

**South Carolina Department of Social Services  
Child and Adult Care Food Program  
MEAL COUNT RECORD**

Sponsor: \_\_\_\_\_

Facility: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Date	Breakfast		AM Supplement		Lunch		PM Supplement		Supper		Eve. Supplement	
	Participant	Staff Ineligible	Participant	Staff Ineligible	Participant	Staff Ineligible	Participant	Staff Ineligible	Participant	Staff Ineligible	Participant	Staff Ineligible
1												
2												
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30												
31												
Totals												

Participant: Child or Adult Enrolled For Care