

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

Week of: October 1-5 2018

Meal patterns	Minimum requirements		Monday 2	Tuesday 3	Wednesday 4	Thursday5	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	oat cereal	rice cereal	Oat Cereal
Fruit or Vegetable			1-4 Tbsp	apple	squash	apples	Pears
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	carrots&/ school lunch	squash&/ school lunch	apples&/ school 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
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)

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

Week of: October 8-12,18

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	Oat cereal	Rice Cereal	Oat cereal	Rice Cereal
Fruit or Vegetable			1-4 Tbsp	Butternut Squash	Apples	Prunes	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	Rice Cereal	Oat cereal	Rice cereal	Oat cereal
Fruit/vegetable* or both			1-4 Tbsp	Baby Peas &/ or school's lunch	Baby Bananas &/or school's lunch	Baby Peaches &/ or school's lunch	Baby Pears &/ 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)

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

Week of: October 15-19 18

Meal patterns	Minimum requirements		Monday 16	Tuesday 17	Wednesday 18	Thursday 19	Friday 20
Breakfast			8-11Mo		Happy Valentine's Day		
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	Oat cereal
Fruit or Vegetable			2-4 oz	Carrots	Peaches	Pears	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
Iron fortified cereal			2-4oz	Oat Cereal	Rice cereal	Rice cereal	Rice cereal
Fruit/vegetable* or both			1-4 Tbsp	Baby bananas &/ or School's Lunch	Baby Carrots &/or school's lunch	Baby green beans &/ or school's lunch	Baby sweet potato &/ 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				
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: October 22-26.18

Meal patterns	Minimum requirements		Monday 23	Tuesday 24	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
Iron –fortified cereal			2-4 oz		Rice cereal	Oat cereal	Rice cereal
Fruit or Vegetable			2-4 oz	peaches	Green Beans	Banana	Pears
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
Fruit/vegetable* or both			1-4 Tbsp	baby carrots/school lunch	Baby sweet potato/ &or school's lunch	Baby carrots & /or school's lunch	Baby Butternut Squash &/ 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				
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: October 29- -31,18

Meal patterns	Minimum requirements	Monday 29	Tuesday 30	Wednesday 31	Thursday	Friday
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	oat cereal
Fruit or Vegetable		2-4 oz	Sweet Potato	Peaches	apples	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	Oat cereal	Rice cereal	oat cereal	rice cereal
Fruit/vegetable* or both		1-4 Tbsp	Baby Pears &/ or school's lunch	Baby sweet potato &/ or school's lunch	Baby squash &/ or school's lunch	Baby sweet potato &/ 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				
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)