"/> Sponsor | _____                      | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly<br><input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ | _____ hrs/wk                     | _____ wks/yr                     | _____ hrs/yr                                                                            |

\*

| Support Staff Roster (continued) |                                                                     |                            |                                                                                                                                                                                                                                                                        |                                  |                                  |                                                                                      |
|----------------------------------|---------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|--------------------------------------------------------------------------------------|
| (1)<br><br>Title/Position        | (2)<br><br>Unit (check the appropriate unit)                        | (3)<br><br>Number of Staff | (4)<br><br>Salary/Wage                                                                                                                                                                                                                                                 | (5)<br><br>Total Paid Hours/Week | (6)<br><br>Total Paid Weeks/Year | (7)<br><br>Total Leave Time Hours/Year (e.g., paid sick, vacation, and holiday time) |
| 5.                               | <input type="checkbox"/> Center<br><input type="checkbox"/> Sponsor | _____                      | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ | _____ hrs/wk                     | _____ wks/yr                     | _____ hrs/yr                                                                         |
| 6.                               | <input type="checkbox"/> Center<br><input type="checkbox"/> Sponsor | _____                      | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ | _____ hrs/wk                     | _____ wks/yr                     | _____ hrs/yr                                                                         |
| 7.                               | <input type="checkbox"/> Center<br><input type="checkbox"/> Sponsor | _____                      | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ | _____ hrs/wk                     | _____ wks/yr                     | _____ hrs/yr                                                                         |
| 8.                               | <input type="checkbox"/> Center<br><input type="checkbox"/> Sponsor | _____                      | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ | _____ hrs/wk                     | _____ wks/yr                     | _____ hrs/yr                                                                         |
| 9.                               | <input type="checkbox"/> Center<br><input type="checkbox"/> Sponsor | _____                      | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ | _____ hrs/wk                     | _____ wks/yr                     | _____ hrs/yr                                                                         |
| 10.                              | <input type="checkbox"/> Center<br><input type="checkbox"/> Sponsor | _____                      | \$ _____ per<br><input type="checkbox"/> Hour<br><input type="checkbox"/> Week<br><input type="checkbox"/> Bi-weekly<br><input type="checkbox"/> Semi-monthly <input type="checkbox"/> Month<br><input type="checkbox"/> Year<br><input type="checkbox"/> Other: _____ | _____ hrs/wk                     | _____ wks/yr                     | _____ hrs/yr                                                                         |

| Support Staff Roster (continued) |                                                                     |                            |                                                                                                                                                                                                                                                                                                                                   |                                  |                                  |                                                                                         |
|----------------------------------|---------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|-----------------------------------------------------------------------------------------|
| (1)<br><br>Title/Position        | (2)<br><br>Unit (check the appropriate unit)                        | (3)<br><br>Number of Staff | (4)<br><br>Salary/Wage                                                                                                                                                                                                                                                                                                            | (5)<br><br>Total Paid Hours/Week | (6)<br><br>Total Paid Weeks/Year | (7)<br><br>Total Leave Time Hours/Year<br>(e.g., paid sick, vacation, and holiday time) |
| 11.                              | <input type="checkbox"/> Center<br><input type="checkbox"/> Sponsor | _____                      | \$_____ per<br><div> <input type="checkbox"/> Hour<br/> <input type="checkbox"/> Week<br/> <input type="checkbox"/> Bi-weekly<br/> <input type="checkbox"/> Semi-monthly             </div> <div> <input type="checkbox"/> Month<br/> <input type="checkbox"/> Year<br/> <input type="checkbox"/> Other: _____             </div> | _____ hrs/wk                     | _____ wks/yr                     | _____ hrs/yr                                                                            |
| 12.                              | <input type="checkbox"/> Center<br><input type="checkbox"/> Sponsor | _____                      | \$_____ per<br><div> <input type="checkbox"/> Hour<br/> <input type="checkbox"/> Week<br/> <input type="checkbox"/> Bi-weekly<br/> <input type="checkbox"/> Semi-monthly             </div> <div> <input type="checkbox"/> Month<br/> <input type="checkbox"/> Year<br/> <input type="checkbox"/> Other: _____             </div> | _____ hrs/wk                     | _____ wks/yr                     | _____ hrs/yr                                                                            |
| 13.                              | <input type="checkbox"/> Center<br><input type="checkbox"/> Sponsor | _____                      | \$_____ per<br><div> <input type="checkbox"/> Hour<br/> <input type="checkbox"/> Week<br/> <input type="checkbox"/> Bi-weekly<br/> <input type="checkbox"/> Semi-monthly             </div> <div> <input type="checkbox"/> Month<br/> <input type="checkbox"/> Year<br/> <input type="checkbox"/> Other: _____             </div> | _____ hrs/wk                     | _____ wks/yr                     | _____ hrs/yr                                                                            |
| 14.                              | <input type="checkbox"/> Center<br><input type="checkbox"/> Sponsor | _____                      | \$_____ per<br><div> <input type="checkbox"/> Hour<br/> <input type="checkbox"/> Week<br/> <input type="checkbox"/> Bi-weekly<br/> <input type="checkbox"/> Semi-monthly             </div> <div> <input type="checkbox"/> Month<br/> <input type="checkbox"/> Year<br/> <input type="checkbox"/> Other: _____             </div> | _____ hrs/wk                     | _____ wks/yr                     | _____ hrs/yr                                                                            |
| 15.                              | <input type="checkbox"/> Center<br><input type="checkbox"/> Sponsor | _____                      | \$_____ per<br><div> <input type="checkbox"/> Hour<br/> <input type="checkbox"/> Week<br/> <input type="checkbox"/> Bi-weekly<br/> <input type="checkbox"/> Semi-monthly             </div> <div> <input type="checkbox"/> Month<br/> <input type="checkbox"/> Year<br/> <input type="checkbox"/> Other: _____             </div> | _____ hrs/wk                     | _____ wks/yr                     | _____ hrs/yr                                                                            |
| 16.                              | <input type="checkbox"/> Center<br><input type="checkbox"/> Sponsor | _____                      | \$_____ per<br><div> <input type="checkbox"/> Hour<br/> <input type="checkbox"/> Week<br/> <input type="checkbox"/> Bi-weekly<br/> <input type="checkbox"/> Semi-monthly             </div> <div> <input type="checkbox"/> Month<br/> <input type="checkbox"/> Year<br/> <input type="checkbox"/> Other: _____             </div> | _____ hrs/wk                     | _____ wks/yr                     | _____ hrs/yr                                                                            |

