

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

Center/Provider: _____

Date: _____ Year: _____

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

	Child's Name: Date of Birth:	Child's Name: Date of Birth:	Child's Name: Date of Birth:	Child's Name: Date of Birth:	Child's Name: Date of Birth:	Meal Count
<u>BREAKFAST</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Formula or Breast Milk						
Infant Cereal						
Fruit/Vegetable						
<u>LUNCH</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Formula or Breast Milk						
Infant Cereal						
Meat or Meat Alternate						
Fruit/Vegetables						
<u>SNACK</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Formula or Breast Milk						
Fruit Juice						
Sliced Bread or Crackers						

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INSTRUCTIONS: This form is to be used for recording meals offered up to 5 infants on a daily basis. For this form to be properly documented it must include the following:

- The Center's Name
- The current month, date and year
- Infant's name and date of birth
- For each meal service, list the CACFP meal offered or will be offered to the infant. If menus are planned in advance, any substitutions to the planned item must be recorded on the menu. You must identify the kind of formula each infant is using.
- Place a check in the box when the meal is provided to the infant
- At the end of the each day total the checks for each meal service and indicate the total in the Meal Count box.
- At the end of each month staple all daily infant meal records. Summarize meals and snacks served and include this total on the claim for reimbursement.

Resource: Refer to the Feeding Infant Guide for Creditable food items.

NOTE:

1. An infant statement must be on file for each enrolled infant.
2. A medical statement is required if the infant is receiving a formula that does not meet CACFP requirements.
3. Infant formula and dry infant cereal must be iron-fortified.
4. Breast milk or formula, or portions of both, may be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months.
5. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.
6. For infants 4-7 month a serving of iron fortified cereal, fruit or vegetable, bread and crackers is required when the infant is developmentally ready to accept it.
7. Fruit juice must be full-strength.
8. A serving of bread and crackers must be made from whole-grain or enriched meal or flour.