# **F20. Meal Observation Booklet**





OMB Number: 0584-xxxx Expiration Date: xx/xx/20xx

# Study of Nutrition and Activity in Child Care Settings II (SNACS-II)

# **Meal Observation Booklet**

Child Care Site ID

Classroom ID

interviewer ID #:   _			_	.ll_	
Date of observation:	_	_  /  _	_	/ 202	23
	Month		Day		
Day of Week (Circle):	М	Т	W	Th	F

The Food and Nutrition Service (FNS) is collecting this information to understand the nutritional quality of CACFP meals and snacks, the cost to produce them, and dietary intakes and activity levels of CACFP participants. This is a voluntary collection and FNS will use the information to examine CACFP operations. The collection does request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. 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 0.75 hours (45 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

# Meals and Snacks Served by Child Care Site Today to Children 1 Year Old and Over

(Confirm with Food Preparer and check all that apply)

#### Meals and snacks to observe today:

Breakfast	□ No □ Yes
Morning snack	□ No □ Yes
Lunch	□ No □ Yes
Afternoon snack	□ No □ Yes
Dinner/supper	□ No □ Yes

#### **Reference Portion Measurement Form**

Meal: ☐ Breakfast ☐ Morning Snack ☐ Lunch ☐ Afternoon Snack ☐ Dinner/Supper								
FOOD LIST  Prior to meal service, list all foods offered by the child care site for the meal being observed.								
FOOD OR BEVERAGE	REFERENCE PORTION	PRE-	Measuremen		ROW			
DESCRIPTION	SIZE OF 1 UNIT	PACK	(WEIGHT, VOLUME)	FMB MODEL & LETTER	#			
			#1 g / FO #2 g / FO		1			
			#1 g / FO					
			#2 g/FO		2			
			#1 g / FO					
			#2 g / FO		3			
			#1 g / FO					
			#2 g / FO		4			
			#1 g / FO					
			#2 g / FO		5			
			#1 g / FO					
			#2 g / FO		6			
			#1 g / FO					
			#2 g / FO		7			
			#1 g / FO					
			#2 g / FO		8			
			#1 g / FO					
			#2 g / FO		9			
			#1 g / FO					
			#2 g / FO		10			
			#1 g / FO					
			#2 g / FO		11			
			#1 g / FO					
			#2 g / FO		12			
			#1 g / FO					
			#2 g / FO		13			
			#1 g / FO					
			#2 g / FO		14			
		_	#1 g / FO					
			#2 g / FO		15			

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#### **Meal Observation Form**

Meal: ☐ Breakfast ☐ Morning Snack ☐ Lunch ☐ Afternoon Snack ☐ Dinner/Supper										
This part of the page will overlay	Meal START time: : □ am □ pm In 'Remaining' column:									
with the Reference Portion	*Time at which 75% of children have been seated - For liquids, record fluid ounces REMAINING									
Measurement Form; food rows will align.	Meal <b>END</b> time: : □ am □ pm □ Ongoing						- For	solid foods, i	ecord	
angn.									ACTION REM	
	*Time at which 75% of children have left the table to the nearest 0, ¼, ½, ¾, or 1									, 74, 72, 74,
		CHILD ID	):		CHILD ID	):		CHILD ID	):	
		TAG:			TAG:			TAG:		
FOOD OR	ROW	#	# ADDED/	#	#	# ADDED/	#	#	# ADDED/	#
BEVERAGE	#	# SERVED	LOST	REMAININ G	# SERVED	LOST	REMAININ G	# SERVED		REMAINING
	1									
	2									
	3									
	4									
	5									
	6									
	7									
	8									
	9									
	10									
	11									
	12									
	13									
	14									
	15									

<sup>(+)</sup> Additions include: 2<sup>nd</sup> portions or items taken from another child. (-) Lost includes: items dropped or spilled, or items given to another child.

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### **Meal Observation Form - Foods Brought From Home**

Meal: ☐ Breakfast ☐ Morning Snack ☐ Lunch ☐ Afternoon Snack ☐ Dinner/Supper								
Mea	al <b>START</b> time: : □ am □ pm	Record 'Amount served' using FMB or counts; if prepackaged,	In 'Remaining' colu					
*Tim	e at which 75% of children have been seated	record weight or volume from	- For liquids, record REMAINING	fluid ounces				
Mea	al <b>END</b> time:: am $\square$ pm $\square$ Ongoing	package if visible.	- For solid foods, red REMAINING, by o	cord FRACTION				
	e at which 75% of children have left the table		nearest 0, ¼, ½, 3	4, or 1				
ROW #	FOOD OR BEVERAGE DESCRIPTION	AMOUNT SERVED	Added/ Lost	AMOUNT REMAINING				
	CHILD ID: TAG							
1								
2								
3								
4								
5								
6								
7								
8								
	CHILD ID: TAG							
1								
2								
3								
4								
5								
6								
7								
8								
	CHILD ID: TAG							
1								
2								
3								
4								
5								
6								
7								
8								

<sup>(+)</sup> Additions include: 2<sup>nd</sup> portions or items taken from another child. (-) Lost includes: items dropped or spilled, or items given to another child.

# **Meal Observation Form – General Questions**

1.	How were the initial portions of this meal or snack <b>served</b> to children? (check ONLY one)
	$\square$ Family Style – Serving dishes on community tables and children self-serve most food items
	☐ Cafeteria Style – Serving dishes arrive in classroom and staff serve children individual dishes/trays at the table
	☐ Pre-packaged or Pre-plated – Individual dishes/trays arrive in the classroom already portioned for children, and staff pass them out
Th	ese 3 questions pertain to only the 3 children you are observing during this meal/snack
2.	Did any staff members sit at the table with the 3 observed children?  ☐ No → GO TO Q5 ☐ Yes
3.	During this meal/snack, did <b>any</b> of these staff <b>eat</b> the same food as the children?  ☐ No ☐ Yes
4.	During this meal/snack, did <b>any</b> of these staff <b>drink</b> the same beverages as the children?  ☐ No ☐ Yes
Th	e following question pertains to ALL children participating in the meal/snack in the classroom observed
5.	During this meal, how many children in the classroom participated in the meal by eating the food provided by the child care site?

#### **Classroom Waste Measurement Form**

Meal: ☐ Breakfast ☐ Morning Snack ☐ Lunch ☐ Afternoon Snack ☐ Dinner/Supper							
This part of the page will overlay with the Reference Portion Measurement Form; food rows will align.	Complete this form for items remaining in the serving dishes on the classroom table that you observed. For all foods and beverages that will be discarded: Weigh all solid food items, and pour all liquids into measuring cup to measure volume. If weight/volume measure not possible, use FMB to visually estimate amount remaining.						
		LEFTOVERS NOT DISCARDED	AMOUNT DISCARDED				
FOOD OR BEVERAGE	ROW #		FOOD + CONTAINER WEIGHT (GRAMS)	EMPTY CONTAINER WEIGHT (GRAMS)	VOLUME (FO)	FMB MODEL AND LETTE	
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15	0					