**END OF SUPPORT STAFF COST INTERVIEW SCRIPT.**

That is the end of the Support Staff Cost Interview. We may contact you later if we have follow-up questions on what we have discussed so far.

My final questions concern food prices and USDA foods (if applicable).

## Handout 5: Definitions for Support Function Cost Grid

**Programs** are activities or services, such as instruction and foodservice, that have identifiable direct costs. These direct costs may be charged to grants or other special-purpose accounts, or to the organization's general fund.

**Indirect costs** are overhead-type costs that benefit the organization as a whole, such as the costs of human resources, accounting, payroll, and facilities maintenance units. (*See Indirect Cost Questionnaire for the following.*) For the purposes of this study, the indirect costs for your organization are those that are included in the [indirect cost rate/other cost allocation plan].

*The support functions are defined as follows:*

- a. **“Accounting, budget, finance, and payroll”** includes tasks to process payments to and from the organization, maintain financial records, manage cash, and produce financial reports.
- b. **“Data processing operations and programming”** includes all support for mainframe, server, and client computers, and for communications networks (voice and data).
- c. **“Administration of personnel, benefits, and human resources”** includes recruiting, hiring, enrollment/disenrollment in benefit plans, and other human resource (HR) administration functions. This does not include the costs of non-HR personnel or the cost of employee benefits (health/dental insurance, pension/retirement, tuition assistance etc.).
- d. **“Purchasing and contracting”** includes solicitation and review of bids for purchases and contracts, preparation and negotiation of purchasing agreements and contracts, processing purchase requests and purchase orders, and managing contracts (other than processing of contractor invoices).
- e. **“General administration and policy”** includes the chief executive officer (CEO), organization board, staff support to the CEO and the board, and other administrative activities not listed elsewhere.
- f. **“Custodial and janitorial”** means routine cleaning, storage, setting up/rearranging furniture, and other work performed by staff or contractors whose primary work is routine cleaning, storage, and setting up/rearranging furniture.
- g. **“Building operations and maintenance”** means services of this type not provided by custodial/janitorial staff, particularly more skilled services (such as heating/ventilation/air conditioning maintenance or repair).
- h. **“Equipment and vehicle operations and maintenance”** includes management of motor pools, routine maintenance and repair of vehicles, and routine maintenance and repair of equipment.
- i. **“Refuse disposal, pest control, other sanitation”** refers to when these services are not performed as part of “custodial and janitorial” or “building operation and maintenance” services.
- j. **“Security”** includes tasks to ensure the safety of students, personnel, and property.
- k. **“Storage and transportation of goods”** refers to when these services are not performed as part of “custodial and janitorial” or “building operation and maintenance” services.

