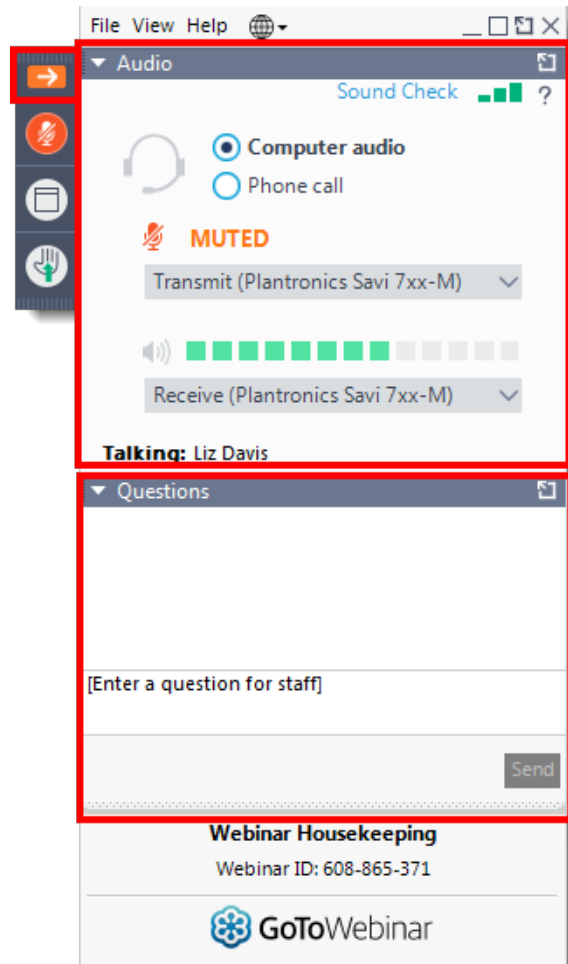


The In's and Out's of Claim Review and Submission

Becca Cochran, MS, RDN, CACFP
Coordinator

Jennifer Hutchinson, School Meals
Consultant

GoToWebinar Housekeeping



Your Participation

Open and close your control panel

Join audio:

- Choose **Mic & Speakers** to use VoIP
- Choose **Telephone** and dial using the information provided

Submit questions and comments via the Questions panel

Note: Today's presentation is being recorded and will be provided within 48 hours.

Agenda

- Discuss meal counting requirements
- Define point of service meal counts
- NSLP/SBP Claim Edit Checks
- CACFP Claim Edit Checks

What is Meal Counting?

- The process of accurately collecting and maintaining data at the Point of Service.
- Food service staff must obtain accurate meal counts so that the SFA/Sponsor can submit meal count totals at the end of each month for reimbursement.
 - Claims include the total number of meals served or the total number of free, reduced- price, and paid meal served.
- Staff must understand the importance of checking every participant who receives a meal.
- Staff need to be able to recognize when a participant has selected or received a reimbursable meal.

Point of Service is

- The point in the food service operation where a determination can accurately be made that a reimbursable meal has been served to an eligible child.
- The point of service is always at the end of a traditional serving line or after all components have been served.

Why are Point of Service Meal Counts so Important?

- It ensures that each participant has the opportunity to receive a reimbursable meal.
- It ensures that each reimbursable meal is counted, allowing the SFA/Sponsor to claim each meal and receive reimbursement from the USDA to cover the costs of offering meals to participants.

Unacceptable Meal Counting Methods

- Meal counts taken prior to the meal service or in a location other than the location where the meal is served
- Based on attendance or enrollment record
- Not performed at the point of service
- “Backed out” (total in attendance minus those observed not to have a reimbursable meal)
- Plate or tray counts

Counting and Claiming Put into Practice

- When meals are served in a cafeteria setting the point of service meal counts must always be taken at the end of the service line after the participant has selected the meal components that will make a reimbursable meal.
 - This information can be entered into a computerized Point of Sale System or can be recorded on a paper roster or spreadsheet.
- For meals served outside of the cafeteria setting, meal count software can be used to print rosters. Rosters can be sent (and collected) daily with the meals or can be delivered each Monday for completion during the week.
- Food service staff with computerized point of service systems can receive and review the completed meal rosters from classrooms and enter that day's meal counts into the computer.
- If the SFA/Sponsor does not have a computerized point of service, spreadsheets can be created for use in classrooms.

