

Appendix B

Menu Survey and Meal Observation Record

Included in this appendix are:

- The instructions for completing the Menu Survey and completed samples of the menu recording forms for one day (Monday) of the survey week. A separate Menu form was provided for each meal (breakfast, lunch, supper). Morning, afternoon, and evening snacks were recorded on a single form.
- The instructions for the Food You Prepared form and a sample completed form. Providers were asked to complete this form for each food item made from scratch or assembled from two or more ingredients.
- A sample of the meal observer's data recording forms. The Serving Size Measurement Form was used to determine the average weight or volume of a reference serving (portion) of each menu item offered by the provider. One menu item measurement form is shown. The observers actually had forms that could record four menu item measurements on a page, and the observers could use as many pages as were necessary to measure all items served at the specified meal or snack. The Meal Observation Form was then used during the meal service to tally the number of reference servings of each item served to or taken by each child. The observer entered a '1' in the "served" column for each full portion the child was served or took and entered a fraction, such as '1/2', for each partial serving of a full portion the child was served or took. After the meal service, the observer summed the entries in the 'served' column and entered the sum in the 'total' column.

Note: The sample completed forms were handwritten when given to the providers along with the blank forms because they would be filling their forms out by hand. The samples are typewritten in this report for ease of printing. Some of the forms have been reformatted to fit this report's format.



**Family Child Care Homes
Legislative Changes Study**

MENU SURVEY

For Meals and Snacks Served:

Monday / /
 month day year

through

Friday / /
 month day year

Abt toll-free number: 1-800-244-4135

[Attach ID Label]

Public reporting burden of this collection of information is estimated to average 162 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. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Department Clearance Officer, OIRM, AG Box 7630, Washington, DC 20250.

MENU SURVEY

Use this booklet to describe all the foods and drinks you serve to children in your care during the week noted on the front cover.

Please do not be alarmed by the size of the booklet. You will use the booklet for five days, filling in a few pages each day as you prepare and serve meals and snacks. You will probably not need to use all of the pages in the booklet, but there are extra pages for people who might need them.

This booklet has been divided into six sections. The first five sections are for menus for each day of the week. Each daily section includes menu pages for breakfast, lunch, supper, and snacks. The last section of the booklet contains pages for foods you prepare from a recipe. General guidelines for completing this survey are given below. There are more detailed instructions and examples of completed pages at the beginning of each section. The yellow pamphlet, called the **FOOD DESCRIPTION GUIDE**, will also help you with the survey.

If you have any questions or need assistance in completing the survey, now or at any time, you may call our toll-free number: 1-800-244-4135. We would 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.

How to Complete this Survey

1. Before you begin, read all of the instructions and look over the sample menu pages in the MONDAY section of the booklet.
2. Each day, fill out the *Menu* pages in the section of the booklet marked with the name of that day: Monday, Tuesday, Wednesday, Thursday, or Friday. Use these pages to write down **all the foods and drinks you serve to children for each meal and snack**.
3. Use the *Food You Prepared* pages to tell us more about **foods you prepare from a recipe when the recipe is readily available**.
4. Remember to follow the instructions at the beginning of each section and on each page of the booklet.
5. When the week is over and you have completed the survey, please check your very important work. Then mail the completed *Menu Survey* to Abt Associates Inc. in the postage-paid envelope provided.

MENUS FOR MONDAY

Use the pages in this section to write down all the foods and drinks you served to children in your care on Monday. A sample of a completed *Menu* page can be found on the back of these instructions.

How to Fill in the *Menu* Pages

1. **Each page** asks about **one meal or snacks**. If you do not serve that meal or snack, check (✓) the "Do not serve..." box in the upper right corner. Leave that page or part of the page blank.
2. For every meal and snack that you do serve, please fill in the chart to tell us what you served on Monday. Follow the instructions at the top of each column:

What Did You Serve?

- Write the names of all the foods and drinks you served for that meal or snack.
- Use a separate line for each food, and skip a line or two between each food.
- If you served a hot or cold sandwich, write the name of the sandwich on one line, then list each part of the sandwich on the lines below.

Please Describe Each Food

- Describe each food and drink in detail. Include the brand name whenever possible. The **FOOD DESCRIPTION GUIDE** shows the kinds of information we need you to write in this column.
- Be sure to note the cooking method, salt, and the types of fat used in preparation or added before serving the food.
- Use as many lines as you need to describe each food.

Did You Prepare the Food or Was it Ready-to-Eat (or Drink)?

- Check (✓) one box for each food and drink you list to tell us **whether you prepared the food yourself or whether the food was ready-to-eat (or drink)**.

PREPARED MYSELF: Foods you make from scratch by combining two or more foods or ingredients. For example: cookies you made, rice you cooked, or a sandwich you made.

- If you have a recipe, or can easily tell us what ingredients you used in foods you prepared yourself, please fill out a page in the **Food You Prepared** section located at the back of the booklet behind Friday's menus.

