



Division of Developmental Disabilities Services

Office of Quality Improvement

Meal Time Observation

Date:	Individual Observed:
Location Name:	How many staff are on duty:
Meal Observed:	Evaluator (s):

Individuals		Comments
The individual had the opportunity to choose a different meal other than the one prepared that day.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preparation		Comments
Did the individual have the opportunity to wash their hands prior to eating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did staff wash their hands prior to serving and preparing the meal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the eating environment clean?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the individual who uses adaptive equipment have them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual are encouraged to participate in cooking, serving, and setting the table.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
During Meal Time		Comments
As stated in the individuals plan, individual are assisted to use utensils?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Staff model appropriate mealtime behavior and conversation with the individuals	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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As stated in the individuals plan dietary and nutritional needs are met.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Staff encourages the individual to be independent.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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The Individual is given sufficient time to eat and drink at their own pace.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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After Meal Time	Comments
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The Individual is assisted with self-clean up	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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The Individual is encouraged to participate in the cleanup process. (ex: loading the dishwasher, cleaning the table, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Documentation	Comments
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Food and fluid charts are completed after the meal if applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Comments:

Using the Meal Time Observation tool

About the tool:

The Meal Time Observation tool was designed to assist Program Evaluators to identify any areas of improvement during the meal time. This tool is the only tool to be used during the meal time process.

How to use this tool:

The Program Evaluator will observe on meal time, breakfast, lunch, or dinner at the service location. As the questions and statements are observed the Evaluator will check off the box. If any comments are needed they will be written in the comments section of the tool next to the observation. If additional comments are needed they will be written on the bottom of the tool. Numerous individuals can be observed however, the focus person should be the priority. If any health & safety issues are observed the Evaluator should stop the staff and contact the PM-46 unit if applicable.

How will the Evaluator provide feedback?

The Program Evaluator will provide immediate feedback to the staff after the meal process. Administrative staff such as the House Manager, Program Coordinator, and/or Program Director will receive a copy of the observation if requested through the Program Evaluator. If standards are not met they may be cited in the Survey Report.

What is expected from the Service Provider after they receive feedback?

The Service Provider will identify any areas of improvement and complete a plan of correction on the Survey. This is a quality improvement observation and should be used as a quality improvement measure.