

## **INSTRUCTIONS FOR DAILY MEAL COUNT, ATTENDANCE, AND MEAL PRODUCTION RECORD - DCH (H1539)**

Contracting entities and day care home providers that care for children must provide meals that comply with the Child and Adult Care Food Program (CACFP) meal patterns as required by the United States Department of Agriculture (USDA).

The *Daily Meal Count, Attendance, and Meal Production Record – DCH* is provided to document those meals daily to demonstrate they are eligible for reimbursement. Changes and substitutions to the meal production must be recorded the day of the meal service, prior to serving the meal, and must be initialed (do not use white out or mark completely through the food item, simply line through and write in the change).

- A food component is one of the food categories that comprise a reimbursable meal.
- A food item is a specific food offered within the food components comprising the reimbursable meal.
- A combination food contains more than one food item from different food components that cannot be separated, such as a vegetable pizza.

Contracting entities may develop their own form but must ensure it contains all required elements.

### **PROVIDER AND CONTRACTING ENTITY (CE) INFORMATION**

**Name of Provider** – Enter the name of the day care home provider.

**Provider #** – Enter the five-digit Provider number that has been assigned to the home by the Texas Unified Nutrition Programs System (TX-UNPS).

**Name of Contracting Entity (CE)** – Enter the name of the contracting entity.

**CE ID** – Enter the five-digit CE ID that has been assigned to the contracting entity by TX-UNPS.

**Month and Year** – Enter the month and year for which attendance, meal counts and meal production are being recorded.

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### **MEAL COUNT AND ATTENDANCE – PAGE 1**

**Child's Name** – List the first and last names of *all children, including infants, enrolled for day care*. List the provider's enrolled children in the spaces labeled "Residential."

**Age** – Enter the age of each child listed. Ages for children under the age of 12 months are listed as numbers of months; enter "mos." after the number.

**Day** – Enter the day of the week (that is, Monday, Tuesday, etc.)

**Date** – Enter the calendar date and year (mm/dd/yyyy)

**At (Attendance)** – Enter an X to indicate the child was in attendance.

**BALPSE** – Enter an X in the box to indicate each meal served to each child on that day. B = Breakfast, A = AM Snack, L = Lunch, P = PM Snack, S = Supper, E = Evening Snack.

### *For Sponsor Use Only*

This section is to be completed by the Sponsor. **This information is confidential and must not be shared with the provider.**

**Tier I Totals** — this section contains the total meals and attendance for children who are being claimed and are eligible for **Tier I** reimbursement. (**Do not** include information on children who are **not** being claimed.) AT = Attendance, B = Breakfast, A = AM snack, L = Lunch, P = PM snack, E = Evening snack, S = Supper. (Add down the page to get these totals). In the column labeled "Totals," enter the **total** Tier I attendance, breakfasts, AM snacks, lunches, PM snacks, evening snacks, and suppers for the week. (Add across the page to get these totals.)

**Tier II Totals** — this section contains the total meals and attendance for children who are being claimed and are eligible for **Tier II** reimbursement. (**Do not** include information on children who are **not** being claimed.) AT = Attendance, B = Breakfast, A = AM snack, L = Lunch, P = PM snack, E = Evening snack, S = Supper. (Add down the page to get these totals). In the column labeled "Totals," enter the **total** Tier II attendance, breakfasts, AM snacks, lunches, PM snacks, evening snacks, and suppers for the week. (Add across the page to get these totals.)

### **MEAL PRODUCTION – PAGE 2**

**Day** – Enter the day of the week (that is, Monday, Tuesday, etc.)

**Date** – Enter the calendar date and year (mm/dd/yyyy)

**Meal Production** – Enter the food items used for each meal service (the required food components have been pre-printed). Providers must specify the type of milk, including fat content served and must indicate when a grain in whole grain-rich (WGR). For example; rolls, whole grain-rich or WGR.

It is recommended that the food items used be recorded prior to the day of the meal service for planning and purchasing purposes.

**Quantity Used** – Enter the actual **measurable amount** of each food item prepared opposite the category name. Refer to the FBG to determine the amount needed for the planned number of meals. Enter the total amount of food or recipe used/prepared for each food item. This is an optional entry.

Examples of measurable amounts include ounces, grams, pounds, cans (state can sizes #10, #300, #2-1/2), gallons, quarts, pints, tablespoons, or teaspoons. Measurable amounts also include cups and fractions of a cup. If using a standard recipe state the amount made, for example 2 X Recipe (double).

Measurable amounts do not include: 1 slice of cheese, 1 head of lettuce, 1 can (8 each) biscuits, 1 slice of bread, 1 tortilla, 3 crackers, 2 cookies, 1 package of animal crackers, or bowl of cereal.

**Certification** – The day care home provider must sign and date the form to certify that all information is true and correct. Reminder – this is a two page form, alternates of this form must contain the certification on both pages if created as separate documents.

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**Meal Production**

		Day		Day		Day		Day		Day	
		Date	Quan. ▼	Date	Quan. ▼	Date	Quan. ▼	Date	Quan. ▼	Date	Quan. ▼
<b>Breakfast</b>	Fluid Milk										
	Fruit or Vegetable										
	Cereal and/or Grains										
<b>AM Snack</b>	- Fluid Milk - Vegetable - Fruit - Grains - Meat and/or Alternate (2 of 5 must be served)										
<b>Lunch</b>	Fluid Milk										
	Vegetable										
	Fruit										
	Grains										
	Meat and/or Alternate										
<b>PM Snack</b>	- Fluid Milk - Vegetable - Fruit - Grains - Meat and/or Alternate (2 of 5 must be served)										
<b>Supper</b>	Fluid Milk										
	Vegetables										
	Fruit										
	Grains										
	Meat and/or Alternate										
<b>Evening Snack</b>	- Fluid Milk - Vegetable - Fruit - Grains - Meat and/or Alternate (2 of 5 must be served)										

I certify that the information on this form is true and correct to the best of my knowledge and that I have followed the United States Department of Agriculture portion requirements and meal pattern guidelines. I further certify that I am only claiming for meals served to children enrolled in my day care home and that I only claim meals for my own children if they are eligible and an enrolled non-resident child is also being claimed. I understand that misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

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Signature – Day Care Home Provider

\_\_\_\_\_  
Date