POS Meal Count and Attendance Sheet

DCW - Transactional

Center   **DCW Transactional- CENTER 1**   Classroom: **AM, Before School Care (Recurring Billing Room, Monthly)**

X = Meal Served   1 = Present

0 = Meal Not Served/Claimed   A = Absent

Month: March / April	Year: 2019																					

Participant's Name Last Name, First Name	Birth Date	DCW ID	1, 2 or 3	Monday-04/01/2019				Tuesday-04/02/2019				Wednesday-04/03/2019				Thursday-04/04/2019				Friday-04/05/2019			
				AM Supp.	Lunch	Dinner	Attendance	AM Supp.	Lunch	Dinner	Attendance	AM Supp.	Lunch	Dinner	Attendance	AM Supp.	Lunch	Dinner	Attendance	AM Supp.	Lunch	Dinner	Attendance
Baggins, Frodo	2011-10-12	419209	3																				
Giant, Clayton	2008-08-08	530106																					
Salami, Ronni	2018-09-05	973549																					
Daily Total			■																				
# of children enrolled(this room)																							

Teacher(s) Name

Beauty, Belle

Weekly totals must be counted twice before being submitted.

Weekly Totals By Meal Type and Category

	1			1			1	
AM Supp.	2		**Lunch**	2		**Dinner**	2	
	3			3			3	

Verified By: _____