The Importance of Meal Count Training

- Whether in a cafeteria setting or in the classroom; training staff to correctly and clearly mark rosters or enter meals into a Point of Sale System at the point of service is essential for accurate meal counts.
- Food Service staff should be trained on meal collection and the importance of ensuring students receive the appropriate meal components at the point of service in order to claim meals for federal reimbursement.
- If meals are being served in a classroom setting, teachers and classroom staff will need to be trained on how to take meal counts at the Point of Service.
- Teachers and other classroom staff might need additional training on what meal components make up a complete reimbursable meal, depending on whether students select their meal components in the classroom or whether all components are already unitized.

School Nutrition Program Edit Checks

- Refers to the procedure used by the SFA to compare each site's daily counts of free, reduced, and paid meals and consolidate them into a monthly report.
- This process is required to be completed prior to submitting a claim for reimbursement.
- Might be an automated process completed by point of service software or manual.
- Must have edit checks in place to ensure accuracy.
- The process will be reviewed by Child Nutrition staff during your Administrative Review.
- Site managers should provide clear and accurate meal count information to Program directors. Directors must edit check the information provided to ensure accuracy before submitting the claim for reimbursement.
- If site managers are entering their own information into the claim system. Program directors must still review that information and ensure its accuracy before submitting the claim.
- In the new Harvest system site managers have data entry level permission. Program Directors and Business managers are allowed authorized rep status to allow them to submit the claims.

Claim System

- Claims in the Harvest system are not ready yet

Example 1

3/1/2019
3:15:12PM

[REDACTED]
Daily Participation
From: 2/1/2019 - To: 2/28/2019

Page 1 of 3

Site Id: 079

[REDACTED]

BREAKFAST MEALS

LUNCH MEALS

Date	Free	Red.	Paid	Teachers	Adults	SFS	Catered	Total	Free	Red.	Paid	Teachers	Adults	SFS	Catered	Total
02/01/19	31	32	55	1	0	0	0	119	45	44	179	8	0	0	0	276
02/04/19	35	29	54	1	0	0	0	119	47	50	198	10	0	0	0	305
02/05/19	42	27	59	1	0	0	0	129	48	48	199	7	0	0	0	302
02/06/19	34	31	66	0	0	0	0	131	48	49	203	5	0	0	0	305
02/08/19	30	28	48	0	0	0	0	106	45	46	224	10	0	0	0	325
02/11/19	33	31	51	1	0	0	0	116	47	47	185	6	0	0	0	285
02/12/19	30	30	57	0	0	0	0	117	52	47	196	10	0	0	0	305
02/14/19	25	23	47	1	0	0	0	96	52	50	211	11	0	0	0	324
02/15/19	28	26	62	1	0	0	0	117	48	53	219	16	0	0	0	336
02/18/19	28	28	48	0	0	0	0	104	46	46	194	5	0	0	0	291
02/19/19	29	28	54	0	0	0	0	111	45	46	199	5	0	0	0	295
02/20/19	38	28	61	0	0	0	0	127	46	50	189	7	0	0	0	292
02/21/19	34	28	61	0	0	0	0	123	44	47	209	10	0	0	0	310
02/22/19	31	22	45	0	0	0	0	98	52	42	194	13	0	0	0	301
Total:	448	391	768	6	0	0	0	1,613	665	665	2,799	123	0	0	0	4,252

Example 2

Month April Year 2019 SFA/School [REDACTED] **DAILY MEAL COUNT SHEET**

Instructions: Follow the instructions on the back of this sheet.

