



State of Arizona
Department of Education

Child and Adult Care Food Program AT – RISK 5-DAY RECONCILIATION

Sponsor Name/Address:	Site Name/Address (if different):
CTDS #:	Telephone Number:
Contact Person(s):	Title(s):
Meal Service Time:	Date:

5 Day Reconciliation

In the table below, report the total number of **meals claimed** for each of the 5 days prior to today (*based on the meal count sheets for previous 5 days*).

Meal	1 Day Before Date:	2 Days Before Date:	3 Days Before Date:	4 Days Before Date:	5 Days Before Date:
PM Snack					
Dinner					

In the table below, report the total number of participants in **attendance** for each of the 5 days prior to today (*based on sign in/out or attendance sheets for previous 5 days*).

Meal	1 Day Before Date:	2 Days Before Date:	3 Days Before Date:	4 Days Before Date:	5 Days Before Date:
PM Snack					
Dinner					

Compare the tables above.

1) Are there any discrepancies between the numbers claimed and the numbers in attendance? Yes No

If yes, describe:

2) Are the counts for today consistent with the past 5 days? Yes No

If no, explain why: