**D.4a Meal Observation Form – Meals Prepared by Provider**

**Meal Observation Form-Meals Prepared by Provider**

**OMB Control No.:** 0584-XXXX

**OMB Approval Expiration Date:** XX/XX/XXXX

LOGO

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| Interviewer ID #: | | | | | | | | Date of observation: | | | / | | | / 2016 Month Day | Meal: (check one)  | 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)  |
| 0 □ Breakfast 1 □ Lunch 2 □ Dinner/Supper  | 3 □ Morning Snack4 □ Afternoon Snack5 □ Evening Snack  |
| 1. How were the initial portions of this meal **served** to children? (check ONLY one)

0 □ Family Style – serving dishes on community tables and children self-serve most food items1 □ Serving dishes arrive in classroom and staff plate for children on individual dishes/trays at the table2 □ Individual dishes/trays arrive in the classroom already portioned for children, staff pass them out3 □ Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Meal Component: | 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) |
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| Condiments:\* | Amount **Served** | Additions/Deletions | Amount **Remaining** | Amount **Served** | Additions/Deletions | Amount **Remaining** | Amount **Served** | Additions/Deletions | Amount **Remaining** |
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(+) **Additions** to the meal include: 2nd 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.

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| **These X questions pertain to only the 3 children being observed during this meal/snack** | **These X questions pertain to ALL children participating in this meal/snack** |
| 1. During this meal/snack did the staff member sitting at the table with the 3 observed children **eat** the same food as the children?

0 □ No1 □ Yes, complete meal2 □ Yes, but only certain items3 □ No staff sitting at this table  | 1. Were children seated at a **table** for the meal/snack?

0 □ No. If not, specify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1 □ Yes |
| 1. During this meal/snack did the staff member sitting at the table with the 3 observed children **drink** the same food as the children?

 0 □ No1 □ Yes2 □ Did not observe staff drinking during this meal | 1. During this meal, how many children in the classroom participated in the meal by eating the food provided by the center?

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| 1. For the 3 observed children, did you observe staff encouraging them to eat any of the following meal components?

3a. Child 1: 0 □ No 1 □ Yes, fruits 2 □ Yes, vegetables 3 □ Yes, breads/grains 4 □ Yes, meats/beans/nuts (proteins)  5 □ Yes, dairy3b. Child 2: 0 □ No 1 □ Yes, fruits 2 □ Yes, vegetables 3 □ Yes, breads/grains 4 □ Yes, meats/beans/nuts (proteins)  5 □ Yes, dairy3c. Child 3: 0 □ No 1 □ Yes, fruits 2 □ Yes, vegetables 3 □ Yes, breads/grains 4 □ Yes, meats/beans/nuts (proteins)  5 □ Yes, dairy | 1. For this meal or snack, were any food items brought in from home or elsewhere that were provided for the entire class?

 0 □ No1 □ Yes, single items 2 □ Yes, complete meals |
| 6a. If yes, who brought in the food item(s)?0 □ Teacher/other staff member1 □ Parent/child 2 □ Other  |
| 6b. What foods/drinks were brought in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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Adapted from the NAP SACC Diet Observation Form and Environmental Policy Assessment Observation Form (EPAO), and the Early Childhood and Childcare Study Meal Intake Form.

**Meal Observation Decision Log**

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