

**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
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31												
Totals												

Participant: Child or Adult Enrolled For Care