Date	LUNCH					BREAKFAST						
	Free	Reduced	Paid	Total Students	Adults	Total Lunches	Free	Reduced	Paid	Total Students	Adults	Total Brkfst
1	140	33	74	247	8	255	123	29	56	208	6	214
2	74	28	77	251	8	259	121	28	59	208	7	215
3	124	34	71	249	11	260	122	32	61	222	6	228
4	161	39	95	295	11	306	139	28	63	230	6	236
5	153	37	84	276	13	289	129	31	58	216	5	222
6	152	37	90	279	13	292	128	30	57	217	6	223
7	149	32	98	279	10	289	115	22	43	180	6	186
8	143	31	85	259	14	278	121	21	61	212	6	218
9	142	27	87	266	13	279	121	21	61	212	6	218
10												
11												
12												
13	150	40	77	267	12	282	121	37	60	222	7	234
14	127	27					121		30			150
15	123						121		31			
16	123						121		31			
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
Totals			34	51			5		6			

Example 3

	7/15	16 th	17	18	19	20	21
	Sun	Mop	Tue	Wed	Thur	Fri	Sat
1	✓	✓	✓	✓	✓	✓	✓
2	✓	✓	✓	✓	✓	✓	✓
3	✓	✓	✓	✓	✓	✓	✓
4							
5							
6							
7	✓	✓	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓	✓	✓
10	✓	✓	✓	✓	✓	✓	✓
11	✓	✓	✓	✓	✓	✓	✓
12	✓	✓	✓	✓	✓	✓	✓
13							
14	✓	✓	✓	✓	✓	✓	✓
15	✓	✓	✓	✓	✓	✓	✓
16	✓	✓	✓	✓	✓	✓	✓
17	✓	✓	✓	✓	✓	✓	✓
18	✓	✓	✓	✓	✓	✓	✓
19	✓	✓	✓	✓	✓	✓	✓
20	✓	✓	✓	✓	✓	✓	✓
21	✓	✓	✓	✓	✓	✓	✓
22	✓	✓	✓	✓	✓	✓	✓
23	✓	✓	✓	✓	✓	✓	✓
24	✓	✓	✓	✓	✓	✓	✓
25	✓	✓	✓	✓	✓	✓	✓

0	17	21	18	20	20	24	18	22	17	21	15	13	18
B	L	B	L	B	L	B	L	B	L	B	L	B	L

139 - B
 138
 123 - L

CACFP Reimbursement and Claim Review and Submission Requirements

Claims for Reimbursement in CACFP

- Reimbursement funds are made available to States from USDA.
- Sponsors must have an agreement with the State agency and must submit claims monthly.
- Claims for reimbursement can only be paid for approved meal types and must report information in accordance with the financial management system established by the State.

CACFP Claim Review Requirements

- Sponsors must have edit checks in place to review monthly claim information for all sponsored sites.
- Proper edit checks ensure all information submitted to the State agency is accurate.
- Edit checks also allow Sponsors to correct discrepancies, follow-up with sites to provide training and technical assistance and ensure all meals claimed meet meal pattern requirements.

Federal Regulations

- 7 CFR 226.11 reviews the requirements associated with program payments to participating sponsors.
 - 7 CFR 226.11(b)(1) Prior to submitting its consolidated monthly claim to the State agency, each sponsoring organization must conduct reasonable edit checks on the sponsored centers' meal claims, which at a minimum, must include those edit checks specified at §226.10(c).

CACFP Claim Review Requirements

7 CFR 226.10(c): At a minimum the Institution's edit checks must:

- Verify that each facility has been approved to serve the types of meals claimed.
- Compare the number of children enrolled at each facility, multiplied by the number of days on which the facility is approved to serve meals, to the total number of meals claimed by the facility for that month.
- All records to support the claim shall be retained for a period of three years after the date of submission of the final claim for the fiscal year to which they pertain.
- All accounts and records pertaining to the Program shall be made available, upon request, to representatives of the State agency, of the Department, and of the U.S. Government Accountability Office for audit or review, at a reasonable time and place.

