

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

Center/Provider: _____ Formula: _____ Month: _____ Year: _____

Name: _____ DOB*: _____ Medical Statement on File: Yes No Infant Formula Statement on File: Yes No

| Food Components | | Day: _____ Date: _____ | Day: _____ Date: _____ | Day: _____ Date: _____ | Day: _____ Date: _____ | Day: _____ Date: _____ | Day: _____ Date: _____ |
|----------------------------|---|---|---|---|---|---|---|
| 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