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## Sponsor Cost Interview: Food Price and USDA Foods Checklist

- ☐ Completed by Sponsor Director/CEO/Program Director
- ☐ Completed by Sponsor Business Manager/Chief Financial Officer/Accountant
- ☐ Completed by Center Director/CEO/Manager
- ☐ Completed by Center Business Manager/Chief Financial Officer/Accountant
- ☐ Completed by Other (specify below)

### Additional Respondents

|              |              |
|--------------|--------------|
| Name: _____  | Title: _____ |
| Phone: _____ | email: _____ |
| Name: _____  | Title: _____ |
| Phone: _____ | email: _____ |

## **TO READ TO RESPONDENT (SPONSOR / CENTER DIRECTOR)**

### **INTRODUCTION:**

This study is interested in the cost of producing meals and other foods served at [SAMPLED CHILD CARE CENTER]. As part of this, we need to know what your Organization paid for food items served – including foods served as-is, and foods used in recipes the foodservice staff prepares.

We are only interested in those foods available to be served during the target week. Some of these foods will come out of inventory, and some will be delivered that week. Foods delivered for the week may include: milk, produce, baked goods, and other perishables. They may also include plated foods, staples, and frozen foods that were ordered to arrive that week.

### **SCREENER**

We need to know how you pay for the foods served at [SAMPLED CHILD CARE CENTER]. To begin, I need to know whether or not you purchase foods on a fee-per-meal basis.

**FPM1.** Do you pay a foodservice management company or other vendor a fee-per-meal that includes the cost of food? [IF CLARIFICATION NEEDED: A Fee-per-meal can also be described as a fixed price per meal or snack, whether it is prepared in individual portions or in bulk.]

☐ YES – CONTINUE TO QUESTION FPM2

☐ NO – GO TO INSTRUCTIONS FOR FOOD PRICE CHECKLIST, ON PAGE 36

### **FEE-PER-MEAL QUESTIONS**

**FPM2.** Do you have a fee-per-meal rate for **breakfast** for the current fiscal year?

☐ YES – CONTINUE TO QUESTION FPM2a

☐ NO – GO TO – GO TO QUESTION FPM3

☐ DOES NOT SERVE BREAKFAST – GO TO QUESTION FPM3

**FPM2a.** What was your fee-per-meal rate for **breakfast** for the current fiscal year?

[IF NECESSARY: You may need to review your contract with the meal provider or other financial documentation to determine the price-per-meal.]

\$ \_\_\_\_\_

**FPM2b.** Please tell me if the following categories are included in this rate, and if so, how much of the rate can be attributed to each category as a either percentage or dollar amount.

| A. CATEGORY                   | B. Is [CATEGORY] included in your fee-per-meal rate for <u>breakfast</u> ?           | C. [IF YES IN COLUMN B] How much of the fee-per-meal for <u>breakfast</u> covers [CATEGORY]? | D. UNIT [ONLY CHOOSE ONE UNIT FOR ALL COLUMN C RESPONSES] |
|-------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1. Food                       | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK | _____                                                                                        | <input type="checkbox"/> Percentage (%)                   |
| 2. Personnel                  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK | _____                                                                                        | <input type="checkbox"/> Dollars (\$)                     |
| 3. Management/ Administration | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK | _____                                                                                        |                                                           |

**FPM3.** Do you have a fee-per-meal rate for **lunch** for the current fiscal year

☐ YES – CONTINUE TO QUESTION FPM3a

☐ NO– GO TO QUESTION FPM4

☐ DOES NOT SERVE LUNCH – GO TO QUESTION FPM4

**FPM3a.** What was your fee-per-meal rate for **lunch** for the current fiscal year?

[IF NECESSARY: You may need to review your contract with the meal provider or other financial documentation to determine the price-per-meal.]

