

**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 #: \_\_\_\_\_

Meal from Home: (check one)

Meal **START** time: \_\_\_\_ : \_\_\_\_  am  pm (check one)

\*Time at which 75% of children have been seated

Date of observation: |\_\_\_\_| / |\_\_\_\_| /  
2016

Month Day

0 <input type="checkbox"/> Breakfast	3 <input type="checkbox"/> Morning Snack
1 <input type="checkbox"/> Lunch	4 <input type="checkbox"/> Afternoon Snack
2 <input type="checkbox"/> Dinner/Supper	5 <input type="checkbox"/> Evening Snack

Meal **END** time: \_\_\_\_\_ : \_\_\_\_\_  am  pm (check one)

\*Time at which 75% of children have left the table

(+) Additions to the meal include: 2<sup>nd</sup> 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  No      1  Yes, fruits  
                   2  Yes, vegetables  
                   3  Yes, breads/grains  
                   4  Yes, meats/beans/nuts (proteins)  
                   5  Yes, dairy

2b. Child 2: 0  No      1  Yes, fruits  
                   2  Yes, vegetables  
                   3  Yes, breads/grains  
                   4  Yes, meats/beans/nuts (proteins)  
                   5  Yes, dairy

2c. Child 3: 0  No      1  Yes, fruits  
                   2  Yes, vegetables  
                   3  Yes, breads/grains  
                   4  Yes, meats/beans/nuts (proteins)  
                   5  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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Meal Observation Decision Log