At-Risk Record of Meals Served

Site Name: **Month/Year:**

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

Date	# Meals Delivered	TDA (Total Daily Attendance)	Number of First Meals B	SN	L	S	Initial
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Total							

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