

Ohio Department of Education Child and Adult Care Food Program Individual Infant Feeding Record Infants 6-11 Months

Site/Room: _____

Infant's Full Name : _____

Month: _____ Year: _____

Please record specific food items offered to infant each day

DOB: _____

| | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Required Components | Date: | Date: | Date: | Date: | Date: | Date: | Date: |
| Breakfast 6-8 fluid ounces of IFIF* or breast milk** and as developmentally appropriate 0-4 Tbsp. iron-fortified dry infant cereal or meat, fish, poultry, whole eggs, or cooked dry beans or peas, or 0-2 ounces of cheese or 0-4 ounces of cottage cheese or 0-4 ounces yogurt or a combination and as developmentally appropriate 0-2 Tbsp. vegetable, fruit or a combination | | | | | | | |
| A.M. Snack 2-4 fluid ounces of IFIF* or breast milk** and as developmentally appropriate 0-1 /2 bread slice; 0-2 cracker; 0-4 tbsp. infant cereal or ready to eat cereal and as developmentally appropriate 0-2 tbsp. vegetable, fruit or a combination | | | | | | | |
| Lunch 6-8 fluid ounces of IFIF* or breast milk** and as developmentally appropriate 0-4 Tbsp. iron-fortified dry infant cereal or meat, fish, poultry, whole eggs, or cooked dry beans or peas, or 0-2 ounces of cheese or 0-4 ounces of cottage cheese, or 0-4 ounces yogurt or a combination and as developmentally appropriate 0-2 Tbsp. vegetable, fruit or a combination | | | | | | | |
| P.M. Snack 2-4 fluid ounces of IFIF* or breast milk** and as developmentally appropriate 0-1 /2 bread slice; 0-2 cracker; 0-4 tbsp. infant cereal or ready to eat cereal and as developmentally appropriate 0-2 tbsp. vegetable, fruit or a combination | | | | | | | |
| Supper 6-8 fluid ounces of IFIF* or breast milk** and as developmentally appropriate 0-4 Tbsp. iron-fortified dry infant cereal or meat, fish, poultry, whole eggs, or cooked dry beans or peas, or 0-2 ounces of cheese or 0-4 ounces of cottage cheese, or 0-4 ounces yogurt or a combination and as developmentally appropriate 0-4 Tbsp. vegetable, fruit or a combination | | | | | | | |

*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 you are 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