

F20. Meal Observation Booklet

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

Meal Observation Booklet

Child Care Site ID
Classroom ID

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

Date of observation: |_|_|_|_| / |_|_|_|_| / 2023
Month Day

Day of Week (Circle): M T 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	<input type="checkbox"/> No <input type="checkbox"/> Yes
Morning snack	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lunch	<input type="checkbox"/> No <input type="checkbox"/> Yes
Afternoon snack	<input type="checkbox"/> No <input type="checkbox"/> Yes
Dinner/supper	<input type="checkbox"/> No <input type="checkbox"/> 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 DESCRIPTION	REFERENCE PORTION SIZE OF 1 UNIT	PRE-PACK	MEASUREMENT OF SAMPLE		ROW #
			(WEIGHT, VOLUME)	FMB MODEL & LETTER	
		<input type="checkbox"/>	#1	g / FO	1
			#2	g / FO	
		<input type="checkbox"/>	#1	g / FO	2
			#2	g / FO	
		<input type="checkbox"/>	#1	g / FO	3
			#2	g / FO	
		<input type="checkbox"/>	#1	g / FO	4
			#2	g / FO	
		<input type="checkbox"/>	#1	g / FO	5
			#2	g / FO	
		<input type="checkbox"/>	#1	g / FO	6
			#2	g / FO	
		<input type="checkbox"/>	#1	g / FO	7
			#2	g / FO	
		<input type="checkbox"/>	#1	g / FO	8
			#2	g / FO	
		<input type="checkbox"/>	#1	g / FO	9
			#2	g / FO	
		<input type="checkbox"/>	#1	g / FO	10
			#2	g / FO	
		<input type="checkbox"/>	#1	g / FO	11
			#2	g / FO	
		<input type="checkbox"/>	#1	g / FO	12
			#2	g / FO	
		<input type="checkbox"/>	#1	g / FO	13
			#2	g / FO	
		<input type="checkbox"/>	#1	g / FO	14
			#2	g / FO	
		<input type="checkbox"/>	#1	g / FO	15
			#2	g / FO	

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Meal Observation 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.

Meal **START** time: ____ : ____ am pm

*Time at which 75% of children have been seated

Meal **END** time: ____ : ____ am pm Ongoing

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

In 'Remaining' column:

- For liquids, record fluid ounces REMAINING
- For solid foods, record FRACTION REMAINING, to the nearest 0, 1/4, 1/2, 3/4, or 1

FOOD OR BEVERAGE	ROW #	CHILD ID: _____ TAG: _____			CHILD ID: _____ TAG: _____			CHILD ID: _____ TAG: _____		
		# SERVED	# ADDED/ LOST	# REMAINING	# SERVED	# ADDED/ LOST	# REMAINING	# SERVED	# ADDED/ LOST	# REMAINING
	1									
	2									
	3									
	4									
	5									
	6									
	7									
	8									
	9									
	10									
	11									
	12									
	13									
	14									
	15									

(+) **Additions** include: 2nd 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: <input type="checkbox"/> Breakfast <input type="checkbox"/> Morning Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Dinner/Supper				
Meal START time: ____ : ____ <input type="checkbox"/> am <input type="checkbox"/> pm <small>*Time at which 75% of children have been seated</small>		Record 'Amount served' using FMB or counts; if prepackaged, record weight or volume from package if visible.	In 'Remaining' column: - For liquids, record fluid ounces REMAINING - For solid foods, record FRACTION REMAINING, by counts or to the nearest 0, 1/4, 1/2, 3/4, or 1	
Meal END time: ____ : ____ <input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> Ongoing <small>*Time at which 75% of children have left the table</small>				
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				

(+) **Additions** include: 2nd 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 **served** to children? (check ONLY one)
 - 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

These 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 **any** of these staff **eat** the same food as the children?
 - No
 - Yes
4. During this meal/snack, did **any** of these staff **drink** the same beverages as the children?
 - No
 - Yes

The 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 LETTER
	1	<input type="checkbox"/>				
	2	<input type="checkbox"/>				
	3	<input type="checkbox"/>				
	4	<input type="checkbox"/>				
	5	<input type="checkbox"/>				
	6	<input type="checkbox"/>				
	7	<input type="checkbox"/>				
	8	<input type="checkbox"/>				
	9	<input type="checkbox"/>				
	10	<input type="checkbox"/>				
	11	<input type="checkbox"/>				
	12	<input type="checkbox"/>				
	13	<input type="checkbox"/>				
	14	<input type="checkbox"/>				
	15	<input type="checkbox"/>				