

Month: March / April	Year: 2019																						
Participant's Name  Last, First	DCW ID	0, 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	Lunch	Dinner	Att	AM	Lunch	Dinner	Att	AM	Lunch	Dinner	Att	AM	Lunch	Dinner	Att	AM	Lunch	Dinner	Att	
Baggins, Frodo	419209	3	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y	
Giant, Clayton	530106	0	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y	
Salami, Ronni	973549	0	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y	

**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.

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

**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) ATTENDANCE (ATT) COLUMN: Please fill in the (Y) circle if a child was in attendance at any point of the day.
- 8) 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.
- 9) 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.

