Child Care Center: _____

Date: _____

6-11 months Infant Meal Record

VT Agency of Education

Infant Names	Breakfast			Lunch			Snack		
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. Infant or Ready-to-eat Cereal	Vegetable and/or Fruit 0-2 tbsp.