

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

LOGO

Meal Observation Form-Meals Prepared by Provider

OMB Control No.: 0584-XXXX
OMB Approval Expiration Date: XX/XX/XXXX

Interviewer ID #: _ _ _ _ _ _ _ _ _ _ _ _	Meal: (check one)	Meal START time: ____ : ____ <input type="checkbox"/> am <input type="checkbox"/> pm (check one) <small>*Time at which 75% of children have been seated</small>
Date of observation: _ _ _ / _ _ _ / 2016 <p style="text-align: center;">Month Day</p>	<input type="checkbox"/> 0 Breakfast <input type="checkbox"/> 1 Lunch <input type="checkbox"/> 2 Dinner/Supper	<input type="checkbox"/> 3 Morning Snack <input type="checkbox"/> 4 Afternoon Snack <input type="checkbox"/> 5 Evening Snack
		Meal END time: ____ : ____ <input type="checkbox"/> am <input type="checkbox"/> pm (check one) <small>*Time at which 75% of children have left the table</small>

Meal ongoing (see decision log for details)

1. How were the initial portions of this meal **serv**ed to children? (check ONLY one)

- 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
- 3 Other (please describe) _____

	Child 1 ID #: _ _ _ _ _ _ _ _ _ _ _ _			Child 2 ID #: _ _ _ _ _ _ _ _ _ _ _ _			Child 3 ID #: _ _ _ _ _ _ _ _ _ _ _ _		
	Child 1 Description:			Child 2 Description:			Child 3 Description:		
Meal Component:	Reference Portion Served	Additions/Deletions	Reference Portion Remaining <small>(Plate Waste)</small>	Reference Portion Served	Additions/Deletions	Reference Portion Remaining <small>(Plate Waste)</small>	Reference Portion Served	Additions/Deletions	Reference Portion Remaining <small>(Plate Waste)</small>
Condiments:*	Amount Served	Additions/Deletions	Amount Remaining	Amount Served	Additions/Deletions	Amount Remaining	Amount Served	Additions/Deletions	Amount Remaining

(+) **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 No
 - 1 Yes, complete meal
 - 2 Yes, but only certain items
 - 3 No staff sitting at this table

2. 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 No
 - 1 Yes
 - 2 Did not observe staff drinking during this meal

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

3a. Child 1:	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes, fruits
		2 <input type="checkbox"/> Yes, vegetables
		3 <input type="checkbox"/> Yes, breads/grains
		4 <input type="checkbox"/> Yes, meats/beans/nuts (proteins)
		5 <input type="checkbox"/> Yes, dairy
3b. Child 2:	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes, fruits
		2 <input type="checkbox"/> Yes, vegetables
		3 <input type="checkbox"/> Yes, breads/grains
		4 <input type="checkbox"/> Yes, meats/beans/nuts (proteins)
		5 <input type="checkbox"/> Yes, dairy
3c. Child 3:	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes, fruits
		2 <input type="checkbox"/> Yes, vegetables
		3 <input type="checkbox"/> Yes, breads/grains
		4 <input type="checkbox"/> Yes, meats/beans/nuts (proteins)
		5 <input type="checkbox"/> Yes, dairy

4. Were children seated at a **table** for the meal/snack?
 - 0 No. If not, specify?

 - 1 Yes

5. During this meal, how many children in the classroom participated in the meal by eating the food provided by the center?

6. For this meal or snack, were any food items brought in from home or elsewhere that were provided for the entire class?
 - 0 No
 - 1 Yes, single items
 - 2 Yes, complete meals

6a. If yes, who brought in the food item(s)?

 - 0 Teacher/other staff member
 - 1 Parent/child
 - 2 Other _____

6b. What foods/drinks were brought in?

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.

