VERMONT
AGENCY OF EDUCATION
219 North Main Street, Suite 402
Barre, VT 05641 (p) 802-479-1030 | (f) 802-479-1835

Child Care Center: _____

CACFP Form #160B
6-11months Infant Daily Meal Record

Date: _____

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