CACFP Claim Review Requirements

7 CFR 226.10(c): At a minimum the Institution's edit checks must:

- The Claim for Reimbursement for any month shall cover only Program operations for that month.
- A final Claim for Reimbursement shall be postmarked and/or submitted to the State agency not later than 60 days following the last day of the full month covered by the claim.
- Downward adjustments in Program funds claimed shall always be made without FNS authorization regardless of when it is determined that such adjustments are necessary.
- If audits, investigations, or other reviews, a State agency has reason to believe that an institution, child or adult care facility, or food service management company has engaged in unlawful acts with respect to Program operations, the evidence found in audits, investigations, or other reviews is a basis for non-payment of claims for reimbursement.

Additional CACFP Claim Review Requirements

- While USDA outlines the minimum requirements edit checks must include, all information entered and submitted on the claim for reimbursement must be accurate and must be supported by back-up documentation.
- Sponsors must review all back-up documentation associated with the claim for reimbursement to ensure accuracy prior to submitting the claim for reimbursement.

Claims for Reimbursement in CACFP

All claim forms will, at a minimum, require submission of the following information [7 CFR 226.11(b) and (c)]:

- Month and year the meals were served;
- Number of days of operation;
- Total enrollment;
- Average daily attendance (the result of each day's attendance, totaled, then divided by the number of operating days);
- Total number of meals claimed by type (breakfast, lunch, snack, or supper) by eligibility category or, where reimbursement is computed by claiming percentages, the total number of meals served by type;

Claims for Reimbursement in CACFP

All claim forms will, at a minimum, require submission of the following information [7 CFR 226.11(b) and (c)]:

- For for-profit centers, must report the percentage of Title XX beneficiaries that month;
- If the State agency elects to reimburse its centers according to the lesser of rates, the claim form will also require information on operating costs, administrative costs;
- Certification that the claim is correct, and records are available to support the claim.

Entering Claims for Reimbursement

Attendance Reporting

	<u>Quantity</u>
C1. Total Days of Operation:	22
C2. Total Attendance:	339
C3. Average Daily Attendance:	16
C4. Number of Shifts:	1

- Total Days of Operation
- Total Attendance
- Average Daily Attendance
- Number of Shifts

Total Days of Operation

- The total number of days of operation are the days in which a site was approved to serve meals, open and serving and claiming reimbursable meals.
- Sites may not serve meals on days that site is not approved to provide meals.
- Sites do not include days the site was open but did not provide meals.

Total Days of Operation Example

CENTER: _____ Updated 9/30/16

4/21
M/Y

DATE	DAILY ATTENDANCE	ELIGIBLE CHILDREN		INELIGIBLE CHILDREN & NON-PROGRAM ADULTS	
			PM SNACK		PM SNACK
4/11/21	5		5		
4/12/21	5		5		
4/15/21	5		5		
4/16/21	5		5		
4/17/21	5		5		
4/18/21	5		5		
4/19/21	5		5		
4/12/21	6		6		
4/13/21	6		6		
4/14/21	5		5		
4/15/21	6		6		
4/16/21	4		4		
4/27/21	6		6		
4/28/21	6		6		
4/29/21	6		6		
TOTALS	75		75		

TOTAL # OF DAYS OPEN: ~~X~~ 14

75

Total Attendance

- The total attendance for the month is the number of participants who attended the site during the month.
- Each day's attendance will be added together for the total attendance.
- The total attendance is not the number of participants who received a meal.
- Programs are required to maintain attendance records separately from the site's meal count records although they may be maintained on the same form.
- Sign in and out sheets or daily attendance rosters

