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 Formula0-3 tbsp. Iron Fortified Infant Cereal0-3 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:	Maal				
	Date of Birth:	Meal Count				
BREAKFAST						
Formula or Breast Milk						
Infant Cereal						
Fruit/Vegetable						
LUNCH						
Formula or Breast Milk						
Infant Cereal						
Meat or Meat Alternate						
Fruit/Vegetables						
<u>SNACK</u>						
Formula or Breast Milk						
Fruit Juice						
Sliced Bread or Crackers						

DSS Form 16149 (MAR 12) Edition of MAR 01 is obsolete.

INSTRUCTIONS FOR DSS FORM 16149

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 $\ensuremath{\boxtimes}$ 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 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.