

STATE OF ALASKA CACFP WEEKLY INFANT MENU

0-3 Mos. AMOUNTS	4-7 Mos. AMOUNTS	8-12 Mos. AMOUNTS	MEALS (B) BREAKFAST	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
None	None	1-4 Tbsp.	Vegetable and/or Fruit							
None	0-3 Tbsp.	2-4 Tbsp.	Cereal, Infant							
4-6 oz fm	4-8 oz fm	6-8 oz fm	Formula/breast milk (A) AM SNACK							
None	None	0-1/2 sl 0-2 crax	Bread or Alternate (1) LUNCH							
4-6 oz fm	4-6 oz fm	2-4 oz	Formula/breast milk or juice (at 8 mo)							
None	None	1-4 Tbsp.	Meat or Alternate and/or Cereal, Infant							
None	0-3 Tbsp.	2-4 Tbsp.	Cereal, Infant							
None	0-3 Tbsp.	1-4 Tbsp.	Vegetable and/or Fruit							
4-6 oz fm	4-8 oz fm	6-8 oz fm	Formula/breast milk (P) PM SNACK							
None	None	0-1/2 sl 0-2 crax	Bread or Alternate Formula/breast milk or juice (at 8 mo)							
4-6 oz fm	4-6 oz fm	2-4 oz	Formula/breast milk or juice (at 8 mo) (S) SUPPER							
None	None	1-4 Tbsp.	Meat or Alternate and/or							
None	0-3 Tbsp.	2-4 Tbsp.	Cereal, Infant							
None	0-3 Tbsp.	1-4 Tbsp.	Vegetable and/or Fruit							
4-6 oz fm	4-8 oz fm	6-8 oz fm	Formula/breast milk (E) EVENING SNACK							
None	None	0-1/2 sl 0-2 crax	Bread or Alternate							
4-6 oz fm	4-6 oz fm	2-4 oz	Formula/breast milk or juice (at 8 mo)							

I CERTIFY THAT THIS IS A TRUE AND ACCURATE RECORD OF FOOD SERVICE TO ENROLLED CHILDREN IN MY FAMILY CHILD CARE HOME.

REVIEWED BY _____

PROVIDER SIGNATURE AND DATE _____

INFANT'S NAME: _____

INFANT'S AGE: _____ MONTHS

FORMULA: _____ SUPPLIED BY: (CIRCLE ONE) PROVIDER PARENT