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

Month/Year: _____

Infant Full Name: _____

Date of Birth: _____

Please record specific food items offered to infant each day.

Required Components	Date:	Date:	Date:	Date:	Date:
Breakfast					
6-8 fluid ounces of IFIF* or breast milk** AND					
0-4 Tbsp. iron-fortified dry infant cereal (0- $\%$ oz.eq.), meat, fish,					
poultry, whole egg, cooked dry beans or cooked dry peas, OR 0-2					
ounces of cheese OR 0-4 ounces of cottage cheese or 0-4 ounces yogurt or a combination of the above AND					
0-2 Tbsp. vegetable, or fruit or a combination of both A.M. Snack					
2-4 fluid ounces of IFIF* or breast milk** AND					
0- $\frac{1}{2}$ bread slice (0- $\frac{1}{2}$ oz.eq.); crackers (0- $\frac{1}{4}$ oz.eq.); 0-4 tbsp.					
infant cereal (0-1/2 oz.eq) or ready-to-eat breakfast cereal (0- $\frac{1}{4}$					
oz.eq.), AND					
0-1 tbsp. vegetable, fruit or a combination of both					
Lunch 6-8 fluid ounces of IFIF* or breast milk** AND					
6-8 Huld bullees of IFIF* of breast Hilk*** AND					
0-4 Tbsp. iron-fortified dry infant cereal (0- $\frac{1}{2}$ oz.eq.), meat, fish,					
poultry, whole egg, cooked dry beans or cooked dry peas, OR 0-2					
ounces of cheese OR 0-4 ounces of cottage cheese or 0-4 ounces yogurt or a combination of the above AND					
0-2 Tbsp. vegetable, or fruit or a combination of both					
P.M. Snack					
2-4 fluid ounces of IFIF* or breast milk** AND					
0- $\frac{1}{2}$ bread slice (0- $\frac{1}{2}$ oz.eq.); crackers (0- $\frac{1}{4}$ oz.eq.); 0-4 tbsp.					
infant cereal (0-1/2 oz.eq) or ready-to-eat breakfast cereal (0-¼					
oz.eq.), AND					
1-2 tbsp. vegetable, fruit or a combination of both					
Supper 6-8 fluid ounces of IFIF* or breast milk**					
6-8 fluid ounces of IFIF* or breast milk** AND					
0-4 Tbsp. iron-fortified dry infant cereal ($0-\frac{1}{2}$ oz.eq.), meat, fish, poultry, whole egg, cooked dry beans or cooked dry peas, OR 0-2					
ounces of cheese OR 0-4 ounces of cottage cheese or 0-4 ounces					
yogurt or a combination of the above AND					
0-2 Tbsp. vegetable, or fruit or a combination of both					

*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

Note: Juice is not allowed for infants under age one oz eq = ounce equivalent