INFANT FEEDING RECORD (complete one for each child)

approved 4/25/05

Full Name of Infant_____**Date of Birth** _____**Age** (in months)_____

Check the appropriate box: ☐ **Breast Milk** ☐ **Formula (brand)** _____

MEAL PATTERN CHART FOR INFANTS
(All formula & dry infant cereal must be iron fortified)

AGE RANGE	BREAKFAST	LUNCH OR SUPPER	SNACK
Birth – 3 months	4 - 6 fluid oz breast milk or formula	4 - 6 fluid oz breast milk or formula	4 - 6 fluid oz breast milk or formula
4 - 7 months	**1).** 4 - 8 fluid oz breast milk or formula **and** 2). 0 - 3 Tbsp dry infant cereal	1). 4 - 8 fluid oz breast milk or formula **and** 2). 0 - 3 Tbsp dry infant cereal **and** 3). 0 - 3 Tbsp of fruit or vegetable or both	4 - 6 fluid oz breast milk or formula
8 - 11 months	**Must serve ALL 3 components:** **1)**. 6 - 8 fluid oz breast milk or formula **and** **2).** 2 - 4 Tbsp dry infant cereal **and** **3).** 1 - 4 Tbsp of fruit or vegetable or both	**Must serve ALL 3 components:** **1).** 6 - 8 fluid oz breast milk or formula **and** **2.).** 2 - 4 Tbsp dry infant cereal **and/or** 1 - 4 Tbsp meat, fish, poultry, egg yolk, cooked dry beans or peas**; or** 1/2 - 2 oz (weight) cheese; or 1 - 4 oz (volume) cottage cheese; **or** 1 - 4 oz (weight) cheese food or cheese spread **and** **3).** 1 - 4 Tbsp of fruit or vegetable or both	**Must serve component 1:** 1.) 2 - 4 fluid oz breast milk or formula or 100% fruit juice **and** 2). 0 - 1/2 slice bread* or 0 - 2 crackers* (*must be made from whole-grain or enriched meal or flour)

RECORD TIME FED, FOOD ITEM(S), AND AMOUNT SERVED FOR EACH MEAL

DAYS SERVED	BREAKFAST	LUNCH/SUPPER	SNACK
Date_____ Time(s) fed			
Date_____ Time(s) fed			
Date_____ Time(s) fed			
Date_____ Time(s) fed			
Date_____ Time(s) fed			

INFANT WEEKLY CHARTING		
DAYS	**SLEEP**	**DIAPERS** Time and Wet or BM
Date:		
Date:		
Date:		
Date:		
Date:		
Staff/parent notes (behavior - how they acted/did they eat well or not)		