

AEYC CACFP Weekly Infant Menu

Name of Infant: _____

Age: _____ Months

Name of Formula: _____

0-6 Months	6-12 Months	Meal	Mon. _____	Tue. _____	Wed. _____	Thur. _____	Fri. _____	Sat. _____
		(B) Breakfast						
None	0-2 Tbs	Fruit and/or Vegetable						
None	0-4 Tbs	Meat/Protein and/or Infant Cereal						
4-6 ounces	6-8 ounces	Formula or Breastmilk						
		(A) AM Snack						
4-6 ounces	0-2 Tbs	Fruit and/or Vegetable						
None	1/2 Slice 0-2 cr 0-4 Tbs	Bread/Cracker/Ready to Eat Cereal/or Infant Cereal						
None	2-4 ounces	Formula or Breastmilk						
		(L) Lunch						
None	0-2 Tbs	Fruit and/or Vegetable						
None	0-4 Tbs	Meat/Protein and/or Infant Cereal						
4-6 ounces	6-8 ounces	Formula or Breastmilk						
		(P) PM Snack						
4-6 ounces	0-2 Tbs	Fruit and/or Vegetable						
None	1/2 Slice 0-2 cr 0-4 Tbs	Bread/Cracker/Ready to Eat Cereal/or Infant Cereal						
None	2-4 ounces	Formula or Breastmilk						
		(D) Dinner						
None	0-2 Tbs	Fruit and/or Vegetable						
None	0-4 Tbs	Meat/Protein and/or Infant Cereal						
4-6 ounces	6-8 ounces	Formula or Breastmilk						
		(E) Evening Snack						
4-6 ounces	0-2 Tbs	Fruit and/or Vegetable						
None	1/2 Slice 0-2 cr 0-4 Tbs	Bread/Cracker/Ready to Eat Cereal/or Infant Cereal						
None	2-4 ounces	Formula or Breastmilk						

I certify that this is a true and accurate record of food service to enrolled children in my family child care home.

Provider Signature _____

Date _____

Reviewed By: _____