\$ \_\_\_\_\_

**FPM3b.** Please tell me if the following categories are included in this rate, and if so, how much of the rate can be attributed to each category as a either percentage or dollar amount.

| A. CATEGORY                   | B. Is [CATEGORY] included in your fee-per-meal rate for <u>lunch</u> ?               | C. [IF YES IN COLUMN B] How much of the fee-per-meal for <u>lunch</u> covers [CATEGORY]? | D. UNIT [ONLY CHOOSE ONE UNIT FOR ALL COLUMN C RESPONSES] |
|-------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1. Food                       | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK | _____                                                                                    | <input type="checkbox"/> Percentage (%)                   |
| 2. Personnel                  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK | _____                                                                                    | <input type="checkbox"/> Dollars (\$)                     |
| 3. Management/ Administration | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK | _____                                                                                    |                                                           |

**FPM4.** Do you have a fee-per-meal rate for **supper** for the current fiscal year?

☐ YES – CONTINUE TO QUESTION FPM4a

☐ NO – GO TO QUESTION FPM5

☐ DOES NOT SERVE SUPPER – GO TO QUESTION FPM5

**FPM4a.** What was your fee-per-meal rate for **supper** for the current fiscal year?

[IF NECESSARY: You may need to review your contract with the meal provider or other financial documentation to determine the price-per-meal.]

\$ \_\_\_\_\_

**FPM4b.** Please tell me if the following categories are included in this rate, and if so, how much of the rate can be attributed to each category as a either percentage or dollar amount.

| A. CATEGORY                   | B. Is [CATEGORY ] included in your fee-per-meal rate for <u>supper</u> ?             | C. [IF YES IN COLUMN B] How much of the fee-per-meal for <u>supper</u> covers [CATEGORY]? | D. UNIT [ONLY CHOOSE ONE UNIT FOR ALL COLUMN C RESPONSES]                            |
|-------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 1. Food                       | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK | _____                                                                                     | <input type="checkbox"/> Percentage (%)<br><br><input type="checkbox"/> Dollars (\$) |
| 2. Personnel                  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK | _____                                                                                     |                                                                                      |
| 3. Management/ Administration | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK | _____                                                                                     |                                                                                      |

**FPM5.** Do you have a fee-per-meal rate for **snacks** for the current fiscal year?

☐ YES – CONTINUE TO QUESTION FPM5a

☐ NO– GO TO QUESTION FPM6

☐ DOES NOT SERVE SNACKS – GO TO QUESTION FPM6

**FPM5a.** What was your fee-per-meal rate for **snacks** for the current fiscal year?

[IF NECESSARY: You may need to review your contract with the meal provider or other financial documentation to determine the price-per-meal.]

\$ \_\_\_\_\_

**FPM5b.** Please tell me if the following categories are included in this rate, and if so, how much of the rate can be attributed to each category as a either percentage or dollar amount.

| A. CATEGORY                   | B. Is [CATEGORY] included in your fee-per-meal rate for <u>snacks</u> ?              | C. [IF YES IN COLUMN B] How much of the fee-per-meal for <u>snacks</u> covers [CATEGORY]? | D. UNIT [ONLY CHOOSE ONE UNIT FOR ALL COLUMN C RESPONSES] |
|-------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1. Food                       | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK | _____                                                                                     | <input type="checkbox"/> Percentage (%)                   |
| 2. Personnel                  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK | _____                                                                                     | <input type="checkbox"/> Dollars (\$)                     |
| 3. Management/ Administration | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK | _____                                                                                     |                                                           |

**FPM6.** In addition to the meals purchased on a fee-per-meal basis, do you also purchase any other foods, such as milk, snacks, formula, or any other foods, that are not included in the fee-per-meal rates?

☐ YES – GO TO INSTRUCTIONS FOR FOOD PRICE CHECKLIST

☐ NO – CONTINUE TO QUESTION FPM7

**FPM7.** For each vendor that provides your organization prepared foods on a fee-per-meal basis, I would like a copy of a contract or bid document showing how much was paid for each meal by meal type.

**[OBTAIN DOCUMENTS OR ARRANGE A TIME TO COLLECT THE DOCUMENTATION, IF AVAILABLE]**

**GO TO END OF QUESTIONNAIRE**

## **INSTRUCTIONS FOR FOOD PRICE CHECKLIST**

### **GIVE “HANDOUT 6: LIST OF FOODS”:**

Here is a list of the types of foods your Organization may receive from suppliers. Let’s walk through these foods, and come up with a list of Vendors that provide these foods using the checklist. Vendors may include stores such as Wal-Mart, Costco, or local grocery stores in addition to commercial food distributors like Sysco and local milk and bread suppliers.

### **COMPLETE CHECKLIST:**

*BEGIN WITH THE CATEGORY “MAJOR FOOD SUPPLIERS.”*

Do you have any vendors that provide canned goods or staples?

