

CACFP ESSENTIALS SERIES

Administration Essentials: Part 2

Meal Count Summary



Health and Nutrition Services
Arizona Department of Education





Disclaimer

This training was developed by the Arizona Department of Education (ADE) Health and Nutrition Services Division (HNS). The content in this training is intended for professionals operating one or more USDA Child Nutrition Programs in Arizona under the direction of ADE. The information in this training is subject to change. Attendees are encouraged to access professional development materials directly from the training library to prevent use of outdated content.

Intended Audience

This training is intended for **organizations operating the Child and Adult Care Food Program (CACFP)**.



This training is required for all new organizations who will be applying to participate in the CACFP.

Objectives

At the end of this training, attendees should be able to:

- accurately collect point of service meal counts; and,
- understand how to consolidate point of service meal count forms into a meal count summary for monthly claiming.

TRAINING HOURS

Information to include when documenting this training for Continuing Education and Training Credit:

Training Title: Meal Count Summary

Hours of Instruction: 0.5 Hours

This training counts toward Empower Program training requirements. It is listed on the Arizona Early Childhood Workforce Registry. If you want this training to appear on your Registry transcript, please provide your ID in the completion survey.

Quiz Time



Throughout this guide, there will be comprehension quiz questions to test your knowledge and help you apply what you're learning. Be sure to review these quiz questions and answers available within the guide.

The question mark icon below will indicate a comprehension quiz question.



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The following slides will only cover how-to instructions for completing the Meal Count Summary. For more detailed instructions and information on completing Point of Service Meal Counts, please visit [HNS' CACFP Training webpage](#).

Point of Service Meal Counts

SECTION 1



Point of Service meal counts are important in ensuring compliance with the program as they track the number of reimbursable meals served to eligible participants.

There are three different types of meal count forms available that may be used while collecting point of service meal counts:

- Child and Adult Meal Count Form
- Infant Meal Count Form
- At-Risk Meal Count Form

[illegible]

The Point of Service Meal Count Forms are all available on HNS' [Child and Adult Care Food Program Forms and Resources](#) webpage.

Meal Counts

CHILD & ADULT MEAL COUNT FORM

This is the point of service meal count form for child and adult participants. This is a weekly form that should be provided to each classroom.

At the point of service, checkmarks are placed next to the participant’s name on the meal column that matches the meal being served.

At the end of the week, the owner or director will collect all the meal count forms for the tallying.



Point of Service Meal Count Sheet

Classroom: _____

Week Of: _____

Instructions:

Using a checkmark ✓, check off meals served to a participant at the actual time of service or, for family-style meal service, while participants are actually eating. A participant can only be claimed for a maximum of two meals and one snack, two snacks and one meal, or three snacks per day. For participants that consumed more meals/snacks than can be claimed, clearly indicate which meals/snacks will be claimed for reimbursement. Consider using color ■ or slash marks ✓.

	Monday				Tuesday				Wednesday				Thursday				Friday			
	BREAKFAST	AM SNACK	LUNCH	PM SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK
Names of Participants																				
Totals																				
STAFF MEALS (Must be tracked. DO NOT CLAIM)																				
Totals																				

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Meal Counts

INFANT MEAL COUNT FORM

This is the point of service meal count form for infants under 1 year of age. The form is divided into two age groups: 0-5 months and 6-11 months, just like the infant meal pattern.

Unlike the weekly child and adult meal count form, the infant meal count form is a daily form. Another key difference is that on the infant meal count form, the person completing the form reports what the infant was offered (checkmark for breastmilk or formula, specified food item for solid foods).

The form includes a space to write the date and the name of the person completing it. Each infant classroom should use this form daily, and it should be collected weekly by the owner or director.



Infant Point of Service Meal Count Sheet

Date: _____

Completed by: _____

Form Instructions:

- Write the date at the top of the page. Write the names of all infants in care (by age group).
- Breastmilk/Formula Column:** Use a ✓ when served by staff or mother nurses on site.
- Foods + Extras Column:** Write the name of the fruit/vegetable, meat/meat alternate, or bread/grain served.
- Parent-Provided Components:** If components are brought from home at parent/guardian request, indicate PP on form.

Claiming Instructions:

- Identify creditable meals to be claimed for reimbursement:
 - Maximum 2 meals/1 snack, or 2 snacks/1 meal per infant daily.
 - Only when breastmilk/iron-fortified infant formula at minimum is provided.
 - Only when infants 6 months and older with an established eating pattern have been served solids.
 - Only when 1 component or less has been brought from home/parent-provided (PP).
- Record total number of infant meals/snacks to be claimed for reimbursement on the bottom line labeled "Claiming Totals".
- Claiming totals are transferred to the Infant Meal Count Summary Sheet.

Acronyms: BM = Breastmilk IFC = Infant Cereal RTE = Ready to Eat Breakfast Cereal PP = Parent Provided

Names 0-5 months	Breakfast		AM Snack		Lunch		PM Snack		Supper	
	BM or Formula	Extras if early readiness	BM or Formula	Extras if early readiness	BM or Formula	Extras if early readiness	BM or Formula	Extras if early readiness	BM or Formula	Extras if early readiness
	✓	Specify	✓	Specify	✓	Specify	✓	Specify	✓	Specify

Names 6-11 months	Breakfast			AM Snack			Lunch			PM Snack			Supper		
	BM or Formula	IFC or Meat/Meat Alt	Fruit and/or Veg	BM or Formula	Grain	Fruit and/or veg	BM or Formula	IFC or Meat/Meat Alt	Fruit and/or veg	BM or Formula	Grain	Fruit and/or veg	BM or Formula	IFC or Meat/Meat Alt	Fruit and/or veg
	✓	Specify	Specify	✓	Specify	Specify	✓	Specify	Specify	✓	Specify	Specify	✓	Specify	Specify
Example: Suzy	✓	PP: IFC	Pear	✓	Bread	Peas	✓	Beef/Cheese	Squash	✓	RTE	Banana	✓	Yogurt	Melon

Claiming Totals:
Not to exceed 2 meals + 1 snack or 2 snacks + 1 meal per infant daily.

Breakfast: _____

AM Snack: _____

Lunch: _____

PM Snack: _____

Supper: _____

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Meal Counts

AT-RISK MEAL COUNT FORM

This is the At-Risk Meal Count Form. This form is well-suited for programs with drop-in attendance, such as those at a library or community center.

- Please note that sponsors are not required to use this form and can create their own version, which may be useful for sponsors with sites that maintain a roster of enrolled children.*

Complete meals that align with the CACFP meal pattern and are served to participants during the designated meal service time should be marked individually and consecutively with a slash, X, or circle.