Attendance Record Examples

Date 1/6/21

Student Name	Time In	Time Out	Initials	Amount Paid
[REDACTED]	7:41	5:35	SW	
[REDACTED]	7:23	5:06	MC	
[REDACTED]	7:23	5:06	ML	
[REDACTED]	8:00	4:57	SG	
[REDACTED]	8:15	4:24	TJ	
[REDACTED]	8:15	5:41	TJ	
[REDACTED]	8:07	5:40	LK	
[REDACTED]	8:30	4:42	BC	
[REDACTED]	7:08	4:26	BC	
[REDACTED]	7:08	4:26	BC	
[REDACTED]				
[REDACTED]				
[REDACTED]	7:45	4:14	CB	
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]	3:23	5:40	BW	
[REDACTED]	8:08	5:45	DB	
[REDACTED]	8:38	5:45	SB	
[REDACTED]	7:40	4:57	AG	
[REDACTED]	3:13	5:10	BWS	
[REDACTED]	7:23	5:06	MC	
[REDACTED]	7:50	4:42	KA	
[REDACTED]	8:00	4:57	SG	
[REDACTED]				
[REDACTED]				
[REDACTED]	8:06	3:59	LH	
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				

3/8/21

Last Name	First Name	Program	Grade	Day	Attendance	Snack
[REDACTED]	[REDACTED]	CR	5	Monday	✓	✓
[REDACTED]	[REDACTED]	CR	4	Monday	✓	✓
[REDACTED]	[REDACTED]	CR	4	Monday	✓	✓
[REDACTED]	[REDACTED]	CR	6	Monday	✓	✓
[REDACTED]	[REDACTED]	CR	4	Monday	✓	✓
[REDACTED]	[REDACTED]	CR	4	Monday	✓	✓
[REDACTED]	[REDACTED]	CR	4	Monday	✓	✓
[REDACTED]	[REDACTED]	CR	5	Monday	✓	✓
[REDACTED]	[REDACTED]	CR	5	Monday	✓	✓
[REDACTED]	[REDACTED]	CR	4	Monday	✓	✓
[REDACTED]	[REDACTED]	CR	4	Monday	✓	✓
[REDACTED]	[REDACTED]	EX	2	Monday	✓	✓
[REDACTED]	[REDACTED]	EX	2	Monday	✓	✓
[REDACTED]	[REDACTED]	EX	3	Monday	✓	✓
[REDACTED]	[REDACTED]	EX	2	Monday	✓	✓
[REDACTED]	[REDACTED]	EX	2	Monday	✓	✓
[REDACTED]	[REDACTED]	EX	3	Monday	✓	✓
[REDACTED]	[REDACTED]	EX	2	Monday	✓	✓
[REDACTED]	[REDACTED]	EX	2	Monday	✓	✓
[REDACTED]	[REDACTED]	EX	3	Monday	✓	✓
[REDACTED]	[REDACTED]	EX	3	Monday	✓	✓
[REDACTED]	[REDACTED]	EX	3	Monday	✓	✓
[REDACTED]	[REDACTED]	EX	3	Monday	✓	✓
[REDACTED]	[REDACTED]	EX	3	Monday	✓	✓
[REDACTED]	[REDACTED]	EX	3	Monday	✓	✓
[REDACTED]	[REDACTED]	EX	3	Monday	✓	✓

Rotate

Average Daily Attendance

- The average daily attendance also known as ADA is determined by taking the total attendance for the month and dividing it by the number of operating days.
- When manually calculating ADA, the site should round up to the nearest whole number.
- The claim for reimbursement calculates this automatically for sites.

Number of Shifts

- The number of shifts refers to whether the site has multiple meal service shifts to accommodate different meal service times for different age groups.
- This number is determined automatically by accessing this information within the site application.
- Meals must be served during the approved meal service time(s).

