

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 age 0 through five months of age
Other food items may be introduced to the infant as developmentally appropriate

Required Components	DATE	DATE	DATE	DATE	DATE
Breakfast 4 to 6 fluid ounces of IFIF or breast milk*					
A.M. Snack 4 to 6 fluid ounces of IFIF or breast milk*					
Lunch 4 to 6 fluid ounces of IFIF or breast milk*					
P.M. Snack 4 to 6 fluid ounces of IFIF or breast milk*					
Supper 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 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