

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

Center/Provider: _____ Date: _____ Year: _____

Plan to serve the component(s) and amount(s) appropriate for the age of each infant.

Food Components		Name:	Name:	Name:	Name:	Name:	Name:
		DOB:	DOB:	DOB:	DOB:	DOB:	DOB:
Breakfast	1. Iron-Fortified, Fluid Infant Formula or Breast Milk						
	2. Infant Cereal (must be iron-fortified dry cereal) and/or						
	3. Fruit and/or Vegetable						
Lunch or Supper	1. Iron-Fortified, Fluid Infant Formula or Breast Milk						
	2. Fruit and/or Vegetable						
	3. Infant Cereal (must be iron-fortified dry cereal) and/or Meat or Meat Alternate: Meat, Poultry, Fish or Egg, Yolk or Cheese or Cottage Cheese, Cheese Food, Cheese Spread						
AM or PM Supplement	1. Iron-Fortified, Fluid Infant Formula, Fruit Juice or Breast Milk						
	2. Bread: Crusty, Enriched or Whole Grain or Two Cracker-Type Products as Finger Food (suitable for an infant 4 months to 1 year), May be Served When Appropriate						

* Date of Birth