*WALK RESPONDENT THROUGH LIST OF FOODS AND WRITE DOWN VENDOR NAMES. CHECK OFF ALL FOODS THAT EACH VENDOR PROVIDES. LIST ALL VENDORS USED BY THE ORGANIZATION IN THE LAST MONTH.*

**ASK FOR DOCUMENTATION:** For each Vendor listed, I need to know what kinds of documents you have that will help us to calculate the unit price of foods. To do this we need to know the price of a unit as delivered (for example one case), the number of pieces per unit, and the size of a piece. These documents may include:

#### **Summary or Bid Lists (Including Fee-per-Meal)**

Summary: a report with unit price information and size of purchased unit on all foods purchased for the year to date or other period from a vendor, including foods from multiple invoices. A summary with the quantity purchased and the dollar amount paid for each food provides the unit price information; one with only quantity or total amount paid is not sufficient. Many vendors have ordering systems that can generate summaries.

Bid lists or contracts: the Organization may have bid lists or contracts specifying unit prices and size of purchased unit for foods when a formal bidding process is used to select vendors.

Fee-Per-Meal: For organizations purchasing prepared foods on a fee-per-meal basis, obtain the contract or bid document showing how much was paid for each meal by meal type.

#### **Inventory**

Inventory reports: an inventory report is a document with the quantity and value of foods on hand that were received from multiple vendors.

## **Invoices or Receipts**

Invoices: provides information for foods purchased or delivered at a particular time. Multiple invoices may be needed to obtain price information for all foods from a particular vendor. We prefer summaries, bid lists, or inventory reports over invoices or receipts when possible. Invoices are acceptable so long as they provide us with the price per unit.

Receipts: may be provided for food purchased at local stores if other documentation is not available. Organizations that purchase food from retailers may only have checkout register receipts. Receipts must have the products listed and should have package size or unit price if possible. Multiple receipts may be needed to obtain price information for all foods for the five week time period. We prefer summaries, bid lists, or inventory reports over receipts if available.

*CHECK OFF DOCUMENTATION TYPE AVAILABLE FOR EACH VENDOR.*

## **COPY CHECKLIST FOR RESPONDENT:**

May I make a copy of this list so that you can use it as a checklist to gather invoices and other documents for the vendors?

## **GIVE “HANDOUT 7: LIST OF FOODS”:**

Here is a handout that describes the information we'll need.

## **ARRANGE A TIME TO COLLECT THE DOCUMENTATION**

## REVIEW DOCUMENTATION

ONCE YOU RECEIVE THE DOCUMENTATION PERFORM THE FOLLOWING CHECKS:

- ☐ MAKE SURE THAT DOCUMENTATION IS PROVIDED FOR ALL VENDORS LISTED
- ☐ MAKE SURE THAT ALL FOODS IDENTIFIED ON THE CHECKLIST ARE ACCOUNTED FOR IN THE DOCUMENTATION
- ☐ MAKE SURE THAT THE DOCUMENTATION CONTAINS THE NAME OF THE VENDOR, PRODUCT NAME, PRICE, NUMBER OF PIECES PER UNIT, AND SIZE OF THE PIECE.

IF YOU DO NOT RECEIVE DOCUMENTATION FOR A VENDOR ON THE CHECKLIST, WRITE **NP** ("NO PRICES") BY THE VENDOR NAME.

IF A FOOD CATEGORY IS IDENTIFIED ON THE CHECKLIST AND THE RESPONDENT CAN'T PROVIDE DOCUMENTATION FOR THAT FOOD CATEGORY, WRITE **NP** IN THE CHECKBOX.



**FOOD COST AND USDA  
FOODS CHECKLIST (p.1)**

Include foods available to be served during the target week:

