

## **F20. Meal Observation Booklet**

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# 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:**

<b>Breakfast</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Morning snack</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Lunch</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Afternoon snack</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Dinner/supper</b>	<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: 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

<b>Meal:</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> Morning Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Dinner/Supper				
Meal <b>START</b> 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 <b>END</b> 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: 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 **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"/>				