**D.5 Classroom Waste Observation Form**

**Classroom Waste Observation Form – Pg. 1**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Interviewer ID #: | | | | | | | |  Date of observation: | | | / | | | / 2016  Month Day | Meal: (check one) | | |
| 0 □ Breakfast  1 □ Lunch | 2 □ Dinner/Supper  3 □ Morning Snack | 4 □ Afternoon Snack  5 □ Evening Snack |
| **When children do not consume all the meal components, what happens to the food remaining in the classroom?** *(This refers to food remaining in the classroom after the meal is over. It is NOT the amount of food left over on individual children’s plates.)* | | | |

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| --- | --- | --- | --- |
| **Meal Component**  (including condiments brought to the table) | **How is it used?**  (check all that apply) | | |
|  | 0 □ Thrown in garbage  1 □ Donated | 2 □ Saved to be served again  3 □ Taken home by parents | 4 □ Given to/eaten by staff  5 □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 0 □ Thrown in garbage  1 □ Donated | 2 □ Saved to be served again  3 □ Taken home by parents | 4 □ Given to/eaten by staff  5 □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  | 0 □ Thrown in garbage  1 □ Donated | 2 □ Saved to be served again  3 □ Taken home by parents | 4 □ Given to/eaten by staff  5 □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*If you checked “thrown in garbage” for any meal component, continue to the next page. If not, stop here.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX The time required to complete this information collection is estimated to average 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**Classroom Waste Observation Form – Pg. 2**

For items “thrown in the garbage” ONLY, please record HOW MUCH was wasted in the classroom. If the reference portions remaining are not able to be visualized either weigh remaining amounts (minus weight of service bowl/plate) or visually estimate using tsp/Tbsp/cups.

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| --- | --- | --- | --- |
| **Meal Component** | **# of reference portions remaining** | **Weight of item (grams)**  (minus service bowl weight) | **Visual Estimation** (tsp/Tbsp/cups) |
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| *Interviewer comments:* | | | |