- food in inventory, and
- food delivered that week

| Vendor Name                     | DOCUMENTATION                                |           |                      | MAJOR FOOD SUPPLIERS                           |                            |                               |                                |                                            |                                               |                                     | SPECIALTY FOOD SUPPLIERS |                    |                                                  |                                      |                 |                         |             |                       |                 |                                              | USDA FOODS                    |                                                 |                                              |
|---------------------------------|----------------------------------------------|-----------|----------------------|------------------------------------------------|----------------------------|-------------------------------|--------------------------------|--------------------------------------------|-----------------------------------------------|-------------------------------------|--------------------------|--------------------|--------------------------------------------------|--------------------------------------|-----------------|-------------------------|-------------|-----------------------|-----------------|----------------------------------------------|-------------------------------|-------------------------------------------------|----------------------------------------------|
|                                 | TYPE                                         |           |                      |                                                |                            |                               |                                |                                            |                                               |                                     |                          |                    |                                                  |                                      |                 |                         |             |                       |                 |                                              |                               |                                                 |                                              |
|                                 | Summary or Bid Lists, including Fee-Per-Meal | Inventory | Invoices or Receipts | 10<br>Pre-plated Meals/Caterers (fee-per-meal) | 11<br>Canned Goods/Staples | 12<br>Fresh Fruits/Vegetables | 13<br>Frozen Fruits/Vegetables | 14<br>Frozen Meats/Poultry/Seafood/Entrees | 15<br>Refrigerated Products (not dairy/juice) | 16<br>Bread, Rolls, English Muffins | 17<br>Infant formula     | 18<br>Infant foods | 19<br>Cookies, Chips, Crackers, Snack Cakes etc. | 20<br>Entrees from Specialty Vendors | 21<br>Ice Cream | 22<br>Milk/Dairy/Cheese | 23<br>Juice | 24<br>Other Beverages | 25<br>Tortillas | 28<br>Other specialty foods or one-off items | 29<br>"Brown box" commodities | 30<br>State/local processing agreement products | 31<br>National processing agreement products |
| check if food is not applicable |                                              |           |                      |                                                |                            |                               |                                |                                            |                                               |                                     |                          |                    |                                                  |                                      |                 |                         |             |                       |                 |                                              |                               |                                                 |                                              |
|                                 |                                              |           |                      |                                                |                            |                               |                                |                                            |                                               |                                     |                          |                    |                                                  |                                      |                 |                         |             |                       |                 |                                              |                               |                                                 |                                              |
|                                 |                                              |           |                      |                                                |                            |                               |                                |                                            |                                               |                                     |                          |                    |                                                  |                                      |                 |                         |             |                       |                 |                                              |                               |                                                 |                                              |
|                                 |                                              |           |                      |                                                |                            |                               |                                |                                            |                                               |                                     |                          |                    |                                                  |                                      |                 |                         |             |                       |                 |                                              |                               |                                                 |                                              |
|                                 |                                              |           |                      |                                                |                            |                               |                                |                                            |                                               |                                     |                          |                    |                                                  |                                      |                 |                         |             |                       |                 |                                              |                               |                                                 |                                              |
|                                 |                                              |           |                      |                                                |                            |                               |                                |                                            |                                               |                                     |                          |                    |                                                  |                                      |                 |                         |             |                       |                 |                                              |                               |                                                 |                                              |

**FOOD COST AND USDA  
FOODS CHECKLIST (p.2)**

Include foods available to be served during the target week:

- food in inventory, and
- food delivered that week

| Vendor Name                     | DOCUMENTATION                                |           |                      | MAJOR FOOD SUPPLIERS                           |                            |                               |                                |                                            |                                               |                                     | SPECIALTY FOOD SUPPLIERS |                    |                                                  |                                      |                 |                         |             |                       |                 |                                              | USDA FOODS                    |                                                 |                                              |
|---------------------------------|----------------------------------------------|-----------|----------------------|------------------------------------------------|----------------------------|-------------------------------|--------------------------------|--------------------------------------------|-----------------------------------------------|-------------------------------------|--------------------------|--------------------|--------------------------------------------------|--------------------------------------|-----------------|-------------------------|-------------|-----------------------|-----------------|----------------------------------------------|-------------------------------|-------------------------------------------------|----------------------------------------------|
|                                 | TYPE                                         |           |                      |                                                |                            |                               |                                |                                            |                                               |                                     |                          |                    |                                                  |                                      |                 |                         |             |                       |                 |                                              |                               |                                                 |                                              |
|                                 | Summary or Bid Lists, including Fee-Per-Meal | Inventory | Invoices or Receipts | 10<br>Pre-plated Meals/Caterers (fee-per-meal) | 11<br>Canned Goods/Staples | 12<br>Fresh Fruits/Vegetables | 13<br>Frozen Fruits/Vegetables | 14<br>Frozen Meats/Poultry/Seafood/Entrees | 15<br>Refrigerated Products (not dairy/juice) | 16<br>Bread, Rolls, English Muffins | 17<br>Infant formula     | 18<br>Infant foods | 19<br>Cookies, Chips, Crackers, Snack Cakes etc. | 20<br>Entrees from Specialty Vendors | 21<br>Ice Cream | 22<br>Milk/Dairy/Cheese | 23<br>Juice | 24<br>Other Beverages | 25<br>Tortillas | 28<br>Other specialty foods or one-off items | 29<br>"Brown box" commodities | 30<br>State/local processing agreement products | 31<br>National processing agreement products |
| check if food is not applicable |                                              |           |                      |                                                |                            |                               |                                |                                            |                                               |                                     |                          |                    |                                                  |                                      |                 |                         |             |                       |                 |                                              |                               |                                                 |                                              |
|                                 |                                              |           |                      |                                                |                            |                               |                                |                                            |                                               |                                     |                          |                    |                                                  |                                      |                 |                         |             |                       |                 |                                              |                               |                                                 |                                              |
|                                 |                                              |           |                      |                                                |                            |                               |                                |                                            |                                               |                                     |                          |                    |                                                  |                                      |                 |                         |             |                       |                 |                                              |                               |                                                 |                                              |
|                                 |                                              |           |                      |                                                |                            |                               |                                |                                            |                                               |                                     |                          |                    |                                                  |                                      |                 |                         |             |                       |                 |                                              |                               |                                                 |                                              |
|                                 |                                              |           |                      |                                                |                            |                               |                                |                                            |                                               |                                     |                          |                    |                                                  |                                      |                 |                         |             |                       |                 |                                              |                               |                                                 |                                              |
|                                 |                                              |           |                      |                                                |                            |                               |                                |                                            |                                               |                                     |                          |                    |                                                  |                                      |                 |                         |             |                       |                 |                                              |                               |                                                 |                                              |
|                                 |                                              |           |                      |                                                |                            |                               |                                |                                            |                                               |                                     |                          |                    |                                                  |                                      |                 |                         |             |                       |                 |                                              |                               |                                                 |                                              |

