

Silver Spring Presbyterian Church Children's Center 7-11 months Infant Menu

Week of: October 2-6, 2017

Meal patterns	Minimum requirements		Monday 2	Tuesday 3	Wednesday 4	Thursday 5	Friday 6
Breakfast			8-11Mo				
Breast milk or formula			2-4oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron –fortified cereal			2-4 oz	Rice cereal	oatmeal cereal	Rice cereal	oatmeal cereal
Fruit or Vegetable			1-4 Tbsp				
Lunch			8-11Mo				
Breast milk or formula			6-8oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron fortified cereal			2-4oz	Rice cereal	oatmeal cereal	Rice cereal	oatmeal cereal
Fruit/vegetable* or both			1-4 Tbsp	baby peaches and/or School lunch	Baby carrots and/or School lunch	Baby green peas and/or School lunch	Baby Squash and/or School's lunch
Meat, Poultry, egg yolk, fish, cooked dry peas or beans			1-4 Tbsp.				
Cheese or			½-2 oz				
Cheese food or cheese spread			1-4 oz				
Extra Item** Center's option			Small amounts				
Snack			8-11Mo				
Breast milk or formula			2-4oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Fruit or Vegetable			2-4 oz				
And bread or			0-1/2 slice				
Crackers			0-2				
*All food appropriately modified in texture to meet infants needs. **The extra item is not necessary for the menu to be reimbursable, but may be needed to satisfy an infant's need to practice finger feeding or satisfy hunger.							

Menu for children 8-11 mos _____
 (Child's Name) (Child's Name) (Child's Name) (Child's Name)

 (Child's Name) (Child's Name)

Meal patterns	Minimum requirements		Monday 9	Tuesday 10	Wednesday 11	Thursday 12	Friday 13
Breakfast			8-11Mo				
Breast milk or formula			2-4oz	Breast milk or Formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron –fortified cereal			2-4 oz	oatmeal cereal	Rice Cereal	Oat cereal	Rice Cereal
Fruit or Vegetable			1-4 Tbsp	peaches	Butternut Squash	Carrots	Banana
Lunch			8-11Mo				
Breast milk or formula			6-8oz	Breast milk or Formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron fortified cereal			2-4oz	Rice cereal	Oat cereal and/or	Rice cereal and/or	Oat cereal and/or
Fruit/vegetable* or both			1-4 Tbsp	Baby Squash and/or School Lunch	Baby Bananas and/or school’s lunch	Baby Green Beans and / or school’s lunch	Baby peas and/ or school’s lunch
Meat, Poultry, egg yolk, fish, cooked dry peas or beans			1-4 Tbsp.				
Cheese or			½-2 oz				
Cheese food or cheese spread			1-4 oz				
Extra Item** Center’s option			Small amounts				
Snack			8-11Mo				
Breast milk or formula			2-4oz	Breast milk or Formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Fruit or Vegetable			2-4 oz				
And bread or			0-1/2 slice				
Crackers			0-2				

*All food appropriately modified in texture to meet infants needs. **The extra item is not necessary for the menu to be reimbursable, but may be needed to satisfy an infant’s need to practice finger feeding or satisfy hunger.

Menu for children 8-11mos _____
 (Child’s Name) (Child’s Name) (Child’s Name) (Child’s Name)

_____ (Child’s Name) _____ (Child’s Name)

Meal patterns	Minimum requirements		Monday 16	Tuesday 17	Wednesday 18	Thursday 19	Friday 20
Breakfast			8-11Mo				
Breast milk or formula			2-4oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron –fortified cereal			2-4 oz	Oat cereal	Oat cereal	Rice cereal	Oat cereal
Fruit or Vegetable			2-4 oz	Bananas	Peaches	Peas	bananas
Lunch			8-11Mo				
Breast milk or formula			6-8oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron fortified cereal			2-4oz	Rice Cereal and/or	Oat cereal and/or	Rice cereal and/or	Oatmeal cereal and/or
Fruit/vegetable* or both			1-4 Tbsp	Baby Peas and / or school's lunch	Baby Carrots and/or school's lunch	Baby green beans and/ Banana or school's lunch	Baby sweet potato and/ or school's lunch
Meat, Poultry, egg yolk, fish, cooked dry peas or beans			1-4 Tbsp.				
Cheese or			½-2 oz				
Cheese food or cheese spread			1-4 oz				
Extra Item** Center's option			Small amounts				
Snack			8-11Mo				
Breast milk or formula			2-4oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
100% fruit juice served in a cup			2-4 oz	Banana	Pears	Apples	Carrots
And bread or			0-1/2 slice				
Crackers			0-2				
*All food appropriately modified in texture to meet infants needs. **The extra item is not necessary for the menu to be reimbursable, but may be needed to satisfy an infant's need to practice finger feeding or satisfy hunger.							

