

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.
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3 CHILD'S NAME	DAY	4. MEAL PARTICIPATION (MPR)							5. ATTENDANCE RECORD				6. ENROLLMENT FORM							
		Early Snack	Break- fast	AM Snack	Lunch	PM Snack	Supper	Evening Snack	IN ATTENDANCE		WHAT TIMES				MATCHES					
									Yes	No	AM		PM		Day		Meal		Time	
											Time In	Time Out	Time In	Time Out	Yes	No	Yes	No	Yes	No
	Day 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Day 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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