Drop-in sites that do not maintain a daily list of attendees may use this form to track attendance by noting children who are present but decline a meal.



At-Risk Afterschool Program Point of Service Meal Count Sheet

Sponsor Name:Date:

Site Name:Meal Type:

Snack

Supper

Site Address:

Breakfast

Lunch

Site Supervisor:Site Phone:

Meals Delivered:Temp at delivery (cold foods):Temp at delivery (hot foods):

Delivery Date/Time:Temp before service (cold foods):Temp before service (hot foods):

First Meals Served to Children (cross off number as each participant receives a meal):

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220
221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240
241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260
261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280
281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300

Total meals served:

Children present, but not participating in the meal service:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

Total additional attendees:

Total meals served + Total additional attendees = Attendance total:

Staff Meals Served:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----

Staff meals total:

By signing below, I certify that the above information is accurate.

Site Supervisor Signature

Date

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Point of Service Meal Counts

MEAL COUNTS

Meals can only be counted at point of service when a reimbursable meal is served during the approved mealtime to an enrolled participant.

Therefore, staff must have knowledge of:

1. The CACFP Meal Pattern;
2. The approved CACFP Meal and Snack times; and,
3. The importance of meal count accuracy.

All organizations must conduct staff training on these topics annually.



Meal Count Summary

SECTION 2



Reimbursement 101

MEALS & PARTICIPANTS

Each institution is required to prepare a monthly meal count summary to support your claims for reimbursement.

After collecting the meal count forms from all classrooms throughout the month, you will add them together to create a comprehensive summary. This total will reflect the number of meals/snacks served during the month.

Every month, you must submit the total number of meals and snacks, along with the counts of free, reduced, and paid participants, in your CACFP Site Claim. These totals are crucial as they determine the reimbursement amount you receive. Ensuring the accuracy of these figures when submitting is of utmost importance.



Reimbursement 101

MEALS & PARTICIPANTS

CACFP reimbursement is based on two things:

- 1** The number of Free, Reduced-price, and Paid participants in attendance that month (signed in at least one day).
- 2** The total number of meals and snacks served that month.

As you can see, CACFP reimbursement is based mainly on the total number of meals served.

Meal counts **must** be accurate to prevent the over or underclaiming of meals



Meal Count Summary

ACCURACY

Accurate meal counts are essential to avoid underclaiming or overclaiming meals. Errors can occur at two levels:

- **Meal Count Level:** This includes issues like incorrect meal counting or forgetting to record meal counts during service.
- **Meal Count Summary Level:** This involves mistakes in totaling meal count forms or a lack of checks to verify meal counts.

CONSEQUENCES OF INACCURATE COUNTS



Underclaiming Meals:

Consequence: Missing out on potential reimbursement funds.



Overclaiming Meals:

Consequence: Non-compliance and the need to repay funds.

As you're aware, underclaiming leads to your institution forfeiting money that could have been reimbursed. Conversely, overclaiming results in non-compliance and the obligation to return funds.

To maintain accuracy in your calculations throughout the process, it's essential to have checks and balances, like having a second person verify the numbers at each stage.

Meal Count Summary

MEAL COUNT SUMMARY FORM

This is the meal count summary form utilized by all organizations.

This form is used to total meals and snacks served during the month, based on the point of service meal count forms.

Each day of the month is listed on the left side. Operators must always input the claiming month and year at the top of the form.



Meal Count Summary Sheet

Name of Center: _____ Claiming Month/Year: _____

Date	Number of Meals Claimed for Enrolled Participants						Number of Meals Claimed for Infants (if applicable)						At-Risk (if applicable)		
	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	At-Risk Snack	At-Risk Supper	
1															
2															
3															
4															
5															
6															
7															
8															
9															
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24															
25															
26															
27															
28															
29															
30															
31															
Subtotal															
A. Infant Totals*															
Total # Meals to Claim	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	At-Risk Snack	At-Risk Supper	
	* TRANSFER TOTALS TO ROW A. INFANT TOTALS *														

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The Meal Count Summary Form is available on HNS' [Child and Adult Care Food Program Forms and Resources webpage](#).

Meal Count Summary

COMPLETING THE MEAL COUNT SUMMARY FORM

The way the meal count summary form is used depends on what type of point of service meal count form(s) are used at the site.

The following slides will review how to use this summary form based on what type of meal count form is being used.

[illegible]

The Point of Service Meal Count Forms and Meal Count Summary Sheet are all available on HNS' [Child and Adult Care Food Program Forms and Resources](#) webpage.

Meal Count Summary

CHILD & ADULT MEAL COUNTS

The first meal count form we will look at is the one used for child and adult participants. The counts collected using this form are transferred to the meal count summary in three steps:

- 1

Gather all meal count forms for the month and organize by grouping similar weeks together.
- 2

Look through all forms and indicate which meals are not reimbursable. Write the daily totals for every *reimbursable* meal and snack at the bottom of each meal count form.
- 3

Add daily totals from each form together and report the daily grand total by meal type on the meal count summary

Point of Service Meal Count Sheet

Instructions: Using a checkmark ✓, check off meals served to a participant at the actual time of service or, for family-style meal service, while participants are actually eating. A participant can only be claimed for a maximum of two meals and one snack, two snacks and one meal, or three snacks per day. For participants that consumed more meals/snacks than can be claimed, clearly indicate which meals/snacks will be claimed for reimbursement. Consider using color or slash marks ✓.

Classroom: _____ Week Of: _____

Names of Participant

	Monday	Tuesday	Wednesday	Thursday	Friday
	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST
	AM SNACK	AM SNACK	AM SNACK	AM SNACK	AM SNACK
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
	PM SNACK	PM SNACK	PM SNACK	PM SNACK	PM SNACK
1					
2					
3					
4					
5					
6					
7					
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22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Totals					

STAFF MEALS (Must be tracked, DO NOT CLAIM)

	Monday	Tuesday	Wednesday	Thursday	Friday
	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST
	AM SNACK	AM SNACK	AM SNACK	AM SNACK	AM SNACK
	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
	PM SNACK	PM SNACK	PM SNACK	PM SNACK	PM SNACK
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
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12					
13					
14					
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16					
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18					
19					
20					
21					
22					
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24					
25					
26					
27					
28					
29					
30					
31					
Totals					

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Meal Count Summary Sheet

Name of Center: _____ Claiming Month/Year: _____

Date	Number of Meals Claimed for Enrolled Participants						Number of Meals Claimed for Infants (if applicable)						At-Risk (if applicable)	
	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	At-Risk Snacks	At-Risk Supper
1														
2														
3														
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25														
26														
27														
28														
29														
30														
31														
Subtotal														
A. Infant Totals*														
Total # Meals to Claim														
	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	At-Risk Snacks	At-Risk Supper
	* TRANSFER TOTALS TO ROW A. INFANT TOTALS *													

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Meal Count Summary

CHILD & ADULT MEAL COUNTS SCENARIO

Let's review the steps of transferring the child and adult point of service meal counts to the meal count summary using a scenario. In this scenario, there are three child-age classrooms. It is early August and you are preparing to submit a July claim.

