**Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monitor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5-Day Reconciliation Worksheet for Family Day Care Homes**

Instructions: Enter the enrollment and attendance information in the first chart. Include the hours of care from the sign in/sign out sheet. Next, enter the meal counts for the previous 5 days in the second chart. Compare the number of meals served to the number of children in attendance for each meal. Note any discrepancies at the bottom of the page.

|  |  |  |
| --- | --- | --- |
| **Child’s Name:** | **Enrollment** | **Attendance\*\*** |
| **Day(s)\*** | **Usual Time in Care** |  |  |  |  |  |
| #1 |  |  |  |  |  |  |  |
| #2 |  |  |  |  |  |  |  |
| #3 |  |  |  |  |  |  |  |
| #4 |  |  |  |  |  |  |  |
| #5 |  |  |  |  |  |  |  |
| #6 |  |  |  |  |  |  |  |
| #7 |  |  |  |  |  |  |  |
| #8 |  |  |  |  |  |  |  |
| #9 |  |  |  |  |  |  |  |
| #10 |  |  |  |  |  |  |  |
| #11 |  |  |  |  |  |  |  |
| #12 |  |  |  |  |  |  |  |
| \*Days of the week the child attends day care\*\*Record attendance for 5 consecutive operating days | **Total** |  |  |  |  |  |

 **# Meals of Claimed**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Breakfast** | **AM Snack** | **Lunch** | **PM Snack** | **Supper** | **Eve Snack** |
| Date: |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |
| **Day of the Review** |  |  |  |  |  |  |

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_