



# Alaska Family Child Care Food Program Weekly Infant Menu

Month/Year 8-Jan

**KAYLA SIMPSON**

**LIST SPECIFIC BRAND**

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 0-3 MONTHS	Tuesday	Wednesday 4-7 MONTHS	Thursday	Friday	Saturday 8-12 MONTHS	Sunday 7
<b>0-3 Months</b>	<b>4-7 Months</b>	<b>8-12 Months</b>	<b>(B) Breakfast</b>	<b>Meal requirements: Must include all components. *Optional Cereal</b>						
NONE	NONE	1-4 Tbsp	Fruit, Vegetable						PEACHES	
NONE	0-3 Tbsp	2-4 Tbsp	Infant Cereal-List Type			RICE CEREAL			OATMEAL	
4-6 Ounces	4-8 Ounces	6-8 Ounces	Formula or Breastmilk	FORMULA		FORMULA			FORMULA	
<b>0-3 Months</b>	<b>4-7 Months</b>	<b>8-12 Months</b>	<b>(M) Morning Snack</b>	<b>Meal requirements: Must include all components. *Optional Bread/Alternated</b>						
NONE	NONE	2 Cr or 1/2 Slice	Bread or Alternate*						ZWIEBACK	
4-6 Ounces	4-8 Ounces	2-4 Ounces	Formula, Breastmilk, Juice (8-12m)	BREASTMILK		FORMULA			FORMULA	
<b>0-3 Months</b>	<b>4-7 Months</b>	<b>8-12 Months</b>	<b>(L) Lunch</b>	<b>Meal requirements: Must include all components. *Optional Cereal</b>						
NONE	NONE	1-4 Tbsp	Meat/Alternate and/or							
NONE	0-3 Tbsp	2-4 Tbsp	Infant Cereal-List Type*			RICE CEREAL			100% CHICKEN	
NONE	0-3 Tbsp	1-4 Tbsp	Fruit and/or Vegetable						SQUASH	
4-6 Ounces	4-8 Ounces	6-8 Ounces	Formula or Breastmilk	FORMULA		BREASTMILK			FORMULA	
<b>0-3 Months</b>	<b>4-7 Months</b>	<b>8-12 Months</b>	<b>(A) Afternoon Snack</b>	<b>Meal requirements: Must include all components. *Optional Bread/Alternated</b>						
NONE	NONE	2 Cr or 1/2 Slice	Bread or Alternate*						TOAST	
4-6 Ounces	4-8 Ounces	2-4 Ounces	Formula, Breastmilk, Juice (8-12m)	BREASTMILK		FORMULA			APPLE JUICE	
<b>0-3 Months</b>	<b>4-7 Months</b>	<b>8-12 Months</b>	<b>(S) Supper</b>	<b>Meal requirements: Must include all components. *Optional Cereal</b>						
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							
<b>0-3 Months</b>	<b>4-7 Months</b>	<b>8-12 Months</b>	<b>(E) Evening Snack</b>	<b>Meal requirements: Must include all components. *Optional Bread/Alternated</b>						
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)							

\*Meal item is only optional until it is served, then it is no longer optional and must be offered at all meals.

Infant \_\_\_\_\_ Pg 1

**DO NOT FORGET TO FILL OUT THE TOP PART OF THIS FORM. SIGN AND DATE THE BOTTOM STATING IT IS TRUE AND ACCURATE.**