Step 1: I have gathered meal count forms from each classroom and organized them into piles for each week.

Example: July 2024

7/1-7/5

7/8-7/12

7/15-7/19

7/22-7/26

7/29-7/31

[illegible][illegible][illegible][illegible][illegible]

Meal Count Summary

CHILD & ADULT MEAL COUNTS SCENARIO

Step 2: Look through each pile of meal count forms to first cross out the meals that cannot be claimed for reimbursement, then total the reimbursable meals.

Claims are submitted by calendar month. For each pile of meal count forms, You will do the same process for every week. So lets look at week one.

Example: July 2024: 7/1-7/5

[illegible][illegible][illegible][illegible]

Meal Count Summary

CHILD & ADULT MEAL COUNTS SCENARIO

Child centers, adult centers, Head Starts, and preschools can claim the following per participant each day: up to 1 meal and 2 snacks, 2 meals and 1 snack, or 3 snacks. The only exception to this rule is for Emergency Shelters, which can claim 3 meals daily per participant.

In this example form to the right, there are two instances where a participant was served 2 meals and 2 snacks. Since meal reimbursement is greater than that for snacks, you will need to select one snack not to claim.

- *For consistency, you might decide to always cross out the PM snack when this situation arises.*

Point of Service Meal Count Sheet

Classroom: Classroom #1

Week Of: 7/1-7/5

Instructions: Using a checkmark ✓, check off meals served to a participant at the actual time of service or, for family-style meal service, while participants are actually eating. A participant can only be claimed for a maximum of two meals and one snack, two snacks and one meal, or three snacks per day. For participants that consumed more meals/snacks than can be claimed, clearly indicate which meals/snacks will be claimed for reimbursement. Consider using color red X or slash marks ✓.

Names of Participants	Monday				Tuesday				Wednesday				Thursday				Friday			
	BREAKFAST	AM SNACK	LUNCH	PM SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK
Cedric Diggory	✓	✓	✓		✓	✓	✓	✓					✓	✓	✓		✓	✓	✓	
Harry Potter																				
Luna Lovegood	✓	✓	✓		✓	✓	✓	X	✓				✓	✓			✓	✓	✓	X
Neville Longbottom					✓	✓	✓													
Ginny Weasley	✓	✓	✓		✓	✓	✓						✓	✓	✓		✓	✓	✓	
Oliver Wood																				
Hermione Granger	✓			✓	✓			✓	✓				✓			✓	✓			
Totals																				
STAFF MEALS (Must be tracked. DO NOT CLAIM)																				
Totals																				

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Meal Count Summary

CHILD & ADULT MEAL COUNTS SCENARIO

As you can see, on Monday 7/1, we have totaled 4 breakfasts, 3 am snacks, 3 lunches, and 1 pm snacks that can be claimed for reimbursement.

Repeat this process for each day for every classroom and write the totals at the bottom of each meal count form.



Point of Service Meal Count Sheet

Classroom: Classroom #1

Week Of: 7/1-7/5

Instructions: Using a checkmark ✓, check off meals served to a participant at the actual time of service or, for family-style meal service, while participants are actually eating. A participant can only be claimed for a maximum of two meals and one snack, two snacks and one meal, or three snacks per day. For participants that consumed more meals/snacks than can be claimed, clearly indicate which meals/snacks will be claimed for reimbursement. Consider using color ✗ or slash marks ✓.

	Monday				Tuesday				Wednesday				Thursday				Friday			
	BREAKFAST	AM SNACK	LUNCH	PM SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK
Names of Participants																				
Cedric Diggory	✓	✓	✓		✓			✓					✓	✓	✓		✓	✓	✓	✗
Harry Potter						✓	✓	✓			✓	✓					✓	✓	✓	
Luna Lovegood	✓	✓	✓		✓	✓	✓	✗	✓				✓	✓						
Neville Longbottom					✓	✓	✓													
Ginny Weasley	✓	✓	✓		✓			✓		✓	✓	✓	✓				✓			
Oliver Wood								✓				✓				✓				
Hermione Granger	✓			✓	✓				✓				✓				✓			
Totals	4	3	3	1	4	2	2	2	2	1	2	3	4	2	1	1	3	1	1	0
STAFF MEALS (Must be tracked. DO NOT CLAIM)																				
Totals																				

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Meal Count Summary

CHILD & ADULT MEAL COUNTS SCENARIO

Step 3: Once you have completed step 2 for every meal count form for the week, you will add the daily totals together and write the grand total by meal type on the meal count summary.

In all three classrooms on July 1, the following reimbursable meals/snacks were served:

- 10 breakfasts
- 8 AM snack
- 9 lunches
- 13 PM snacks

Transfer these totals to our Meal Count Summary Sheet to the row for July 1 under the corresponding meal types. Repeat this step for the remaining days of the week.

[illegible]



Meal Count Summary Sheet

Name of Center: _____ Claiming Month/Year: _____

↓

Date	Number of Meals Claimed for Enrolled Participants						Number of Meals Claimed for Infants (if applicable)						At-Risk (if applicable)	
	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	At-Risk Snack	At-Risk Supper
1	10	8	9	13										
2	11	7	12	14										
3	17	10	14	12										
4														
5														
6														
7														
8														
9														
10														
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24														
25														
26														
27														
28														
29														
30														
31														
Subtotal							----	----	----	----	----	----		
A. Infant Totals*														
Total # Meals to Claim	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	* TRANSFER TOTALS TO ROW A. INFANT TOTALS *						At-Risk Snack	At-Risk Supper

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Meal Count Summary

CHILD & ADULT MEAL COUNTS

Institutions with **only** adult or child participants in their care will use these subtotals to submit the reimbursement claim.

Institutions who also have infants or At-Risk classrooms have more meals and snacks to add!

You will do this for every day in the month. Your end result will get you a Subtotal for claiming. If you are an institution with only adult or child participants in your care- then these subtotals are used to submit your monthly claim for reimbursement. But, if you also have infants or at-risk classrooms, then you still have more meals to add to the meal count summary!



