

Site: \_\_\_\_\_

**Daily Infant Meal Record - 8 through 11 months –**

**CACFP Form # 160C**

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 6 – 8 oz.	Infant Cereal 2 – 4 T.	Veg. and /or Fruit 1 – 4 T.	Formula or Breast Milk or Fruit Juice 2 – 4 oz.	0 – ½ slice bread or 0 – 2 crackers	Formula or Breast Milk 6 – 8 oz.	Veg. and/or Fruit 1 – 4 T.	2-4 T Infant cereal, and/or 1-4 T Meat, Fish, Poultry, egg yolk, or ½ - 2 oz. cheese	Formula or Breast Milk or Fruit Juice 2 – 4 oz.	0 – ½ slice bread or 0 – 2 crackers	Formula or Breast Milk 6 – 8 oz.	Veg. and/or Fruit 1 – 4 T.	2-4 T Infant cereal, and/or 1-4 T Meat, Fish, Poultry, egg yolk, or ½ - 2 oz. cheese
List first and last name.													