

Daily Infant Sheet

From my house:

Name: _____ Date: _____ I woke up at: _____ I am: _____

My night was: _____ 0-5 Months Old

This morning I have eaten: _____ 6-11 Months Old

From my caregivers:

For Breakfast I had:

Time: _____

Breast Milk or Formula _____ fluid ounces

Fruit/Veg/or Combo _____

Grain or Meat/Meat Alternate _____

For Lunch I had:

Time: _____

Breast Milk or Formula _____ fluid ounces

Fruit/Veg/or Combo _____

Grain or Meat/Meat Alternate _____

For Snack I had:

Time: _____

Breast Milk or Formula _____ fluid ounces

Fruit/Veg/or Combo _____

Grain _____

Today I enjoyed:

Floor time

Music

Books

Blocks

Outside

Gym

Messy play

Riding toys

Other: _____

ATTN: Childcare Staff– See CACFP Meal Pattern for serving size requirements for infants ages 0-5 months and 6-11 months, document food served and the serving size .

Toileting:

(W) Wet (D) Dry (BM) Bowel Movement

Time: _____ (W) (D) (BM)

Time: _____ (W) (D) (BM)

Time: _____ (W) (D) (BM)

Time: _____ (W) (D) (BM)

Time: _____ (W) (D) (BM)

Time: _____ (W) (D) (BM)

Naps:

Down: _____ Up: _____

Down: _____ Up: _____

Down: _____ Up: _____

Down: _____ Up: _____

Observations today: _____

Notes to Parents: _____

Parents please bring in:

Change of clothes

Diapers

Wipes

Formula/Breastmilk

Bottles/Sippy Cup

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