Enrollment Information

Number of enrolled participants in each reimbursement category

	<u>Quantity</u>
C5. Free Category:	16
C6. Reduced Category:	3
C7. Paid Category:	10
C8. Total Enrolled:	29

- Enrollment information
 - Free
 - Reduced
 - Paid

Enrollment Information

- Enrollment information collected annually.
 - Enrollment forms
 - Income eligibility forms
- Based on current income guidelines established by the Federal government.
- Use to determine the organization's reimbursement each month.

Enrollment Information Example

Enrollment Master List

Year: 2020/2021

Center: [REDACTED]

CACFP Form #50
 Enrollment Master List
 VT Agency of Education
 Child Nutrition Programs
 Child & Adult Care Food Programs

Page 1

Name	Enrollment Form	Date Approved	Date Withdrew	ELIGIBILITY CATEGORY		
				Free	Reduced	Over Income
[REDACTED]	✓	7-13-20		✓		
[REDACTED]	✓	7-14-20				✓
[REDACTED]	✓	7-14-20				✓
[REDACTED]	✓	7-15-20	10-1-20	✓		
[REDACTED]	✓	7-15-20		✓		
[REDACTED]	✓	7-15-20		✓		
[REDACTED]	✓	7-15-20		✓		
[REDACTED]	✓	7-15-20		X		
[REDACTED]	✓	7-16-20		X		
[REDACTED]	✓	7-16-20		✓		
[REDACTED]	✓	7-20-20		✓		no
[REDACTED]	✓	7-20-20		✓		for
[REDACTED]	✓	7-27-20		✓		
[REDACTED]	✓	7-27-20		✓		
[REDACTED]	✓	8-7-20	10-1-20	✓		
[REDACTED]	✓	8-7-20		✓		
[REDACTED]	✓	8-7-20		✓		
[REDACTED]	✓	8-7-20		✓		
[REDACTED]	✓	8-8-20		✓		
[REDACTED]	✓	8-8-20		✓		

Entering Meal Counts

Child Meals / Snacks Served

	<u>Total</u>
C9. Breakfast:	303
C10. AM Snack:	0
C11. Lunch:	295
C12. PM Snack:	197
C13. Supper:	0
C14. Evening Snack:	0

- Claiming by Total Meals

Adult Meals / Snacks Served

	<u>Free (A)</u>	<u>Reduced (B)</u>	<u>Paid (C)</u>	<u>Total (A + B + C)</u>
A12. Breakfast:	179	0	47	226
A13. AM Snack:	0	0	0	0
A14. Lunch:	248	0	60	308
A15. PM Snack:	156	0	43	199
A16. Supper:	0	0	0	0
A17. Evening Snack:	0	0	0	0

- Claiming by Meal Category

Daily Point of Service Meal Count Examples

DATE: Tues 4/1/20

Child	Health check	Temp	In	Out	Diapers	Naps	AM snack	Lunch	PM Snack
[Redacted]	JP	97.1	6:20	2:50	6:50 (W) 8:50 W 10:05 W 12:05 LAM 2:10 W	10:40 - 11:30	✓	✓	✓
[Redacted]	X	97.3	6:20	3:10	6:55 (W) 8:55 W 10:20 W 12:10 W 12:45 BM 2:20 W	10:30 - 11:55	✓	✓	✓
[Redacted]	TG	97.7	8:30 / 1:05	10:30 / 3:40	8:30 BM 10:20 W 2:10 W	2	✓	✓	✓
[Redacted]	Mf	97.7	8:40	4:25	9:10 W 11:10 W 12:40 W 2:40 W	1 - 2:00	✓	✓	✓
[Redacted]	Mf	98.7	8:40	4:25	10:15 W 12:15 W 2:15 W	10:40 - 11:30	✓	✓	✓
[Redacted]	TG	98.6	9:25	4:00	10:05 W 11:55 W 2:05 BM	12 - 2:00 2:30 - 4:00	✓	✓	✓
[Redacted]	TG	98.7	9:25	4:00	10:00 W 10:50 BM 12:50 W 2:50 W	1 - 2:30	✓	✓	✓
[Redacted]	MF	97.7	9:25	3:00	10:30 W 12:20 W 2:20 W	11:05 - 12:00	✗	✓	✓



At-Risk Afterschool Daily Meal Count Sheet

Directions: Use a separate copy of this form for each meal service. Be sure to count meals as they are served to students (not before or after). Counts based on attendance are not acceptable.

