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| REGISTRO DEL CUIDADO DIARIO DEL INFANTE 0-5 MESES |
| INFANT FEEDING & DIAPERING RECORD 0-5 MONTHS |

# NOMBRE/NAME FECHA DE NACIMIENTO/BIRTHDAY FECHA/DATE ENTRADA/TIME IN SALIDA/TIME OUT

FORMULA BRAND or BREAST MILK COUNTY/SITE/PROGRAM

PROGRAM/CLASS/ROOM NUMBER

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MEALS** | | | | | | | | |
| **USDA**  **Requerimientos/ Requirements** | **FORMULA O LECHE MATERNA/ BREAST MILK 4-6OZ** | **FORMULA O LECHE MATERNA/ BREAST MILK 4-6OZ** | **FORMULA O LECHE MATERNA/ BREAST MILK 4-6OZ** | **FORMULA O LECHE MATERNA/ BREAST MILK 4-6OZ** | **FORMULA O LECHE MATERNA/ BREAST MILK 4-6OZ** | **FORMULA O LECHE MATERNA/ BREAST MILK 4-6OZ** | **FORMULA O LECHE MATERNA/ BREAST MILK 4-6OZ** | **FORMULA O LECHE MATERNA/ BREAST MILK 4-6OZ** |
| **Cantidad ofecida/Food offere** | 4 6 | 4 6 | 4 6 | 4 6 | 4 6 | 4 6 | 2 4 | 2 4 |
| **Cantidad que comio/Eaten** | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6 | 0 1 2 3 4 | 0 1 2 3 4 |
| **Que comieron/what \*/\*\*** |  |  |  |  |  |  |  |  |
| **Brand Documentation \*/\*\*** |  |  |  |  |  |  |  |  |
| **Hor/Time** |  |  |  |  |  |  |  |  |
| **Use the abbreviation: BF**  **= Breast Fed ES**  **= Expressed Breast Milk** | **Comidasadicionale / Additional foods:** | |  | | | | | |
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| **NOTAS PARA LOS PADRES/NOTES TO PARENTS** |
|  |
| FIRMA DE MAESTRA |

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| **REVISION DE PANALES/DIAPERS** | |
| 6:00 AM | BM D S H SE |
| 7:00 AM | BM D S H SE |
| 8:00 AM | BM D S H SE |
| 9:00 AM | BM D S H SE |
| 10:00 AM | BM D S H SE |
| 11:00 AM | BM D S H SE |
| 12:00 NOON | BM D S H SE |
| 1:00 PM | BM D S H SE |
| 2:00 PM | BM D S H SE |
| 3:00 PM | BM D S H SE |
| 4:00 PM | BM D S H SE |

|  |  |
| --- | --- |
| **SIESTA/NAPS** | |
| DE/FROM | A/TO |
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| **IFDR ABREVIATION KEY** | |
| BM = DEFECACION/BOWEL MVMNT | SE = SECO/DRY |
| D = DIARREA/DIARRHEA | H = HUMEDO/WET |
| S = SUENO/SLEEPING | \* BF = BREAST FED BY MOTHER |
|  | \*\*EB = EXPRESSED BREAST MILK |

*MEAL COUNT AUDIT (FSS ONLY)*

|  |  |  |
| --- | --- | --- |
| BREAKFAST | LUNCH | SNACK |
|  |  |  |

*White to USDA/Yellow to Parents*