Meal Count Summary Sheet

Name of Center: _____ Claiming Month/Year: _____

Date	Number of Meals Claimed for Enrolled Participants						Number of Meals Claimed for Infants (if applicable)						At-Risk (if applicable)	
	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	At-Risk Snack	At-Risk Supper
1														
2														
3														
4														
5														
6														
7														
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31														
Subtotal							----	----	----	----	----	----		
A. Infant Totals*														
Total # Meals to Claim	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	At-Risk Snack	At-Risk Supper
	* TRANSFER TOTALS TO ROW A. INFANT TOTALS *													

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A PDF and Excel version of the Meal Count Summary Sheet is available on HNS' [Child and Adult Care Food Program Forms and Resources webpage](#).

Meal Counts

INFANT MEALS SCENARIO

In this scenario, there is one infant room. As mentioned, the infant meal count form is daily, not weekly, so there are 5 forms for the 4 weeks, and the last week you will have 3 forms.

Step 1: I have gathered meal count forms from each classroom and organized them into piles for each week.

Example: July 2024

7/1-7/5

7/8-7/12

7/15-7/19

7/22-7/26

7/29-7/31

Stack of 5 Infant Point of Service Meal Count Sheets for the week of 7/1-7/5. The sheets are organized by age group (Infant, Toddler, Preschool) and meal type (Breakfast, AM Snack, Lunch, PM Snack, Supper). Each sheet includes a table for recording meal counts and a section for recording totals.

Stack of 3 Infant Point of Service Meal Count Sheets for the week of 7/8-7/12. The sheets are organized by age group (Infant, Toddler, Preschool) and meal type (Breakfast, AM Snack, Lunch, PM Snack, Supper). Each sheet includes a table for recording meal counts and a section for recording totals.

Stack of 3 Infant Point of Service Meal Count Sheets for the week of 7/15-7/19. The sheets are organized by age group (Infant, Toddler, Preschool) and meal type (Breakfast, AM Snack, Lunch, PM Snack, Supper). Each sheet includes a table for recording meal counts and a section for recording totals.

Stack of 3 Infant Point of Service Meal Count Sheets for the week of 7/22-7/26. The sheets are organized by age group (Infant, Toddler, Preschool) and meal type (Breakfast, AM Snack, Lunch, PM Snack, Supper). Each sheet includes a table for recording meal counts and a section for recording totals.

Stack of 3 Infant Point of Service Meal Count Sheets for the week of 7/29-7/31. The sheets are organized by age group (Infant, Toddler, Preschool) and meal type (Breakfast, AM Snack, Lunch, PM Snack, Supper). Each sheet includes a table for recording meal counts and a section for recording totals.

Meal Counts

INFANT MEALS SCENARIO

Step 2: Look through all forms and cross out meals that are not reimbursable. Write the daily infant totals for every meal and snack at the bottom of each meal count form.

Just like with child meal counts, only 1 meal and 2 snacks, 2 meals and 1 snack, or 3 snacks can be claimed per participant per day. In addition, infant meals and snacks require breastmilk and/or formula – so if a meal or snack does not have a checkmark, it cannot be claimed for reimbursement.



Infant Point of Service Meal Count Sheet
Date: 7/1/24
Completed by: Jennifer

Form Instructions:

- Write the date at the top of the page. Write the names of all infants in care (by age group).
- Breastmilk/Formula Column:** Use a ✓ when served by staff or mother nurses on site.
- Foods + Extras Column:** Write the name of the fruit/vegetable, meat/meat alternate, or bread/grain served.
- Parent-Provided Components:** If components are brought from home at parent/guardian request, indicate PP on form.

Claiming Instructions:

- Identify creditable meals to be claimed for reimbursement:
 - Maximum 2 meals/1 snack, or 2 snacks/1 meal per infant daily.
 - Only when breastmilk/iron-fortified infant formula at minimum is provided
 - Only when infants 6 months and older with an established eating pattern have been served solids
 - Only when 1 component or less has been brought from home/parent-provided (PP)
- Record total number of infant meals/snacks to be claimed for reimbursement on the bottom line labeled "Claiming Totals".
- Claiming totals are transferred to the Infant Meal Count Summary Sheet.

Acronyms: BM = Breastmilk IFC = Infant Cereal RTE = Ready to Eat Breakfast Cereal PP = Parent Provided

Names 0-5 months	Breakfast		AM Snack		Lunch		PM Snack		Supper	
	BM or Formula	Extras if early readiness	BM or Formula	Extras if early readiness	BM or Formula	Extras if early readiness	BM or Formula	Extras if early readiness	BM or Formula	Extras if early readiness
	✓	Specify	✓	Specify	✓	Specify	✓	Specify	✓	Specify
Travis Kelce	✓		✓		✓		✓			
Taylor Swift	✓		✓		✓					

Names 6-11 months	Breakfast			AM Snack			Lunch			PM Snack			Supper		
	BM or Formula	IFC or Meat/Meat Alt	Fruit and/or Veg	BM or Formula	Grain	Fruit and/or veg	BM or Formula	IFC or Meat/Meat Alt	Fruit and/or veg	BM or Formula	Grain	Fruit and/or veg	BM or Formula	IFC or Meat/Meat Alt	Fruit and/or veg
	✓	Specify	Specify	✓	Specify	Specify	✓	Specify	Specify	✓	Specify	Specify	✓	Specify	Specify
Example: Suzy	✓	PP: IFC	Pear	✓	Bread	Peas	✓	Beef/Cheese	Squash	✓	RTE	Banana	✓	Yogurt	Melon
Patrick Mahomes	✓	IFC	Apple	✓	Bread	Banana	✓	Chicken	Avocado	✓	RTE O's	Peach			
Deion Sanders		Egg	Pear	✓	Bread	Carrots	✓	Chicken	Avocado						
Troy Aikman	✓	(NOT READY)		✓	(NOT READY)		✓	(NOT READY)							

Claiming Totals:
Not to exceed 2 meals + 1 snack or 2 snacks + 1 meal per infant daily.

Breakfast: _____

AM Snack: _____

Lunch: _____

PM Snack: _____

Supper: _____

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Meal Counts

INFANT MEALS SCENARIO

Step 2: Review all forms and eliminate non-reimbursable meals. Record daily totals for each meal and snack at the bottom of the forms.

On July 1, two PM snacks were disallowed due to exceeding the daily claiming limit, and Deion's breakfast was not reimbursable because formula or breastmilk was missing. Troy, at 6 months, isn't ready for solids, as noted by the infant teacher on the meal count form; thus, his meals remain reimbursable, as infants 6-11 months can have no solid foods if not ready.



