

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

LOGO

Meal Observation Form – Meals Brought from Home

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

Interviewer ID #: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Date of observation: |_|_|_|_| / |_|_|_|_| /
2016
Month Day

Meal from Home: (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 Component: <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 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)

(+) **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

1. During this meal/snack did **any** staff member sit and eat a meal with the children?
 - 0 No
 - 1 Yes
 - 2 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:	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
2b. 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
2c. 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

These 3 questions pertain to ALL children participating in this meal/snack

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

 - 1 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?
 - 0 No
 - 1 Yes

5a. If yes, who brought in the food item(s)?

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

5b. What foods/drinks were brought in?
