

Month: March / April		Year: 2019		Monday-04/01/2019			Tuesday-04/02/2019			Wednesday-04/03/2019			Thursday-04/04/2019			Friday-04/05/2019		
Participant's Name Last Name, First Name	DCW ID	1, 2 or 3	AM Supp.	Lunch	Dinner	AM Supp.	Lunch	Dinner	AM Supp.	Lunch	Dinner	AM Supp.	Lunch	Dinner	AM Supp.	Lunch	Dinner	
			Baggins, Frodo	419209	3	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>
Giant, Clayton	530106		<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	
Salami, Ronni	973549		<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	<input checked="" type="radio"/> <input type="radio"/>	

Verified By: _____
 The above meal counts accurately display creditable meals served.

ATTENTION: POINT OF SERVICE MEAL COUNTS REQUIRED
 Meal Counts MUST be complete at the Point of Service(POS). You can NOT complete sheet before meal service or later in the day.
 Meals should only be marked as served after the required minimum quantities of ALL meal components are served to child.
 Meals can only be claimed if served during approved Meal Times: AM Supp(7AM-10AM), Lunch(11AM-1PM), Supper(2PM-5PM).
 Meals should be served to all children, even if they refuse to eat, unless there is a CACFP Medical Plan of Care form on file.

- INSTRUCTIONS**
- 1) Please complete in blue or black ink
 - 2) If a meal is served, fill in the circle completely for (Y). If a meal is not served, fill in the circle completely for (N)
 - 3) For each meal for each child listed either (Y) or (N) should be selected
 - 4) If you mistakenly mark a child, please place an 'X' over the incorrect bubble and fill in correct bubble.
 - 5) If any child is terminated, please complete the (N) for the appropriate days. Also, DO NOT draw a line through the child's name and bubbles. You will need to terminate the child's record in DCW so they do not appear next week
 - 6) Please use the Meal Count Addendum Sheet if a child is temporarily in the room or for new enrollment that is not listed on this sheet.
 - 7) If combining whole rooms, especially in the morning and afternoon, please remember to take this sheet with the children so that Meal Counts can be completed POS.
 - 8) At the end of the week, please scan all the bubble meal count sheets in one file to cacfp@brightsideacademy.com by noon on Monday. No other documents should be included in the scan.