Infant Point of Service Meal Count Sheet
Date: 7/1/24
Completed by: Jennifer

Form Instructions:

- Write the date at the top of the page. Write the names of all infants in care (by age group).
- Breastmilk/Formula Column:** Use a ✓ when served by staff or mother nurses on site.
- Foods + Extras Column:** Write the name of the fruit/vegetable, meat/meat alternate, or bread/grain served.
- Parent-Provided Components:** If components are brought from home at parent/guardian request, indicate PP on form.

Claiming Instructions:

- Identify creditable meals to be claimed for reimbursement:
 - Maximum 2 meals/1 snack, or 2 snacks/1 meal per infant daily.
 - Only when breastmilk/iron-fortified infant formula at minimum is provided
 - Only when infants 6 months and older with an established eating pattern have been served solids
 - Only when 1 component or less has been brought from home/parent-provided (PP)
- Record total number of infant meals/snacks to be claimed for reimbursement on the bottom line labeled "Claiming Totals".
- Claiming totals are transferred to the Infant Meal Count Summary Sheet.

Acronyms: BM = Breastmilk IFC = Infant Cereal RTE = Ready to Eat Breakfast Cereal PP = Parent Provided

Names 0-5 months	Breakfast		AM Snack		Lunch		PM Snack		Supper	
	BM or Formula	Extras if early readiness	BM or Formula	Extras if early readiness	BM or Formula	Extras if early readiness	BM or Formula	Extras if early readiness	BM or Formula	Extras if early readiness
	✓	Specify	✓	Specify	✓	Specify	✓	Specify	✓	Specify
Travis Kelce	✓		✓		✓		✓			
Taylor Swift	✓		✓		✓					

Names 6-11 months	Breakfast			AM Snack			Lunch			PM Snack			Supper		
	BM or Formula	IFC or Meat/Meat Alt	Fruit and/or Veg	BM or Formula	Grain	Fruit and/or veg	BM or Formula	IFC or Meat/Meat Alt	Fruit and/or veg	BM or Formula	Grain	Fruit and/or veg	BM or Formula	IFC or Meat/Meat Alt	Fruit and/or veg
	✓	Specify	Specify	✓	Specify	Specify	✓	Specify	Specify	✓	Specify	Specify	✓	Specify	Specify
Example: Suzy	✓	PP: IFC	Pear	✓	Bread	Peas	✓	Beef/Cheese	Squash	✓	RTE	Banana	✓	Yogurt	Melon
Patrick Mahomes	✓	IFC	Apple	✓	Bread	Banana	✓	Chicken	Avocado	✓	RTE O's	Peach			
Deion Sanders		Egg	Pear	✓	Bread	Carrots	✓	Chicken	Avocado						
Troy Aikman	✓	(NOT READY)		✓	(NOT READY)		✓	(NOT READY)							

Claiming Totals:
Not to exceed 2 meals + 1 snack or 2 snacks + 1 meal per infant daily.

Breakfast: _____ AM Snack: _____ Lunch: _____ PM Snack: _____ Supper: _____

Meal Counts

INFANT MEALS SCENARIO

Step 2: Review all forms and eliminate non-reimbursable meals. Record daily totals for each meal and snack at the bottom of the forms.

After you look through all the forms and cross out meals that are not reimbursable. Write the daily infant totals for every meal and snack at the bottom of each meal count form.

- A second person should also double-check these totals for accuracy before moving on to the meal count summary.



Infant Point of Service Meal Count Sheet
Date: 7/1/24
Completed by: Jennifer

Form Instructions:

- Write the date at the top of the page. Write the names of all infants in care (by age group).
- Breastmilk/Formula Column:** Use a ✓ when served by staff or mother nurses on site.
- Foods + Extras Column:** Write the name of the fruit/vegetable, meat/meat alternate, or bread/grain served.
- Parent-Provided Components:** If components are brought from home at parent/guardian request, indicate PP on form.

Claiming Instructions:

- Identify creditable meals to be claimed for reimbursement:
 - Maximum 2 meals/1 snack, or 2 snacks/1 meal per infant daily.
 - Only when breastmilk/iron-fortified infant formula at minimum is provided
 - Only when infants 6 months and older with an established eating pattern have been served solids
 - Only when 1 component or less has been brought from home/parent-provided (PP)
- Record total number of infant meals/snacks to be claimed for reimbursement on the bottom line labeled "Claiming Totals".
- Claiming totals are transferred to the Infant Meal Count Summary Sheet.

Acronyms: BM = Breastmilk IFC = Infant Cereal RTE = Ready to Eat Breakfast Cereal PP = Parent Provided

Names 0-5 months	Breakfast		AM Snack		Lunch		PM Snack		Supper	
	BM or Formula	Extras if early readiness	BM or Formula	Extras if early readiness	BM or Formula	Extras if early readiness	BM or Formula	Extras if early readiness	BM or Formula	Extras if early readiness
	✓	Specify	✓	Specify	✓	Specify	✓	Specify	✓	Specify
Travis Kelce	✓		✓		✓		✓			
Taylor Swift	✓		✓		✓					

Names 6-11 months	Breakfast			AM Snack			Lunch			PM Snack			Supper		
	BM or Formula	IFC or Meat/Meat Alt	Fruit and/or Veg	BM or Formula	Grain	Fruit and/or veg	BM or Formula	IFC or Meat/Meat Alt	Fruit and/or veg	BM or Formula	Grain	Fruit and/or veg	BM or Formula	IFC or Meat/Meat Alt	Fruit and/or veg
	✓	Specify	Specify	✓	Specify	Specify	✓	Specify	Specify	✓	Specify	Specify	✓	Specify	Specify
Example: Suzy	✓	PP: IFC	Pear	✓	Bread	Peas	✓	Beef/Cheese	Squash	✓	RTE	Banana	✓	Yogurt	Melon
Patrick Mahomes	✓	IFC	Apple	✓	Bread	Banana	✓	Chicken	Avocado	✓	RTE O's	Peach			
Deion Sanders		Egg	Pear	✓	Bread	Carrots	✓	Chicken	Avocado						
Troy Aikman	✓	(NOT READY)		✓	(NOT READY)		✓	(NOT READY)							

Claiming Totals:
Not to exceed 2 meals + 1 snack or 2 snacks + 1 meal per infant daily.

