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

Center/Provider:			Formula:	Month:	Year:	
Infant Nam	ne: B	Birthdate:	Medical Statement on File: ☐ Yes □	□ No Infant Statement on	File: ☐ Yes ☐ No	
		Requi	rements 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. o	z. Breast Milk or Iron Fortified Infant Formula	4-6 fl. oz. Breast Milk or Iron F	ortified Infant Formula	
4-7 mos.	4-8 fl. oz. Breast Milk or Iron Fortified Infant Formula 0-3 tbsp. Iron Fortified Infant Cereal	0-3 tbsp	z. Breast Milk or Iron Fortified Infant Formula b. Iron Fortified Infant Cereal b. Fruit or Vegetable or both	4-6 fl. oz. Breast Milk or Iron F	ortified Infant Formula	
8-11 mos.	6-8 fl. oz. Breast Milk or Iron Fortified Infant Formula <b>an</b> 2-4 tbsp. Iron Fortified Infant Cereal <b>and</b> 1-4 tbsp. Fruit or Vegetable or both	2-4 tbsp 1-4 tbsp Pea	z. Breast Milk or Iron Fortified Infant Formula <b>and</b> b. Iron Fortified Infant Cereal <b>and/or</b> b. Meat, Fish, Poultry, Egg Yolk, or Cooked Dry Beans <b>o</b> s; or ½ -2 oz. of Cheese; <b>or</b> 1-4 oz. (volume) Cottage ese; <b>or</b> 1-4 oz. (weight) of Cheese Food <b>or</b> Cheese	2-4 fl. oz. Breast Milk or Iron F or Fruit Juice and 0-1/2 Slice Bread or 0-2 Crackers	ortified Infant Formula	

Spread; and

1-4 tbsp. Fruit or Vegetable or both

Date	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Meal Count
BREAKFAST						
Formula or Breast Milk						
Infant Cereal						
Fruit/Vegetable						
LUNCH						
Formula or Breast Milk						
Infant Cereal						
Meat or Meat Alternate						
Fruit/Vegetables						
SNACK						
Formula or Breast Milk						
Fruit Juice						
Sliced Bread or Crackers						

DSS Form 16150 (DEC 11) Edition of MAR 01 is obsolete.

#### **INSTRUCTIONS FOR DSS FORM 16150**

#### **INSTRUCTIONS**

This form is to be used for recording meals offered to one infant on a weekly basis. For this form to be properly documented it must include the following:

- · The Center's Name,
- The kind of formula infant is using (name of formula),
- The current month and year,
- · Infant's name and date of birth,
- Indicate that a Medical statement is on file. A medical statement is required if the infant is receiving a formula that does not meet CACFP requirements.
- · Indicate that an infant statement is on file,
- Write the appropriate date for the day of the week,
- 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.
- Place a check ☑ in the box when the meal is provided to the infant,
- At the end of the each week total the checks for each meal service and indicate the total in the Meal Count box.
- At the end of each month staple all records for each infant. Summarized 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. Infant formula and dry infant cereal must be iron-fortified.
- 2. 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.
- 3. 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.
- 4. For infants 4-7 months a serving of iron fortifited infant cereal, fruit or vegetable, bread and crackers is required when the infant is developmentally ready to accept it.
- 5. Fruit juice must be full-strength.
- 6. A serving of bread and crackers must be made from whole-grain or enriched meal or flour.