Menu for children 8-11 mos _____
 (Child's Name) (Child's Name) (Child's Name) (Child's Name)

 (Child's Name) (Child's Name)

Meal patterns	Minimum requirements			Monday 23	Tuesday24	Wednesday 25	Thursday 26	Friday 27
Breakfast			8-11Mo					
Breast milk or formula			2-4oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron –fortified cereal			2-4 oz	Oat cereal	Rice cereal	Oat cereal	Rice cereal	Oat cereal
Fruit or Vegetable			2-4 oz	Peaches	Peaches	Banana	Peas	Green Beans
Lunch			8-11Mo					
Breast milk or formula			6-8oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron fortified cereal			2-4oz	Rice Cereal	Oat cereal	Rice cereal	Oat cereal	Rice cereal
Fruit/vegetable* or both			1-4 Tbsp	Baby peas/& or school's lunch	Baby sweet potato/ &or school's lunch	Baby carrots/pears or school's lunch	Baby Butternut Squash /& or school's lunch	Baby bananas or school's lunch
Meat, Poultry, egg yolk, fish, cooked dry peas or beans			1-4 Tbsp.					
Cheese or			½-2 oz					
Cheese food or cheese spread			1-4 oz					
Extra Item** Center's option			Small amounts					
Snack			8-11Mo					
Breast milk or formula			2-4oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
100% fruit juice served in a cup			2-4 oz	Peaches	Peaches	Prunes	Peas	Carrots
And bread or			0-1/2 slice					
Crackers			0-2					
*All food appropriately modified in texture to meet infants needs. **The extra item is not necessary for the menu to be reimbursable, but may be needed to satisfy an infant's need to practice finger feeding or satisfy hunger.								

Menu for children 8-11mos

_____ (Child's Name)

_____ (Child's Name)

_____ (Child's Name)

_____ (Child's Name)

_____ (Child's Name)

_____ (Child's Name)

Silver Spring Presbyterian Church children's Center **6-11 months Infant Menu**

Week of:30-31, 2017

Meal patterns	Minimum requirements	Monday30	Tuesday 31	Wednesday1	Thursday 2	Friday 3
Breakfast		8-11Mo				
Breast milk or formula		2-4oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron –fortified cereal		2-4 oz	Rice cereal	Oat cereal	Rice cereal	Rice Cereal
Fruit or Vegetable		2-4 oz	Sweet Potato	Peaches	Banana	Peas
Lunch		8-11Mo				
Breast milk or formula		6-8oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron fortified cereal		2-4oz	Oat cereal	Rice cereal	Oat cereal	Rice Cereal
Fruit/vegetable* or both		1-4 Tbsp	Baby Squash/ Pears or school's lunch	Baby sweet potato/bananas or school's lunch	Baby Carrots/& or school's lunch	Baby Green Beans &/ or School's Lunch
Meat, Poultry, egg yolk, fish, cooked dry peas or beans		1-4 Tbsp.				
Cheese or		½-2 oz				
Cheese food or cheese spread		1-4 oz				
Extra Item** Center's option		Small amounts				
Snack		8-11Mo				
Breast milk or formula		2-4oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
100% fruit juice served in a cup		2-4 oz	Peas	Peaches	Banana	Bananas
And bread or		0-1/2 slice				
Crackers		0-2	Club Crackers	Ritz crackers	Puffs	Ritz Crackers
*All food appropriately modified in texture to meet infants needs. **The extra item is not necessary for the menu to be reimbursable, but may be needed to satisfy an infant's need to practice finger feeding or satisfy hunger.						

Menu for children 8-11mos

_____ (Child's Name)

_____ (Child's Name)

_____ (Child's Name)

_____ (Child's Name)

_____ (Child's Name)

_____ (Child's Name)

