

# 5-DAY RECONCILIATION

Site Name: \_\_\_\_\_

License Capacity: \_\_\_\_\_

**Centers:** 10% of enrolled children or minimum of 5. **Homes:** All claimed during 5-day observation.

Dates for 5-Day Period: \_\_\_\_\_ Approved Meal Types & Times: B \_\_\_\_\_ AM \_\_\_\_\_ L \_\_\_\_\_ PM \_\_\_\_\_ D \_\_\_\_\_ Eve \_\_\_\_\_

Name	DOB		Monday					Tuesday					Wednesday					Thursday					Friday											
			Att	B	A	L	P	D	E	Att	B	A	L	P	D	E	Att	B	A	L	P	D	E	Att	B	A	L	P	D	E	Att	B	A	L
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																
Hours:		Enroll																																
		Claim																																

**INSTRUCTIONS**  
**5-Day Reconciliation**

Prepare one copy of the 5-day reconciliation form for each site visit conducted to document reconciliation of child enrollment to meal attendance. Attach the 5-day reconciliation to your site visit forms and file.

**Site Name** - Enter the center or provider's name.

**License Capacity** - Enter the capacity as it is listed on the site's license.

**Dates for 5-Day Period** - Enter the calendar days and dates for the 5 consecutive days records will be reconciled.

*Example: week of Thanksgiving where a site is open Monday - Wednesday closing Thursday - Sunday and opening again the following Monday. The 5 consecutive days recorded would be Monday, Tuesday, Wednesday and the following Monday and Tuesday.*

**Approved Meal Types & Times** - Enter the start and end times for each meal service.

**Child's Name** - Enter each child's full name listing the last name first.

*Center Sites:* List 10% of enrolled children or a minimum of 5.

*Home Sites:* List all children claimed.

**Date** - Enter the calendar date next to each day of the week.

**Claimed Meals (blue ink)** - Using meal attendance records for the 5-day period enter the attendance and meals for each child on the claim line.

**Enrolled Hours (red ink)** - Enter each child's times of care (arrival time and departure time) as reported on child's CACFP Enrollment form.

**DOB - Date of Birth (red ink)** - Enter each child's date of birth as reported on child's CACFP Enrollment form.

**Enrollment Attendance and Meals (red ink)** - Enter each child's attendance and meals served as reported on the child's CACFP Enrollment form.

**Claim Attendance/Meal Totals** - Total all claimed attendance/meals for each day.

**Discrepancies with Meal Counts, Times, Days, Meal Types, and/or License Capacity** - Compare the check marks on the claim line with the check marks on the enroll line. If discrepancies are found, mark them with a highlighter and circle Y, write an explanation for discrepancies, and what steps will be taken to correct the issue. If no discrepancies are found circle N.

**Signature/Date** - Reviewer signs and dates the form when it is complete.