Mealtime Checklist

Classroom_____ Date_____ Initials_____

Areas to Observe	YES	NO	Explain if No
Is the Menu and Food Restriction class list current and posted?			
Are hands and tables cleaned and sanitized before and after meals?			
Do the children with food allergy/intolerances have the substitutions needed?			
Are there any potential choking hazards at the meal table? • Infants *(under a year old),* cut into pieces ¼ inch or smaller • Toddlers, cut into ½ inch or smaller			
Are staff providing opportunities for a child to serve their own food and beverages and assist with preparation before & after meals as much as possible that will develop fine motor skills?			
Is a teacher's conversation child directed?			
Are staff giving children time to respond and engage in conversations?			
Are staff's conversations only focused on food and eating?			
Did conversation focus on child(ren) interests and experiences that were developmentally appropriate?			
Did you observe children socializing with each other?			
Are staff maintaining a positive emotional climate and modeling good eating habits?			
Are staff encouraging children to choose one food components over another one, when seconds is available?			
Was there learning opportunities for the children that involved teacher-child interaction? *Provide example*			
Are teachers encouraging (not forcing) children to try new foods?			
Did you hear food being used as an award or punishment?			
Activities were provided for children who finished early?			
The scheduled mealtime was followed?			
Was food swept up before children transitioned to another activity?			
Are there developmentally appropriate eating/serving utensils, drink pitchers and mealtime furniture for children?			
Are staff at arms reach away from child(ren) eating and/or seated at the table with them at all times? *Including infants in high chairs*			
Was the mealtime calm, safe and a pleasant experience for children?			

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Classroom_____ Date_____ Initials_____

General Observation:

- _____
- _____
- _____
- _____
- _____

Safety Practices Observed:

- _____
- _____
- _____
- _____
- _____
- _____

Suggestion/Recommendations:

- _____
- _____
- _____
- _____
- _____
- _____