Breakfast: 4 AM Snack: 5 Lunch: 5 PM Snack: 0 Supper:

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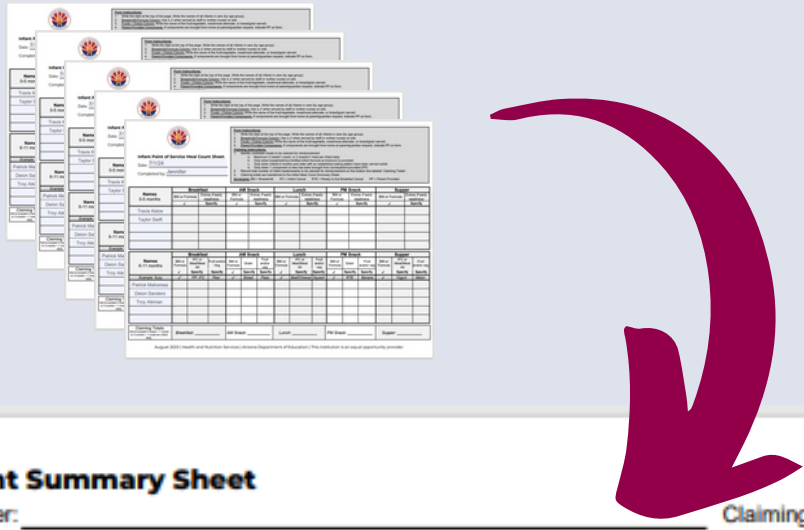
Meal Counts

INFANT MEALS SCENARIO

Step 3: Report the daily total by meal type on the meal count summary infant section. Add by meal type and report the monthly total in Row A – Infant Totals.

On July 1, we had 4 breakfasts, 5 am snacks, 5 lunches, and 0 pm snacks.

You will do this for every day in the month and by the end, you will get a subtotal for the month. These totals must be correctly consolidated for accuracy.



**Meal Count Summary Sheet**
Name of Center: _____ Claiming Month/Year: _____

Date	Number of Meals Claimed for Enrolled Participants						Number of Meals Claimed for Infants (if applicable)						At-Risk (if applicable)	
	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	At-Risk Snack	At-Risk Supper
1	4	5	5	0			4	5	3	3				
2	3	5	3	1			4	4	3	1				
3	4	4	3	1			4	3	5	1				
4	4	3	5	1			3	4	5	0				
5	3	4	5	0										
6														
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31														
Subtotal														
A. Infant Totals*														
Total # Meals to Claim	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	At-Risk Snack	At-Risk Supper
	* TRANSFER TOTALS TO ROW A. INFANT TOTALS *													

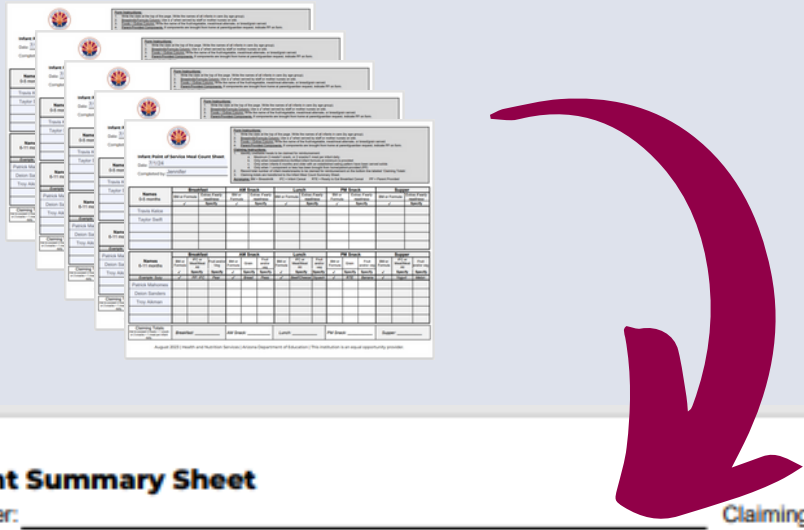
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Meal Counts

INFANT MEALS SCENARIO

Step 3: Report the daily total by meal type on the meal count summary infant section. Add by meal type and report the monthly total in Row A – Infant Totals.

Once the entire month is reported, write the monthly total under the A. Infant Totals section.



**Meal Count Summary Sheet**
Name of Center: _____ Claiming Month/Year: _____

Date	Number of Meals Claimed for Enrolled Participants						Number of Meals Claimed for Infants (if applicable)						At-Risk (if applicable)	
	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	At-Risk Snack	At-Risk Supper
1							4	5	5	0				
2							3	5	3	3				
3							4	4	3	1				
4							4	3	5	1				
5							3	4	5	0				
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29														
30														
31														
Subtotal														
A. Infant Totals*														
Total # Meals to Claim	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	At-Risk Snack	At-Risk Supper
* TRANSFER TOTALS TO ROW A. INFANT TOTALS *														

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Meal Counts

TOTALLING MEAL COUNTS

If you have both children and infants in your care, you will add the child subtotal and infant totals together to get a grand total number by meal type.

This grand total is submitted in the site claim for reimbursement.

- It is highly encouraged that you have a second person double-check these totals for accuracy.*



Meal Count Summary Sheet

Name of Center: _____ Claiming Month/Year: _____

Date	Number of Meals Claimed for Enrolled Participants						Number of Meals Claimed for Infants (if applicable)						At-Risk (if applicable)	
	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	At-Risk Snack	At-Risk Supper
1							4	5	5	0				
2							3	5	3	3				
3							4	4	3	1				
4							4	3	5	1				
5							3	4	5	0				
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28														
29														
30														
Subtotal														
A. Infant Totals*														
Total # Meals to Claim														
	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	At-Risk Snack	At-Risk Supper
	* TRANSFER TOTALS TO ROW A. INFANT TOTALS *													

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At-Risk Meal Counts

The third meal count form we will look at is the one used for at-risk afterschool program participants.

Steps:

- 1

Gather all at risk meal count forms for the month.

Add the total at the bottom of every daily form.
- 2

Write those totals on the Meal Count Summary Form under the At-Risk section. The totals in this section are what you will use to submit for your At-Risk claim.



At-Risk Afterschool Program Point of Service Meal Count Sheet

Sponsor Name: Salvation Army Date: 123-456-7890

Site Name: ABC Center Meal Type: ☒ Snack ☒ Supper

Site Address: 123 Central Ave. ☒ Breakfast ☒ Lunch

Site Supervisor: Mrs. Lovejoy Site Phone: 123-456-7890

Meals Delivered: Temp at delivery (cold foods): Temp at delivery (hot foods):

Delivery Date/Time: Temp before service (cold foods): Temp before service (hot foods):

First Meals Served to Children (cross off number as each participant receives a meal):

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220
221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240
241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260
261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280
281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300

Total meals served:

Children present, but not participating in the meal service:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

Total additional attendees:

Total meals served + Total additional attendees = Attendance total:

Staff Meals Served:

1	2	3	4
---	---	---	---

By signing below, I certify that the information provided is true and correct.

