

Silver Spring Presbyterian Church children's Center **birth-5months Infant Menu**

Week of: October 2-6, 2016

Meal patterns	Minimum requirements	Monday 2	Tuesday 3	Wednesday 4	Thursday 5	Friday 6
Breakfast	4-7Mo					
Breast milk or formula	4-6 oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron fortified cereal	0-3Tbsp					
Fruit or Vegetable	None					
	None					
Lunch	4-7Mo					
Breast milk or formula	4-8oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron fortified cereal	0-3oz					
Fruit/vegetable* or both	0-3oz					
	None					
	None					
	None					
	None					
Snack	4-7Mo					
Breast milk or formula	4-6 oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
	None					
	None					
	None					

*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 4-7 Mos _____
 (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 **b-5months Infant Menu**

Week of: October 9-13, 2016

Meal patterns	Minimum requirements	Monday 9	Tuesday 10	Wednesday 11	Thursday 12	Friday 13
Breakfast	4-7Mo					
Breast milk or formula	4-6 oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron fortified cereal	0-3Tbsp					
	None					
	None					
Lunch	4-7Mo					
Breast milk or formula	4-8oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron fortified cereal	0-3oz					
Fruit/vegetable* or both	0-3oz					
	None					
	None					
	None					
	None					
Snack	4-7Mo					
Breast milk or formula	4-6 oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
	None					
	None					
	None					

*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 4-7 Mos _____
 (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 **birth-5months Infant Menu**

Week of: October 16-20, 2017

Meal patterns	Minimum requirements	Monday 16	Tuesday 17	Wednesday 18	Thursday 19	Friday 20
Breakfast	4-7Mo					
Breast milk or formula	4-6 oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron fortified cereal	0-3Tbsp					
	None					
	None					
Lunch	4-7Mo					
Breast milk or formula	4-8oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron fortified cereal	0-3oz					
Fruit/vegetable* or both	0-3oz					
	None					
	None					
	None					
	None					
Snack	4-7Mo					
Breast milk or formula	4-6 oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
	None	2-4 oz				
	None	0-1/2 slice				
	None	0-2				

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Menu for children 4-7 Mos _____
 (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 birth-5 months Infant Menu

Week of: October 23-27, 2017

Meal patterns	Minimum requirements			Monday 23	Tuesday 24	Wednesday 25	Thursday 26	Friday 27
Breakfast	B3-Mo	4-7Mo	8-11Mo					
Breast milk or formula		4-6 oz		Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron fortified cereal		0-3Tbsp						
		None						
		None						
Lunch		4-7Mo						
Breast milk or formula		4-8oz		breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron fortified cereal		0-3oz						
Fruit/vegetable* or both		0-3 oz						
		None						
		None						
		None						
		None						
		4-7Mo						
Breast milk or formula		4-6 oz		Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
		None						
		None						
		None						

*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 4-7 Mos _____
 (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 **birth-5 Infant Menu**

Week of: October 30-31, 2016

Meal patterns	Minimum requirements	Monday 30	Tuesday 31	Wednesday	Thursday	Friday
Breakfast	4-7Mo					
Breast milk or formula	4-6 oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron fortified cereal	0-3Tbsp					
	None					
	None					
Lunch	4-7Mo					
Breast milk or formula	4-8oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron fortified cereal	0-3oz					
Fruit/vegetable* or both	0-3oz					
	None					
	None					
	None					
	None					
Snack	4-7Mo					
Breast milk or formula	4-6 oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
	None					
	None					
	None					

*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 4-7 Mos

_____ (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 **4-7months Infant Menu**

Week of: VI – July 29 - 31

Meal patterns	Minimum requirements	Monday 29	Tuesday 30	Wednesday 31	Thursday	Friday
Breakfast	4-7Mo					
Breast milk or formula	4-6 oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron fortified cereal	0-3Tbsp	Baby Rice cereal	Baby oat cereal	Baby Rice cereal	Baby oat cereal	Baby Rice cereal
	None					
	None					
Lunch	4-7Mo					
Breast milk or formula	4-8oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
Iron fortified cereal	0-3oz	Baby Rice Cereal	Baby Rice cereal	Baby Rice cereal	Baby oat cereal	Baby Oat cereal
Fruit/vegetable* or both	0-3oz	Baby Peas &or Applesauce	Baby Green Beans &or Peaches	Baby Peas & or Bananas	Baby Pears	Baby Peas & or Bananas
	None					
	None					
	None					
	None					
Snack	4-7Mo					
Breast milk or formula	4-6 oz	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or formula
	None					
	None					
	None					

*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 4-7 Mos _____
 (Child's Name) (Child's Name) (Child's Name) (Child's Name)

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

