Child and Adult Care Food Program

COMPUTER-GENERATED MEAL COUNT AGREEMENT

Sponsor:_____ CTD#_____

This Agreement is being made between _____and the Arizona
(Sponsor)
Department of Education. By completing this Agreement and submitting it to the Department, the Sponsor is requesting permission to use _____to track the
(Name of Computer Software Program)
attendance of its participants and create meal counts to be claimed for reimbursement under the Child and Adult Care Food Program. Sponsor will not use computer-generated meal counts until this Agreement is signed by a representative of the Department and returned to the Sponsor. Copy must be maintained in permanent records. Furthermore, this Agreement does not replace other meal count recordkeeping requirements. The Sponsor must continue to complete the Point of Service Meal Count Sheet and the Meal Count Summary.

1. **Describe the procedures in place that ensure that participants are checked "in" and "out" at the actual times of arrival and departure.**

2. **Describe the procedures used to determine who is present but does not eat.**

3. **Describe the procedures for ensuring that no CACFP reimbursement is claimed for participants who refuse the meal or consume food not provided by the Sponsor.**

Sponsors must attach sample copies of the reports to be used to determine the number of meals claimed for reimbursement.

By completing this agreement, the Sponsor hereby provides assurance that in using a computer- generated meal count system: meal counts submitted for reimbursement will accurately reflect the number of creditable meals served; meals claimed for reimbursement will be served within the allowable timelines as determined by the Department; meals claimed for reimbursement will meet the meal pattern requirements as mandated by the USDA; Sponsor will notify the Department prior to any change in software system or meal count procedure.

_____	_____	_____
Printed Name of Authorized Signer	Authorized Signature	Date

---------- **FOR ARIZONA DEPARTMENT OF EDUCATION OFFICE USE ONLY**----------

Approval Date: _____ Specialist: _____

Comments: _____