

ADE 5-Day Reconciliation Form
For Multiple Site Sponsors and Multiple Single Center Participants
 (Not Applicable for Emergency Shelters)

Site Name: _____

CTD #: _____-_____-_____

Total Number of Participants **Enrolled** (based on claim): _____

Licensed Capacity: _____

Total Number of Participants **Claimed** (*based on meal counts*):

	Meal	1 Day Before Date:	2 Days Before Date:	3 Days Before Date:	4 Days Before Date:	5 Days Before Date:
	Breakfast					
	AM Snack					
	Lunch					
	PM Snack					
	Dinner					
	Evening Snack					

Total Number of Participants in **Attendance** (*based on sign in/out sheets*):

Meal Service Times	Meal	1 Day Before Date:	2 Days Before Date:	3 Days Before Date:	4 Days Before Date:	5 Days Before Date:
	Breakfast					
	AM Snack					
	Lunch					
	PM Snack					
	Dinner					
	Evening Snack					

Compare the tables above. Are there any discrepancies between the numbers claimed and the numbers in attendance?

Yes No If yes, determine whether an over or under claim occurred and provide details. In addition, list corrective action assigned to resolve issue:

Tally Worksheet
(Record Attendance from Sign In/Out Sheets)

Breakfast |||| | |||| | |||| | |||| | |||| | |||| | |||| | |||| | ||| 43

Day 1: **Totals**

Breakfast _____

AM Snack _____

Lunch _____

PM Snack _____

Dinner _____

Evening Snack _____

Day 2:

Breakfast _____

AM Snack _____

Lunch _____

PM Snack _____

Dinner _____

Evening Snack _____

Day 3:

Breakfast _____

AM Snack _____

Lunch _____

PM Snack _____

Dinner _____

Evening Snack _____

Day 4:

Breakfast _____

AM Snack _____

Lunch _____

PM Snack _____

Dinner _____

Evening Snack _____

Day 5:

Breakfast _____

AM Snack _____

Lunch _____

PM Snack _____

Dinner _____

Evening Snack _____