



Alaska Family Child Care Food Program Weekly Infant Menu

Month/Year _____

Is infant cereal iron fortified (Check One) Yes No

Is formula iron fortified (Check One) Yes No

Does parent provide formula (Check One) Yes No

Infant's Name _____

Age (Months) _____

Formula _____

Infant Serving Requirements			Meal Requirements	Monday (DATE)	Tuesday (DATE)	Wednesday (DATE)	Thursday (DATE)	Friday (DATE)	Saturday (DATE)	Sunday (DATE)
0-3 Months	4-7 Months	8-12 Months	(B) Breakfast	Meal requirements: Must include all components. *Optional Cereal						
NONE	NONE	1-4 Tbsp	Fruit, Vegetable							
NONE	0-3 Tbsp	2-4 Tbsp	Infant Cereal-List Type							
4-6 Ounces	4-8 Ounces	6-8 Ounces	Formula or Breastmilk							
0-3 Months	4-7 Months	8-12 Months	(M) Morning Snack	Meal requirements: Must include all components. *Optional Bread/Alternated						
NONE	NONE	2 Cr or 1/2 Slice	Bread or Alternate*							
4-6 Ounces	4-8 Ounces	2-4 Ounces	Formula, Breastmilk, Juice (8-12m)							
0-3 Months	4-7 Months	8-12 Months	(L) Lunch	Meal requirements: Must include all components. *Optional Cereal						
NONE	NONE	1-4 Tbsp	Meat/Alternate and/or							
NONE	0-3 Tbsp	2-4 Tbsp	Infant Cereal-List Type*							
NONE	0-3 Tbsp	1-4 Tbsp	Fruit and/or Vegetable							
4-6 Ounces	4-8 Ounces	6-8 Ounces	Formula or Breastmilk							
0-3 Months	4-7 Months	8-12 Months	(A) Afternoon Snack	Meal requirements: Must include all components. *Optional Bread/Alternated						
NONE	NONE	2 Cr or 1/2 Slice	Bread or Alternate*							
4-6 Ounces	4-8 Ounces	2-4 Ounces	Formula, Breastmilk, Juice (8-12m)							
0-3 Months	4-7 Months	8-12 Months	(S) Supper	Meal requirements: Must include all components. *Optional Cereal						
NONE	NONE	1-4 Tbsp	Meat/Alternate and/or							
NONE	0-3 Tbsp	2-4 Tbsp	Infant Cereal-List Type							
NONE	0-3 Tbsp	1-4 Tbsp	Fruit and/or Vegetable							
4-6 Ounces	4-8 Ounces	6-8 Ounces	Formula or Breastmilk							
0-3 Months	4-7 Months	8-12 Months	(E) Evening Snack	Meal requirements: Must include all components. *Optional Bread/Alternated						
NONE	NONE	2 Cr or 1/2 Slice	Bread or Alternate*							
4-6 Ounces	4-8 Ounces	2-4 Ounces	Formula, Breastmilk, Juice (8-12m)							

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