

At-Risk Record of Meals Served

Child and Adult Food Program

Site Name: _____ Month/Year: _____

***All columns MUST be filled out DAILY. Submit by the 5th of each month.**

Date	# Meals Delivered	At-Risk Supper		Check off when Submitted			Initial
		# First Meals	TDA (Total Daily Attendance)	Daily ONLINE Numbers	Daily Sign in Sheet(s)	Weekly Meal Count Form	
1							
2							
3							
4							
5							
6							
7							
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23							
24							
25							
26							
27							
28							
29							
30							
31							
Total							

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