INSTRUCTIONS FOR
DAILY MEAL COUNT AND ATTENDANCE RECORD (H1535)

Contracting entities (CEs) and sites must document attendance and meals served to Program participants. The *Daily Meal Count and Attendance Record* (H1535) is provided for that purpose. Contracting entities may develop their own daily meal count and attendance documentation but must ensure it contains all information, including the certification statement, signature and date lines, on this form. **EXCEPTION**: contracting entities can omit the columns for meal types they do not serve.

Manual Completion of form:

If completing the form manually (by hand), ensure the form is completed in ink or other nonerasable print. Any changes to the form must be initialed and dated by the person making the change. Do not erase or use white out on the form. If the information contained on the form is data entered into a spreadsheet or database, the CE and site must ensure the original signed form is maintained on file according the CACFP record retention requirements.

Electronic Completion of form:

CEs and sites that possess the means to complete the form electronically **at the point of service** may do so provided that they:

- Have the means to securely capture the required CE or site representative date and signature; and
- Have the ability to print the form on demand, to ensure compliance with the records availability requirements as outlined in the *Administrative Reviews* section of the TDA CACFP Handbook. CEs and sites must have a plan in place to address technical difficulties such as system failures.

Data entry of the information taken from a manual meal count and attendance form is not electronic completion and the instructions for manual completion of the form must be followed.

IDENTIFYING INFORMATION

1. **Name of Contracting Entity (CE)** – Enter the name of the contracting entity.
2. **Name of Site** – Enter the name of the site.
3. **CE ID** – Enter the five-digit CE ID that has been assigned to you by the Texas Unified Nutrition Programs System (TX-UNPS). If you do not know your CE ID, leave blank.
4. **Month and Year** – Enter the month and year for which attendance and meal counts are being recorded

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MEAL COUNT AND ATTENANCE

1. **Participant's Name** – Enter the first and last name of each Program participant
2. **Participant's Age** – Enter the age of the Program participant. **Note:** Adult Day Care Centers are not required to enter the age of the Program participant.
3. **Day** – Enter the day of the week for which attendance and meal counts are being recorded.
4. **Date** – Enter the date for which attendance and meal counts are being recorded.
5. **At (attendance)** – Enter an "X" if the listed participant is in attendance at the site on the day for which attendance and meal counts are being recorded. Mark the participant in attendance if they are at the site for any amount of time, even if the participant did not participate in a meal service.
6. **B, A, L, P, S, and E** – B = breakfast, A = A.M. snack, L = lunch, P = P.M. snack, S = supper, E = Evening snack. Place an "X" in the box to indicate each meal served to each Program participant on that day. Meal counts must be taken at the point-of-service. The point-of-service is when it is observed that a creditable meal is served to a Program participant. Mark all meals served to each

participant (even if it is more than can be claimed per participant per day). See Totals below for total to be claimed instructions.

TOTALS

1. **Number of Program participants** – Enter the totals for each column.
2. **Number of Program participant meals to be claimed** – Enter the number of Program participant meals by meal type to be claimed each day. See the reminders below.
3. **Number of Program Staff and non-Program meals** – Enter the total number of Program and non-Program meals that were served, if applicable. Program staff meals and non-Program meals <u>cannot be claimed</u> for reimbursement, but must be counted.

REMINDERS:
- Centers may only claim up to 2 meals and 1 snack **or** 1 meal and 2 snacks per Program participant per day.
- At-risk may only claim up to 1 meal and 1 snack per Program participant per day.
- Emergency Shelters may only claim up to 3 meals **or** 2 meals and 1 snack per Program participant per day.

CERTIFICATION

Read the Certification Statement. The site representative taking meal counts and attendance signs and dates certifying that the completed information is true and correct and that only <u>eligible</u> meals served to <u>eligible</u> Program participants will be claimed.

Texas Department of
Agriculture

Daily Meal Count and Attendance Record
(Centers and Emergency Shelters)

Form H1535
June 2016

Name of Contracting Entity (CE)	Name of Site	CE ID	Month and Year

Centers: may claim up to 2 meals and 1 snack or 1 meal and 2 snacks.   At-risk: may claim up to 1 meal and 1 snack.   Emergency Shelters: may claim up to 3 meals or 2 meals and 1 snack.

Participant's Name	Age	Day / Date							Day / Date							Day / Date							Day / Date							Day / Date							Day / Date						
		At	B	A	L	P	S	E	At	B	A	L	P	S	E	At	B	A	L	P	S	E	At	B	A	L	P	S	E	At	B	A	L	P	S	E	At	B	A	L	P	S	E
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Number of Program Participants – Attendance & Meal Count
- At
- B
- A
- L
- P
- S
- E

Number of Program Participant Meals to be Claimed

Number of Program Staff and Non-Program Meals

I certify that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for <u>eligible</u> meals served to <u>eligible</u> Program participants. I understand that misrepresentation may result in prosecution under applicable state or federal laws.

_____   _____
Signature—Site Representative   Date

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