①

FIVE-DAY RECONCILIATION

Attachment A

PAGE____ OF ____

FACILITY NAME _____

TODAY'S DATE _____

②

	DAY OF WEEK	DATE
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		

INSTRUCTIONS

① Complete facility name, today's date, and number of pages.

② Insert the days of the week and corresponding dates chosen for the five-day reconciliation.

③ Insert each child's name selected from the random sample.

④ Record the meal types claimed for each child from the Meal Participation Records for the five-day reconciliation period.

⑤ Check if each child was in attendance for those five days. (Homeless shelters use intake records.) List from attendance records the child's time in and time out. This would include if the child left and came back from school.

⑥ Using each child's enrollment form (skip this section if homeless shelters), compare the days, the meals, and the times the parent indicated the child should participate against their Meal Participation Records to see if they match for the five-day reconciliation.

③ CHILD'S NAME	DAY	④ MEAL PARTICIPATION (MPR)							⑤ ATTENDANCE RECORD						⑥ ENROLLMENT FORM					
									IN ATTENDANCE		WHAT TIMES				MATCHES					
											AM		PM		Day		Meal		Time	
		Early Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack	Yes	No	Time In	Time Out	Time In	Time Out	Yes	No	Yes	No	Yes	No
NAME OF CHILD	*Day 1*	☐	☐	☐	☐	☐	☐	☐												
	Day 2	☐	☐	☐	☐	☐	☐	☐												
	Day 3	☐	☐	☐	☐	☐	☐	☐												
	Day 4	☐	☐	☐	☐	☐	☐	☐												
	Day 5	☐	☐	☐	☐	☐	☐	☐												
NAME OF CHILD	*Day 1*	☐	☐	☐	☐	☐	☐	☐												
	Day 2	☐	☐	☐	☐	☐	☐	☐												
	Day 3	☐	☐	☐	☐	☐	☐	☐												
	Day 4	☐	☐	☐	☐	☐	☐	☐												
	Day 5	☐	☐	☐	☐	☐	☐	☐												
NAME OF CHILD	*Day 1*	☐	☐	☐	☐	☐	☐	☐												
	Day 2	☐	☐	☐	☐	☐	☐	☐												
	Day 3	☐	☐	☐	☐	☐	☐	☐												
	Day 4	☐	☐	☐	☐	☐	☐	☐												
	Day 5	☐	☐	☐	☐	☐	☐	☐												
NAME OF CHILD	*Day 1*	☐	☐	☐	☐	☐	☐	☐												
	Day 2	☐	☐	☐	☐	☐	☐	☐												
	Day 3	☐	☐	☐	☐	☐	☐	☐												
	Day 4	☐	☐	☐	☐	☐	☐	☐												
	Day 5	☐	☐	☐	☐	☐	☐	☐												