**D.4b Meal Observation Form – Meals Brought from Home**

**Meal Observation Form – Meals Brought from Home**

**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 from Home: (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  |
| 0 □ Breakfast 1 □ Lunch 2 □ Dinner/Supper  | 3 □ Morning Snack4 □ Afternoon Snack5 □ Evening Snack  |

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| Meal Component:(*a complete and detailed description of each items should be included in the Food Diary after speaking to the parent)* | Child **1** ID #: | | | | | | | | Child **2** ID #: | | | | | | | | Child **3** ID #: | | | | | | | |
| Child **1** Description: | Child **2** Description:  | Child **3** Description:  |
| Amount**Served**(cups, Tbsp, tsp, oz/g) | Additions/Deletions(cups, Tbsp, tsp, oz/g) | Amount **Remaining**(Plate Waste)(cups, Tbsp, tsp, oz/g) | Amount**Served**(cups, Tbsp, tsp, oz/g) | Additions/Deletions(cups, Tbsp, tsp, oz/g) | Amount **Remaining**(Plate Waste)(cups, Tbsp, tsp, oz/g) | Amount**Served**(cups, Tbsp, tsp, oz/g) | Additions/Deletions(cups, Tbsp, tsp, oz/g) | Amount **Remaining**(Plate Waste)(cups, Tbsp, tsp, oz/g) |
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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

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| **These 2 questions pertain to only the 3 children being observed during this meal/snack** | **These 3 questions pertain to ALL children participating in this meal/snack** |
| 1. During this meal/snack did **any** staff member sit and eat a meal with the children? 0 □ No1 □ Yes2 □ Yes, beverages only 1. For the 3 observed children, did you observe staff encouraging them to eat any of the following meal components?

2a. Child 1: 0 □ No 1 □ Yes, fruits 2 □ Yes, vegetables 3 □ Yes, breads/grains 4 □ Yes, meats/beans/nuts (proteins)  5 □ Yes, dairy2b. Child 2: 0 □ No 1 □ Yes, fruits 2 □ Yes, vegetables 3 □ Yes, breads/grains 4 □ Yes, meats/beans/nuts (proteins)  5 □ Yes, dairy2c. Child 3: 0 □ No 1 □ Yes, fruits 2 □ Yes, vegetables 3 □ Yes, breads/grains 4 □ Yes, meats/beans/nuts (proteins)  5 □ Yes, dairy | 3. Were children seated at a **table** for the meal/snack?0 □ No. If not, specify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1 □ Yes4. 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? 0 □ No1 □ Yes 5a. If yes, who brought in the food item(s)?0 □ Teacher/other staff member1 □ Parent/child 2 □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5b. What foods/drinks were brought in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Meal Observation Decision Log**

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