## **INSTRUCTIONS TO INTERVIEWER FOR REFERENCE**

### **PART 1: GENERAL GUIDELINES FOR THE FIELD INTERVIEWER**

As part of determining the total cost of producing CACFP meals in the sampled child care center, we need to know what the Center or its Sponsor paid for food items served as purchased and food ingredients used in recipes for foods that the sampled center prepares during the target week. Some of the items and ingredients will come out of inventory, and some will be delivered during that week. The latter category will particularly include milk, produce, baked goods, and other perishable items, but it may also include pre-plated foods, staples, frozen foods, etc. that had been ordered and arrive that week.

The Food Price and USDA Foods Checklist identifies the types of documentation on purchased products and USDA Foods that you will need to obtain. The checklist will capture all the food in inventory and what is acquired during the target week. Once complete, you will collect documentation of food costs (e.g. summaries or bid lists) for anything received during the target week and for four weeks prior to the target week (i.e., approximately one month).

### **PART 2: INSTRUCTIONS FOR FILLING OUT THE CHECKLIST AND OBTAIN DOCUMENTATION**

1. Complete the checklist
  - 1a. Begin by asking whether or not the Organization uses pre-plated meals or other prepared foods on a fee-per-meal basis and, if so, what vendors provide them. If the Organization has a “fee-per-meal” vendor, then check off the column for pre-plated meals and collect documentation on how much they pay per meal. Complete the rest of the grid as described below as there may be additional vendors for other food items especially beverages and snack items.
  - 1b. As you go down the checklist asking for vendor names for each food type, list the vendor in the column called “Vendor Name”
  - 1c. One vendor may provide a variety of foods. Mark off each type of food they provide in the appropriate box.
  - 1d. Specialty Vendors: Note that an Organization representative may overlook a small specialty vendor like a local farmer from whom they purchase fresh apples from time to time. Common specialty vendors that are easy to miss are for cookies, ice cream, snack cakes, and fresh tortillas. Premade or packaged into kit entrée items are also sometimes overlooked. These products are typically from local or national pizza shops (like Papa John’s) and sandwich kits (like Subway).
  - 1e. For USDA foods, identify the suppliers and the available documentation of the value of these foods. Some “brown box” USDA Foods might not have the unit value identified, but processed products containing USDA Foods should have unit price information. Processing agreements may be at the State or National level.

Some respondents may have difficulties identifying processed products containing USDA Foods because deliveries may be combined with commercial purchases, and foodservice managers may only note these deliveries if they are part of the delivery

slip. USDA foods used during the target week will be identified by foodservice managers in the Menu Survey. Therefore, it is not necessary to force Sponsor or Centers to identify USDA Foods on these mixed documents if they have difficulty doing so.

