

Site/Room: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Ohio Department of Education  
Child and Adult Care Food Program  
Individual Infant Feeding Record  
Infants 0 through 5 Months**

Infant's Full Name: \_\_\_\_\_

Infant's DOB: \_\_\_\_\_

Please record specific food items offered to infant each day.  
**Note: Iron-fortified infant formula or breast milk are the only required food components for infants zero through five months of age.  
Other food items may be introduced to the infant as developmentally appropriate.**

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Required Components	DATE	DATE	DATE	DATE	DATE	DATE	DATE
<b>Breakfast</b> 4 to 6 fluid ounces of IFIF or breast milk*							
<b>A.M. Snack</b> 4 to 6 fluid ounces of IFIF or breast milk*							
<b>Lunch</b> 4 to 6 fluid ounces of IFIF or breast milk*							
<b>P.M. Snack</b> 4 to 6 fluid ounces of IFIF or breast milk*							
<b>Supper</b> 4 to 6 fluid ounces of IFIF or breast milk*							

\*IFIF: Iron-fortified Infant Formula. Use "BF" if mother breastfed infant onsite.  
An Infant Food/Formula statement must be kept on file for each infant under 12 months of age if not providing all required meal components.  
An Infant Menu Record is required for all infants claimed.

**Note:** Juice is not allowed for infants under age one

This institution is an equal opportunity provider.