August 2023 | Health and Nutrition Services



Meal Count Summary Sheet

Name of Center: _____ Claiming Month/Year: _____

Date	Number of Meals Claimed for Enrolled Participants						Number of Meals Claimed for Infants (if applicable)						At-Risk (if applicable)		
	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	At-Risk Snack	At-Risk Supper	
1	10	8	9	13											
2	11	7	12	14											
3	17	10	14	12											
4															
5															
6															
7															
8															
9															
10															
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24															
25															
26															
27															
28															
29															
30															
31															
Subtotal															
A. Infant Totals*															
Total # Meals to Claim															
	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack							At-Risk Snack	At-Risk Supper	
	* TRANSFER TOTALS TO ROW A. INFANT TOTALS *														

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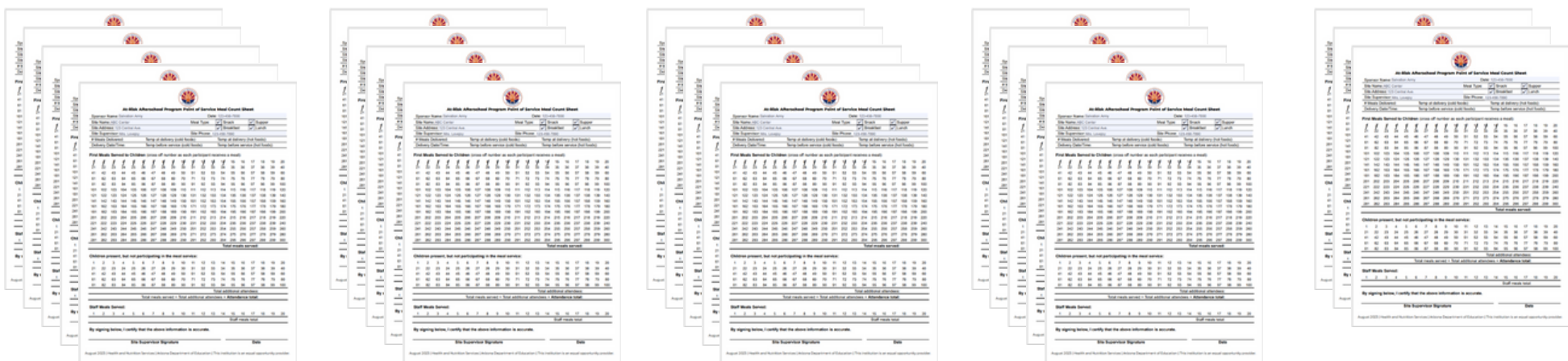
At-Risk Meal Counts

SCENARIO

Step 1: Collect all the at-risk meal count forms for the month. Once a month’s worth of meal counts have been gathered, add the totals at the bottom of each daily form.

In this scenario, there is one at-risk rooms. As mentioned, the At-Risk meal count form is daily, so there will be a form for each day of the month.

Example: July 2024





At-Risk Afterschool Program Point of Service Meal Count Sheet

Sponsor Name: Salvation Army										Date: 123-456-7890									
Site Name: ABC Center										Meal Type:		☒ Snack		☒ Supper					
Site Address: 123 Central Ave.												☒ Breakfast		☒ Lunch					
Site Supervisor: Mrs. Lovejoy										Site Phone: 123-456-7890									
# Meals Delivered:					Temp at delivery (cold foods):					Temp at delivery (hot foods):									
Delivery Date/Time:					Temp before service (cold foods):					Temp before service (hot foods):									

First Meals Served to Children (cross off number as each participant receives a meal):

/	/	/	/	/	/	/	/	/	/	/	/	/	/	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220
221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240
241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260
261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280
281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300
Total meals served: 14																			

Children present, but not participating in the meal service:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
Total additional attendees:																			
Total meals served + Total additional attendees = Attendance total:																			

Staff Meals Served:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Staff meals total:																			

By signing below, I certify that the above information is accurate.

Mrs. Lovejoy

Site Supervisor Signature

7/1/24

Date

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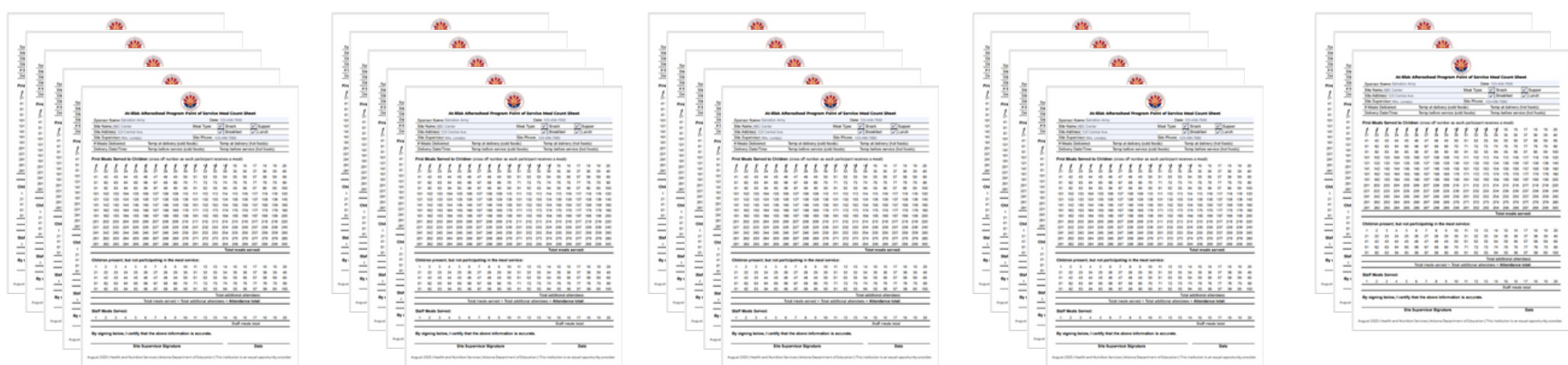
At-Risk Meal Counts

SCENARIO

Step 1: Collect all the at-risk meal count forms for the month. Once a month’s worth of meal counts have been gathered, add the totals at the bottom of each daily form.

In this scenario, there is one at-risk rooms. As mentioned, the At-Risk meal count form is daily, so there will be a form for each day of the month.

Example: July 2024





At-Risk Afterschool Program Point of Service Meal Count Sheet

Sponsor Name: Salvation Army

Date: 123-456-7890

Site Name: ABC Center

Meal Type: ☒ Snack ☒ Supper

Site Address: 123 Central Ave.