- 1f. For each vendor, determine the type of documentation of food costs that the Organization has (see list below). The information on the type of documentation for a vendor can simply be noted once. We prefer to receive summaries, bid lists or inventory over invoices and receipts, provided they give us price per unit.
2. Give the checklist to the respondent and arrange a time to collect the documentation.
3. Once you receive that documentation, verify that it includes product name, unit size, brand, and either unit price or total cost and number of cases.
  - 2a. Each record of a reported price should be associated with a clear description of what the price applies to, for example a case (or multiple cases) containing 6 Number 10 cans of tomatoes, or a 10 pound box of peaches.
  - 2b. It is essential that the information either provides the unit price or provides enough information to calculate the cost per unit as purchased, and also the information needed to convert the price paid into a cost per unit of the ingredient used in a particular recipe, either by weight or by volume. Ideally the Organization's inventory system will provide unit costs for the items in inventory. If not, the Field Interviewer will need to request the associated invoices.

**For example: if an invoice lists that a box of cookies contains 100 cookies, and the box cost \$100, we know that each cookie costs \$1.**

**However, if an invoice lists that a box of cookies costs \$100, but does not include how many are in the box, we cannot tell how much each unit (cookie) costs. You would need to follow up with the respondent to find out how many units per box.**
4. Document any follow-up needed, such as documents to be obtained from vendors, and get necessary contact information.

# HANDOUT 6: List of Foods

## **Major Food Suppliers**

- Pre-plated Meals/Caterers (fee-per-meal)
- Canned Goods/Staples
- Fresh Fruits/Vegetables
- Frozen Fruits/Vegetables
- Frozen Meats/Poultry/Seafood/Entrees
- Refrigerated Products (other than dairy/juice)

## **Specialty Food Suppliers**

- Bread, Rolls, English Muffins
- Infant formula
- Infant foods (e.g., infant cereal, baby food jars or pouches, pureed or mashed fruits/vegetables)
- Cookies, Chips, Crackers, Snack Cakes, etc.
- Entrees from Specialty Vendors
- Ice Cream
- Milk/Dairy/Cheese
- Juice
- Other Beverages
- Tortillas
- Other specialty foods or one-off items

## **USDA Foods**

- "Brown box" commodities
- Processed products containing USDA Foods – State/local processing agreements
- Processed products containing USDA Foods - National processing agreements

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# HANDOUT 7: Vendor Documents

For each vendor and food type we have listed in the Food Price and USDA Foods Checklist, we would like documentation to be able to calculate a UNIT PRICE for each food item. We need documentation of food costs (e.g., summaries or price lists) for all foods delivered during the target week and the four previous weeks (i.e. approximately one month). For USDA Foods only, we need the previous three months of documentation.

To do this, we are asking for the following:

## Summary or Bid Lists

Summary: a report with unit price information and size of purchased unit on all foods purchased.

Bid lists or contracts: contracts specifying unit prices and size of purchased unit for foods when a formal bidding process is used to select vendors.

Fee-Per-Meal: a type of contract or bid list showing how much was paid for each meal by meal type.

**Inventory reports:** a document with the quantity and value of foods on hand that were received from multiple vendors.

## Invoices or Receipts

Invoices: information for food purchased or delivered at a particular time. Multiple invoices may be needed for a single vendor. Do not provide invoices if food price information is already given on another form of documentation. We prefer Summaries or Bid Lists over Invoices. **If providing invoices, we only need invoices for food for the sampled centers.**

Receipts: Receipts must have the products listed and should have package size or unit price if possible. Multiple receipts may be needed to obtain price information for all foods for the five week time period. We prefer summaries, bid lists, or inventory reports over receipts if available. Do not provide receipts if food price information is already given on another form of documentation. **If providing receipts, we only need one receipt per food item that was available to serve during the target week. For example, if you have multiple receipts for milk, we only need a receipt from the last shopping trip for milk.**

Documents should include:

- Vendor name
- Product name
- Brand
- Unit size
- Unit price – or – Total Cost & Number of Cases

For example:

- 2 cases of 6 #10 cans of Joe's Crushed Tomatoes  
Price per case = \$10.00
- 2 x 10 lb. box of fresh peaches  
Total price for 2 boxes = \$25.00

- For USDA foods processing agreement products (columns 30 and 31 of checklist) please provide documentation that details the USDA discount in addition to the unit price.

**REMEMBER: THE GOAL IS TO PROVIDE ENOUGH INFORMATION TO CALCULATE PRICE PER UNIT. WE PREFER SUMMARIES, BID LISTS AND INVENTORY REPORTS OVER INVOICES AND RECEIPTS.**

**DO NOT PROVIDE MULTIPLE DOCUMENTATION FOR THE SAME FOOD ITEM. FOR EXAMPLE, WE ARE INTERESTED IN DOCUMENTATION SHOWING THE COST FOR A GALLON OF 1% MILK, AND NOT DOCUMENTATION FOR EVERY TIME 1% MILK WAS PURCHASE**

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