

Site: _____

**Daily Infant Meal Record - 4 through 7 months –
CACFP Form # 160B**

VT Department of Education
Child Nutrition Programs
Child & Adult Care Food Program

Month/Day/Year: _____

Refer to the Infant Meal Pattern and “Feeding Infants, A Guide for Use in the Child Nutrition Programs” for more information about food items and infant feeding requirements. List each infant’s name. Record the food item served and the amount in the respective column for each meal type served.

INFANT NAMES	BREAKFAST		AM SNACK	LUNCH			PM SNACK	SUPPER		
	Formula or Breast Milk 4 – 8 oz.	Infant Cereal 0 - 3 T. (optional)	Formula or Breast Milk 4 - 6 oz.	Formula or Breast Milk 4 - 8 oz.	Veg. or Fruit 0 – 3 T. (optional)	Infant Cereal 0 – 3 T. (optional)	Formula or Breast Milk 4 - 6 oz.	Formula or Breast Milk 4 - 8 oz.	Veg. or Fruit 0 - 3 T. (optional)	Infant Cereal 0 - 3 T. (optional)
List first and last name										