☒ Breakfast ☒ Lunch

Site Supervisor: Mrs. Lovejoy

Site Phone: 123-456-7890

Meals Delivered:

Temp at delivery (cold foods):

Temp at delivery (hot foods):

Delivery Date/Time:

Temp before service (cold foods):

Temp before service (hot foods):

First Meals Served to Children (cross off number as each participant receives a meal):

/	/	/	/	/	/	/	/	/	/	/	/	/	/	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220
221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240
241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260
261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280
281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300

Total meals served: 14

Children present, but not participating in the meal service:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

Total additional attendees:

Total meals served + Total additional attendees = Attendance total:

Staff Meals Served:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----

Staff meals total:

By signing below, I certify that the above information is accurate.

Mrs. Lovejoy

Site Supervisor Signature

7/1/24

Date

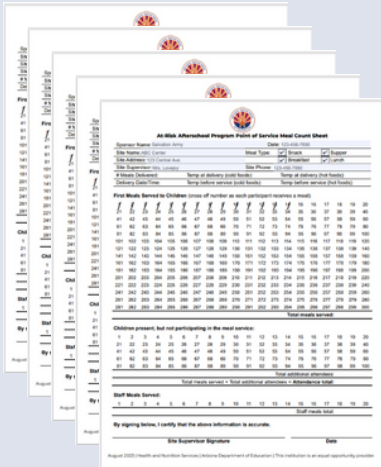
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At-Risk Meal Counts

SCENARIO

Step 2: To complete the process, record the totals on the Meal Count Summary Form in the At-Risk section.

These totals will be the figures you submit for your At-Risk meal count claim. Make sure to write these totals accurately in the At-Risk section of the Meal Count Summary Form, as they are essential for your At-Risk claim submission.





Meal Count Summary Sheet

Name of Center: _____ Claiming Month/Year: _____

Date	Number of Meals Claimed for Enrolled Participants						Number of Meals Claimed for Infants (if applicable)						At-Risk (if applicable)		
	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	At-Risk Snack	At-Risk Supper	
1	10	8	9	13											
2	11	7	12	14											
3	17	10	14	12											
4															
5															
6															
7															
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26															
27															
28															
29															
30															
31															
Subtotal															
A. Infant Totals*															
Total # Meals to Claim	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	At-Risk Snack	At-Risk Supper	
	* TRANSFER TOTALS TO ROW A. INFANT TOTALS *														

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Quiz Time

True or False? Infant Meal Count totals are placed in the section highlighted in red shown here.

A True.

B False.

 **Meal Count Summary Sheet** Name of Center: _____ Claiming Month/Year: _____

Date	Number of Meals Claimed for Enrolled Participants						Number of Meals Claimed for Infants (if applicable)						At-Risk (if applicable)	
	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	At-Risk Snack	At-Risk Supper
1														
2	11	7	12	14										
3	17	10	14	12										
4														
5														
6														
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27														
28														
29														
30														
31														
Subtotal														
A. Infant Totals*														
Total # Meals to Claim	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	At-Risk Snack	At-Risk Supper
							* TRANSFER TOTALS TO ROW A. INFANT TOTALS *							

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Quiz Time

True or False? Infant Meal Count totals are placed in the section highlighted in red shown here.

A True.

B False.

False. Infant Meal Count totals are placed in the Infant section in red shown here. Then those totals are transferred to the A. Infant Totals Section.

 **Meal Count Summary Sheet**

Name of Center: _____ Claiming Month/Year: _____

Date	Number of Meals Claimed for Enrolled Participants						Number of Meals Claimed for Infants (if applicable)						At-Risk (if applicable)	
	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	Risk Snack	At-Risk Supper
1	10	8	9	13										
2	11	7	12	14										
3	17	10	14	12										
4														
5														
6														
7														
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28														
29														
30														
31														
A. Infant Totals*														
to Claim							Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack	At-Risk Snack	At-Risk Supper
							* TRANSFER TOTALS TO ROW A. INFANT TOTALS *							

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Quiz Time

Which of the following number of meals and snacks can you claim per child per day?

- A** 2 meals and 1 snack
- B** 1 meal and 2 snacks
- C** 3 snacks
- D** Any of the above



Quiz Time

Which of the following number of meals and snacks can you claim per child per day?

A 2 meals and 1 snack

B 1 meal and 2 snacks

C 3 snacks

D Any of the above

You can claim either 2 meals and 1 snack, 1 meal and 2 snacks, or 3 snacks on CACFP per participant per day. Again, the only exception are emergency shelters, which can claim up to 3 meals per child per day.



Quiz Time

MEAL COUNT ACTIVITY

Claim or No Claim?

Although a meal may be served, it does not mean that it can be claimed for reimbursement.

Review the scenario. You choose if the meal can be claimed or not claimed!

Claim or No Claim?

Samantha is a 6-month old infant enrolled at your center. You know the 6-11-month meal pattern includes solids and you sometimes notice Samantha reaching for finger foods when the other infants in her classroom are eating. Samantha's mom says she is not yet ready to try solid foods and wrote "not ready for foods" on Samantha's forms. Foods are not provided.

Can you claim meals and snacks for Samantha?



Quiz Time

MEAL COUNT ACTIVITY

Claim or No Claim?

Although a meal may be served, it does not mean that it can be claimed for reimbursement.

Review the scenario. You choose if the meal can be claimed or not claimed!

Claim or No Claim?

Samantha is a 6-month old infant enrolled at your center. You know the 6-11-month meal pattern includes solids and you sometimes notice Samantha reaching for finger foods when the other infants in her classroom are eating. Samantha's mom says she is not yet ready to try solid foods and wrote "not ready for foods" on Samantha's forms. Foods are not provided.

Yes, you can claim meals and snacks if breastmilk and/or iron-fortified infant formula is provided.



CONTACT US

If you have a question or require additional assistance, please contact your assigned specialist or contact HNS.



602-542-8700



ContactHNS@azed.gov



www.azed.gov/hns





Congratulations

**You have completed the Online Course:
Meal Count Summary.**

ADHS Empower Program

This training counts toward Empower Program training requirements.

Arizona Early Childhood Workforce Registry

This training is listed on the Arizona Early Childhood Workforce Registry. If you want this training to appear on your registry transcript, please provide your Workforce Registry ID when completing the survey.

Certificate

Requesting a training certificate

Please click the button to complete a brief survey about this online training. Once the survey is complete, you will be able to print your certificate of completion from Survey Monkey.



Information to include when documenting training completion:

**Training Title: Meal
Count Summary**

Length: 0.5 Hour

Please note, attendees must document the amount of training hours indicated on the training despite the amount of time it takes to complete it.





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1. **Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** program.intake@usda.gov.

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