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2002

Pathways Fifth Grade Kitchen Contact Form

Prevention Research Center, Albuquerque, New Mexico

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To be completed by Pathways staff:

School ID: _____ Form Code: **KC5**

Version: **A** Grade: **5** Seq. #: _____

Fifth Grade Kitchen Contact Form

Site: _____

School: _____

Date: _____

Time of Arrival in Kitchen: _____

Meal Observed: Breakfast____ or Lunch____

Time of Departure from Kitchen: _____

A. Pathways staff

	Name	Title
A1	_____	_____
A2	_____	_____
A3	_____	_____
A4	_____	_____

B. Food service staff contacted (List all that apply) Name

B1	Food Service Director	_____
B2	Cook Manager	_____
B3	Cook	_____
B4	Other kitchen staff	_____

C. Type of visit (Check all that apply)

C1 ☐ Visit to kitchen
C2 ☐ Visit to Food Service Director
C3 ☐ Other - Please specify: _____

D. Focus of contact (Check all that apply)

D1 ☐ Implemented Pathways Food Service Guidelines* (See below for directions)

D2 ☐ Reinforced/follow-up on implementation of Pathways Food Service
Guidelines** # _____

D3 ☐ Met briefly with food service staff
D4 ☐ Helped serve breakfast
D5 ☐ Observed school breakfast
D6 ☐ Ate breakfast
D7 ☐ Helped serve lunch
D8 ☐ Observed school lunch
D9 ☐ Ate lunch
D10 ☐ Helped Prepare School Meal
D11 ☐ Coordinated curriculum or family food service activities
D12 ☐ Meeting with Administration
D13 ☐ Other - Please specify: _____

* Refer to following pages for guideline and specific activity codes. For example, if Guideline #1 was implemented (Offer Lower-Fat Milk), write "1D" to indicate offered 1% milk, or "1E" to indicate offered skim milk.

**Indicate number of guideline. Specific activity codes are not necessary.

If any food preparation or meal serving was observed, please complete the following pages.

Pathways Behavioral Guidelines Evaluation

Directions:

If you **observed** the Pathways Food Service behavioral guideline being implemented as stated:

Check yes (1) if guideline implemented

Check no (2) if guideline not being implemented

Check no opportunity (3) if no opportunity to observe whether the guideline was implemented or not

Guideline #1: Offer Lower-Fat Milk (skim, 1%)		1-YES	2-NO	3-No Opportunity
1A	Offered no whole milk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1B	Offered no 2% milk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1C	Offered no 1 1/2% milk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1D	Offered 1% milk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1E	Offered skim milk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1F	Offered other milk	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1G	List other milk(s): _____			

Guideline #2: Drain and Rinse Ground Meat		1-YES	2-NO	3-No Opportunity
2A	Drained fat from cooked ground meat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2B	Rinsed cooked ground meat with hot water and drained again	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Guideline #3: Purchase Lower-Fat Vendor Products		1-YES	2-NO	3-No Opportunity
3A	Used lower-fat entrees that meet the Pathways nutrition guidelines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3B	List specific product(s): _____			
3C	Used low- or non-fat salad dressings that meet the Pathways nutrition guidelines	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3D	List specific dressing(s): _____			
3E	Offered no high fat salad dressing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Guideline #4: Use Low-Fat Cheese		1-YES	2-NO	3-No Opportunity
4A	Used lower-fat cheese that meet the Pathways nutrition guidelines	<input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4B	List specific cheese(s): _____			
4C	Offered no high fat cheese	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4D	Used portion providing ≤ 5 grams of fat	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Guideline #5: Use Less or No Butter and Other Fats*		1-YES	2-NO	3-No Opportunity
5A	Served breads (including rolls, muffins, and biscuits) with no added butter to top of hot breads from the oven	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5B	Served breads on the serving line with no butter or other fats*	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5C	Cooked spaghetti, macaroni, noodles, or rice in water with little or no fat*	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5D	Served spaghetti, macaroni, noodles, or rice with no added fat*	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5E	Prepared gravy with no fat*	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5F	Prepared hot vegetables with no added fat*	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5G	Served hot vegetables with no added fat*	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

*Fat includes butter, margarine, lard, meat drippings, regular cheese sauce, regular sour cream, regular shortening, and vegetable oil.

Guideline #6: Remove Butter and Other Fats from the Serving Line**1-YES 2-NO 3-No Opportunity**

- 6A Offered no butter, margarine, or other fats
on the serving line

1 ☐ 2 ☐ 3 ☐**Guideline #7: Offer Choices of Fruits and Vegetables****1-YES 2-NO 3- No****Opportunity**

- 7A Offered two or more fruits

1 ☐ 2 ☐ 3 ☐

- 7B List fruits: _____

- 7C Offered two or more vegetables

1 ☐ 2 ☐ 3 ☐

- 7D List vegetables: _____

Guideline #8: Serving Seconds (Check Seconds Offered)**1-YES 2-NO 3-No Opportunity**

- 8A Offered no seconds of entree

1 ☐ 2 ☐ 3 ☐

- 8B Offered seconds of fruit

1 ☐ 2 ☐ 3 ☐

- 8C Offered seconds of vegetable

1 ☐ 2 ☐ 3 ☐

- 8D Offered seconds of bread

1 ☐ 2 ☐ 3 ☐**Guideline #9: Portion Size****1-YES 2-NO 3-No Opportunity**

- 9A Used standard serving utensils

1 ☐ 2 ☐ 3 ☐

If no, list foods: _____

- 9B Used standard serving utensils correctly

1 ☐ 2 ☐ 3 ☐

- 9C Offered required amount of menu items

1 ☐ 2 ☐ 3 ☐

If no, list foods: _____

- 9D Used standard serving utensils correctly for entrée

1 ☐ 2 ☐ 3 ☐

List follow-up actions needed:

1) _____

2) _____

3) _____

List Breakfast Served:

List Lunch Served:

General Comments (please include barriers to implementation of guidelines):