READY-TO-EAT: Foods and drinks that need little or no preparation on your part or can be eaten **as is**. For example: hot dogs, frozen dinners, apple juice made from frozen concentrate, or packaged cookies.

To Which Age Groups Did You Serve this Food?

- Check the boxes to tell us the ages of the children served each food or drink.

SAMPLE

MENU FOR BREAKFAST

Check this box if you do not serve Breakfast.

Today's date: 6 / 1 / 98
 month day year

Abt Staff Use Only Please do not write in this column.	What Did You Serve? List <u>all</u> foods and drinks.	Please Describe Each Food • Include brand name, cooking method, salt, and type of fat used, if applicable. • Check the FOOD DESCRIPTION GUIDE pamphlet for additional instructions.	Did you Prepare the Food or was it Ready-To-Eat? <i>Check one box for each food. Follow instructions in the Food You Prepared section.</i>		To Which Age Groups Did You Serve the Food or Drink? <i>Check the box(es) for each age group served this food.</i>		
			Prepared Myself	OR Ready-to-Eat	1-2 Years	3-5 Years	6-12 Years
BREAKFAST							
	cereal	Cherrios, General Mills		✓	✓	✓	
	sugar	white		✓	✓	✓	
	milk	2%, white, Hood		✓	✓	✓	
	juice	orange, Minute-Maid, made from frozen concentrate		✓	✓	✓	
	banana	fresh, sliced		✓	✓	✓	

SAMPLE

MENU FOR LUNCH

Check this box if you
 do not serve Lunch.

Today's date: 6 / 1 / 98
 month day year

Abt Staff Use Only Please do not write in this column.	What Did You Serve? List <u>all</u> foods and drinks.	Please Describe Each Food Include brand name, cooking method, salt, and type of fat used, if applicable. • Check the FOOD DESCRIPTION GUIDE pamphlet for additional instructions.	Did you Prepare the Food or was it Ready-To-Eat?		To Which Age Groups Did You Serve the Food or Drink?		
			Prepared OR Myself	Ready-to-Eat	1-2 Years	3-5 Years	6-12 Years
LUNCH							
	Sandwich	Peanut butter & jelly	✓		✓	✓	
	Peanut butter	Skippy, smooth					
	Jelly	Welch's grape					
	Bread	Wonder, white					
	Carrot sticks	Raw, plain		✓		✓	
	Pears	Del Monte, diced, canned in light syrup		✓	✓	✓	
	Milk	2%, white, Hood		✓	✓	✓	
	Peas and carrots	Del Monte, canned, heated		✓	✓	✓	

SAMPLE

MENU FOR SUPPER

Check this box if you
 do not serve Supper.

Today's date: 6 / 1 / 68
 month day year

Abt Staff Use Only Please do not write in this column.	What Did You Serve? List <u>all</u> foods and drinks.	Please Describe Each Food • Include brand name, cooking method, salt, and type of fat used, if applicable. • Check the FOOD DESCRIPTION GUIDE pamphlet for additional instructions.	Did you Prepare the Food or was it Ready-To-Eat? <i>Check one box for each food. Follow instructions in the Food You Prepared section.</i>		To Which Age Groups Did You Serve the Food or Drink? <i>Check the box(es) for each age group served this food.</i>		
			Prepared Myself	OR Ready-to-Eat	1-2 Years	3-5 Years	6-12 Years
SUPPER							
	Meatloaf	Homemade, plain	✓		✓		✓
	Mashed potatoes	Made with 2% milk, margarine, salt and pepper	✓		✓		✓
	Corn	Canned, Del Monte, boiled		✓	✓		✓
	Milk	2%, white, Hood		✓	✓		✓
	Pudding	Jello Pudding Cup, chocolate		✓	✓		✓
	Bread w/ margarine	Pepperidge Farm, 100% whole wheat Shedd's, whipped, soft		✓	✓		✓

- Check this box if you do not serve Morning Snack.
- Check this box if you do not serve Afternoon Snack.
- Check this box if you do not serve Evening Snack.

**SAMPLE
MENUS FOR SNACKS**

Today's date: 6 / 1 / 98
month day year

Abt Staff Use Only Please do not write in this column.	What Did You Serve? <i>List all foods and drinks.</i>	Please Describe Each Food • Include brand name, cooking method, salt, and type of fat used, if applicable. • Check the FOOD DESCRIPTION GUIDE pamphlet for additional instructions.	Did you Prepare the Food or was it Ready-To-Eat? <i>Check one box for each food. Follow instructions in the Food You Prepared section.</i>		To Which Age Groups Did You Serve the Food or Drink? <i>Check the box(es) for each age group served this food.</i>		
			Prepared Myself	OR Ready-to-Eat	1-2 Years	3-5 Years	6-12 Years
MORNING SNACK							
	Banana Bread	Homemade	✓		✓	✓	
	w/ butter	Land O' Lakes, salted		✓	✓	✓	
	Juice	Apple, Veryfine, w/ added vitamin C		✓	✓	✓	
AFTERNOON SNACK							
	Yogurt	Trix, lowfat, banana-strawberry flavored		✓	✓	✓	
	Juice	Orange, Minute-Maid, made from frozen concentrate		✓	✓	✓	
EVENING SNACK							

FOOD YOU PREPARED

Use a *Food You Prepared* page for any food you checked as "Prepared Myself" on the *Menu* pages and for which you can easily tell us the recipe. This includes food you made from scratch or by combining two or more foods or ingredients. (The exception is sandwiches which can be fully described on the *Menu* pages.) A sample of a completed *Food You Prepared* page is shown on the back of these instructions.

