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| REGISTRO DEL CUIDADO DIARIO DEL INFANTE 6-11 MESES |
| INFANT FEEDING & DIAPERING RECORD 6-11 MONTHS |

# NOMBRE/NAME FECHA DE NACIMIENTO/BIRTHDAY FECHA/DATE

ENTRADA/TIME IN SALIDA/TIME OUT

FORMULA BRAND/BREAST MILK COUNTY/SITE

PROGRAM/CLASS/ROOM NUMBER

|  |  |  |  |  |  |  |  |  |  |
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| ALL FOODS ARE REQUIRED | | | | | | | | | |
|  | **DESAYUNO/BREAKFAST** | | | **COMIDA/LUNCH** | | | **BOCADDILLO/SNACK** | | |
| **USDA**  **Requerimientos/ Requirements** | **FORMULA O LECHE MATERNA/ BREAST MILK 6-8 OZ** | **CEREAL DE INFANTE**  **1-4 CDAS/TBS** | **VERDURA Y/O FRUTA (or**  **combination) 1-2 CDS/TBS** | **FORMULA O LECHE MATERNA/ BREAST MILK 6-8 OZ** | **CEREAL DE INFANTE,**  **CARNE (or any combination) 1-4CDAS/TBS** | **VERDURA Y/O FRUTA (or**  **combination) 1-2CDS/TBS** | **FORMULA O LECHE MATERNA/ BREAST MILK 2-4 OZ** | **PAN, GALLETAS O READY-TO EAT CEREAL 1/4- 1/2 OZ** | **VERDURA Y/O FRUTA (or**  **combination) 1-2CDS/TBS** |
| **Cantidad ofecida/Food offered** | 6 7 8 | 1 2 3 4 | 1 2 | 6 7 8 | 2 3 4 | 1 2 | 2 3 4 | 1 2 3 | 1 2 3 |
| **Cantidad que comio/Eaten** | 0 1 2 3 4 5 6 7 8 | 0 1 2 3 4 | 0 1 2 | 0 1 2 3 4 5 6 7 8 | 0 1 2 3 4 | 0 1 2 | 0 1 2 3 4 | 0 1 2 3 | 0 1 2 3 |
| **Que comieron/what\*/\*\*** |  |  |  |  |  |  |  |  |  |
| **Brand Documentation \*/\*\*** |  |  |  |  |  |  |  |  |  |
| **Hor/Time** |  |  |  |  |  |  |  |  |  |
| **Use the abbreviation:**  **BF = Breast Fed**  **ES = Expressed Breast Milk** | **Comidasadicionale/ Additional foods:** | |  | | | | | | |
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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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| NOTAS PARA LOS PADRES/NOTES TO PARENTS |
|  |
| FIRMA DE MAESTRA |

*MEAL COUNT AUDIT (FSS ONLY)*

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| **IFDR ABREVIATION** | |
| BM = DEFECACION/BOWEL MVMNT | SE = SECO/DRY |
| D = DIARREA/DIARRHEA | H = HUMEDO/WET |
| S = SUENO/SLEEPING |  |

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

White to USDA/Yellow to Parents