1. Sponsor Name: [Redacted] Date: 4/5/21

2. Site Name/Location: [Redacted] Circle Meal Type: Snack or Supper

3. Site Supervisor's Name: [Redacted]

5. FIRST MEALS SERVED TO CHILDREN: Cross out the appropriate number as each student receives the complete meal. Circle last number crossed out. Do not include second meals or meals served to adults in this section.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	<u>18</u>	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

Total Meals Served (last count from above) = 18

Comments: Enrolled → 18 Present: 18 Meals - 18

1. Sponsor Name: [Redacted] Date: 4/6/21

2. Site Name/Location: [Redacted] Circle Meal Type: Snack or Supper

3. Site Supervisor's Name: [Redacted]

5. FIRST MEALS SERVED TO CHILDREN: Cross out the appropriate number as each student receives the complete meal. Circle last number crossed out. Do not include second meals or meals served to adults in this section.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	<u>18</u>	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

Total Meals Served (last count from above) = 17

Comments: Enrolled - 18 Present 18 Meals 18

I certify that the above information is true and correct.
Signature of Site Supervisor: [Signature] Date: 04-06-21

Unacceptable Point of Service Meal Count Example

Site Name: DUS 6 Meal type (circle): B L SN SU

Address: _____ Telephone: _____

Supervisor's Name: [REDACTED] Delivery Time: 10:30 Date: 4/8/21

Meals received/prepared 10 - Meals available from previous day _____ (Total meals available) [1]

First Meals Served to Children (cross off number as each child receives a meal):

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150										

Total First Meals + 8 [2]

Second meals served to children:
1 2 3 4 5 6 7 8 9 10 Total Second Meals + 0 [3]

Meals served to Program adults:
1 2 3 4 5 6 7 8 9 10 Total Program Adult Meals + 0 [4]

Meals served to non-Program adults:
1 2 3 4 5 6 7 8 9 10 Total non-Program Adult Meals + 0 [5]

TOTAL MEALS SERVED = 8 [6]

Total damaged/incomplete/other non-reimbursable meals = 0 [7]

Total leftover meals = 2 [8]

Total of items: [6] - [7] + [8] = _____
[9] (Item [9] should be equal to item _____)

Number of additional children requesting a meal after all available meals were served:
2 3 4 5 6 7 8 9 10 11 12 13 14 15

By signing below, I certify that the above information is true and accurate.

Signature: [Signature] Date: [REDACTED]

Consolidated Meal Count Sheet Example

Month/Year: MAY 2021

Date	Daily Attendance	Breakfast	AM Snack	Lunch	PM Snack	Supper	EVE Snack	Area Eligible Snack				
5/3	15	CLOSED	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]					
5/4												
5/5												
5/6												
5/7												
5/10												
5/11								9	10	9		
5/12								10	10	10		
5/13								10	10	10		
5/14								10	10	10		
5/17		9	10	9								
5/18		9	12	12								
5/19		9	10	10								
5/20		9	10	10								
5/21		9	10	10								
5/24		10	10	10								
5/25		12	13	13								
5/26		12	13	13								
5/27		10	10	10								
5/28		10	11	12								
5/31		closed										
TOTAL		132	[REDACTED]	142	145	[REDACTED]	[REDACTED]	3				

Entering Claims for Reimbursement

CACFP Operating Expenses

1.	Food	505.81
2.	Supplies	271.87
3.	Program Labor	638.00
4.	Administrative Costs	88.00
5.	Other Costs	0.00
	Total	1,503.68

- Operating and administrative costs

Questions?



In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov.

This institution is an equal opportunity provider.