How to Fill in the *Food You Prepared* Pages

- 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.
- 2. Number of servings prepared.** Write the number of servings you made on this line.
- 3. Size of each serving.** Write the **size** of one serving in this space. For example: 1/2 cup, 4 oz, or 1 brownie.
- 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 survey week.
- 5. Fill in the chart** following the instructions at the top of each column:

What Ingredients or Foods Did You Use?

- List **all** ingredients and foods by name on separate lines. Include everything you used—salt, pepper and other spices, 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 pounds (lb) (ground beef)
2 tsp (salt)	¾ cup (cooked rice)
4 oz (shredded cheese)	1 quart (qt) (milk)

- If you use an ingredient that is not measured, write down *how much or how many* you used. If possible, tell us whether the item was small, regular (medium), or large.

Examples:

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

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. We also need to know whether it was: *raw or cooked? shredded, chopped, sliced, grated, crushed, or whole?*

Preparation and Cooking Method

- Answer questions 1 and 2 if they apply to the food you prepared.

FOOD YOU PREPARED SAMPLE

Please fill in one of these pages for any food you made from scratch or by combining two or more foods or ingredients, for example, chili, tuna salad, mashed potatoes, salads, pancakes, and homemade cookies.

Name of food Banana Bread

Please use same name you used on the Menu page.

When was food served?

Check all that apply and indicate date(s) served.

Number of servings prepared 12

Size of each serving 1 slice

Examples: 1/2 cup, 4 oz, 1 cup, 3 Tbsp

Date(s) served:

- Breakfast _____
 Lunch _____
 Supper _____
 Snack 6/1/98

What Ingredients or Foods Did You Use? <i>List all ingredients and foods.</i>	How Much Did You Use? <i>Examples: 2 tsp, 1/2 cup, 1 lb, 4 oz</i>	Please Describe Each Ingredient or Food <ul style="list-style-type: none"> • Was it raw or cooked? shredded, chopped, sliced, crushed, or whole? • Check the FOOD DESCRIPTION GUIDE pamphlet for additional instructions.
Butter	1/2 cup	regular, salted
Sugar	1 cup	white
Eggs	2	large, whole, fresh
Bananas	3	mashed
Flour	2 cups	white, all purpose
Baking Soda	1 tsp.	
Salt	1 tsp.	regular
Walnuts	1/4 cup	chopped

PREPARATION AND COOKING METHOD

1. If cooked, what cooking method did you use? *(Check one)*

- Bake/roast Stir fry Pan fry/sauté
 Broil/grill Deep fry Other (specify): _____

2. If you prepared meat (beef, pork, chicken, turkey, etc.), did you: *(Check all that apply)*

- a. Trim the visible fat? Yes No No visible fat to trim
 b. Drain fat after cooking? Yes No No fat to drain
 c. Remove bone before serving? Yes No No bone to remove
 d. Remove skin before serving? Yes No No skin to remove



Family Child Care Homes
Legislative Changes Study

MEAL OBSERVATION RECORD

For Meals and Snacks Served:

____/____/____
month day year

and

____/____/____
month day year

Collected by: _____

Provider ID: _____ - _____ - _____

SERVING SIZE MEASUREMENTS FORM

DAY: (circle one) MON TUE WED THU FRI

CHILD CARE NAME: _____

DATE: ____/____/____
Month Day Year

MEAL: (circle one)

- | | |
|-----------|-----------------|
| BREAKFAST | MORNING SNACK |
| LUNCH | AFTERNOON SNACK |
| SUPPER | EVENING SNACK |

Menu item or component: _____	
Reference Serving: _____	
Weights or volumes of samples:	#1 _____ grams/foz
	#2 _____
	#3 _____
	#4 _____
	#5 _____
Total weights/volumes	_____ grams/foz
<i>Divide by 5 =</i> Average weight/volume of full portion	_____ grams/foz

MEAL OBSERVATION FORM

CHILD CARE NAME: _____

ID: _____

MEAL: (circle one)

Breakfast Lunch Dinner
 Morning Snack Afternoon Snack Evening Snack

DAY: (circle one) MON TUE WED THU FRI

AGE RANGE: _____

DATE OF MEAL: ____/____/____

Foods Served	grams/ FOZ	Reference Serving	ID: Child 1		ID: Child 2		ID: Child 3	
			Served	Total	Served	Total	Served	Total
Foods Served	grams/ FOZ	Reference Serving	ID: Child 4		ID: Child 5		ID: Child 6	
			Served	Total	Served	Total	Served	Total