

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

Center/Provider: DCW Transactional- CENTER 1 / DCW - Transactional Formula: _____ Month: February Year: 2019
 Infant Name: Bilbo Baggins Birthdate: 10/09/2018 Medical Statement on File: Yes No Infant Statement on File: Yes No

Requirements for Infant Meal Pattern			
Ages	Breakfast	Lunch or Supper	Snack
0-3 mos.	4-6 fl. oz. Breast Milk or Iron Fortified Infant Formula	4-6 fl. oz. Breast Milk or Iron Fortified Infant Formula	4-6 fl. oz. Breast Milk or Iron Fortified Infant Formula
4-7 mos.	4-8 fl. oz. Breast Milk or Iron Fortified Infant Formula 0-3 tbsp. Iron Fortified Infant Cereal	4-8 fl. oz. Breast Milk or Iron Fortified Infant Formula 0-3 tbsp. Iron Fortified Infant Cereal 0-3 tbsp. Fruit or Vegetable or both	4-6 fl. oz. Breast Milk or Iron Fortified Infant Formula
8-11 mos.	6-8 fl. oz. Breast Milk or Iron Fortified Infant Formula and 2-4 tbsp. Iron Fortified Infant Cereal and 1-4 tbsp. Fruit or Vegetable or both	6-8 fl. oz. Breast Milk or Iron Fortified Infant Formula and 2-4 tbsp. Iron Fortified Infant Cereal and/or 1-4 tbsp. Meat, Fish, Poultry, Egg Yolk, or Cooked Dry Beans or Peas; or ½ -2 oz. of Cheese; or 1-4 oz. (volume) Cottage Cheese; or 1-4 oz. (weight) of Cheese Food or Cheese Spread; and 1-4 tbsp. Fruit or Vegetable or both	2-4 fl. oz. Breast Milk or Iron Fortified Infant Formula or Fruit Juice and 0-1/2 Slice Bread or 0-2 Crackers

Date	Monday: 02/04/2019	Tuesday: 02/05/2019	Wednesday: 02/06/2019	Thursday: 02/07/2019	Friday: 02/08/2019	Meal Count
<u>BREAKFAST</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Formula or Breast Milk						
Infant Cereal						
Fruit/Vegetable						
<u>LUNCH</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Formula or Breast Milk						
Infant Cereal						
Meat or Meat Alternate						
Fruit/Vegetables						
<u>SNACK</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Formula or Breast Milk						
Fruit Juice						
Sliced Bread or Crackers						