Child Care Center: _____

CACFP Form #160A

0-5 months Infant Daily Meal Record

Date: _____

VT Agency of Education

Date	Infant Names	Breakfast	AM Snack	Lunch	PM Snack	Supper
Date	List first and last name	4-6 fl. oz. Breast Milk or Formula	4-6 fl. oz. Breast Milk or Formula	4-6 fl. oz. Breast Milk or Formula	4-6 fl. oz. Breast Milk or Formula	4-6 fl. oz. Breast Milk or Formula