Child Care Center: _____

CACFP Form #160B

6-11months Infant Daily Meal Record

Date: _____

VT Agency of Education

Date	Infant Names	Breakfast			Lunch			PM Snack		Supper		
Date	List First and Last Name	Breast Milk or Formula 6-8 fl. oz.	Infant Cereal or Meat/ Meat Alternate	Vegetable and/or Fruit 0-2 tbsp.	Breast Milk or Formula 6-8 fl. oz.	Infant Cereal or Meat/ Meat Alternate	Vegetable and/or Fruit 0-2 tbsp.	Breast Milk or Formula 2-4 fl. oz.	0-½ slice Bread or 0-2 Crackers or 0-4 tbsp. Cereal	Breast Milk or Formula 6-8 fl. oz.	Infant Cereal or Meat/ Meat Alternate	Vegetable and/or Fruit 0-2 tbsp.