

INSTRUCTIONS FOR DAILY MEAL COUNT AND ATTENDANCE RECORD: AT-RISK (H1535-AT)

Contracting entities (CEs) and sites must document attendance and meals served to Program participants. The *Daily Meal Count and Attendance Record – At-Risk* (H1535-AT) 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 (source document) is maintained on file according to 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 Item 5200, *Administrative Reviews* of the CACFP At-risk Afterschool Care Centers 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. **CE ID** – Enter the five-digit CE ID that has been assigned to you by the Texas Unified Nutrition Programs System (TX-UNPS).
 3. **Name of Site** – Enter the name of the site.
 4. **Site #** – Enter the four-digit site number that has been assigned to the site by TX-UNPS.
 5. **Date** – Enter the date for which attendance and meal counts are being recorded as mm/dd/yyyy.
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MEAL COUNT AND ATTENDANCE

1. **Participant's Name** – Enter the first and last name of each Program participant as they arrive at the site. This is equivalent to attendance. **NOTE:** If the at-risk afterschool care center is an enrolled afterschool program the CE or site may pre-populate the participant's names and must then mark the attendance column to document attendance (see #2).
2. **At (attendance)** – Enter an "X" if the listed Program participant is in attendance at the site on the day for which attendance and meal counts are being recorded. Mark the Program participant in attendance if they are at the site for any amount of time, even if the Program participant did not participate in a meal service.
3. **Age** – Enter the age of the Program participant.

4. **Brk, Lu, Snk, Sup** – Brk = breakfast, Lu = lunch, Snk = snack, Sup = supper. 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.
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TOTALS

1. **Total breakfasts, lunches, snacks, suppers** – Enter the totals for each column.
2. **Total Non-Program Meals** – Enter the number of non-Program meals served to Program staff and/or guests (this number is not reflected in the columns above). These meals cannot be claimed for reimbursement, but must be counted.
3. **Total Program Participants** – Enter the total number of Program participants served.

CLAIMS: At-risk afterschool care centers may only claim up to 1 meal and 1 snack per Program participant per day. With prior approval from TDA at-risk afterschool care centers may claim 2 snacks per day instead of 1 meal and 1 snack.

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 eligible meals served to eligible Program participants will be claimed.

Daily Meal Count and Attendance Record: At-Risk

Name of Contracting Entity (CE)	CE ID	Name of Site	Site #	Date (mm/dd/yyyy)
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Participant's Name	At	Age	Brk	Lu	Snk	Sup	Participant's Name	At	Age	Brk	Lu	Snk	Sup
1							24						
2							25						
3							26						
4							27						
5							28						
6							29						
7							30						
8							31						
9							32						
10							33						
11							34						
12							35						
13							36						
14							37						
15							38						
16							39						
17							40						
18							41						
19							42						
20							43						
21							44						
22							45						
23							46						

Total breakfasts:		Total snacks:		Total Non-Program Meals:	
Total lunches:		Total suppers:		Total Program Participants:	

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 eligible meals served to eligible Program participants. I understand that misrepresentation may result in prosecution under applicable state or federal laws.

Signature—Site Representative

Date