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

Week of OCTORER 1-5, 2018

Silver Spring Presbyt	terian Church children's Center	DII tii-Siiiolitiis Iliialit M	enu	week of: C	OCTOBER;1-5, 2018	5
Meal patterns	Minimum requirements	Monday 01	Tuesday02	Wednesday 03	Thursday 04	Friday 05
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	Tormula	Iormaia	Tormula	Tormula	Tormula
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 of Formula
Iron fortified cereal	0-3oz					
Fruit/vegetable* or both	0-3oz					
	None					
	None					
	None					
	None					
<mark>Snack</mark>	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 of Formula
	None					
	None					
	None					

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	٥f٠	OC	FOBER	8-12-	2018

Breakfast Breast milk or formula Iron fortified cereal Lunch	4-7Mo 4-6 oz 0-3Tbsp None	Breast milk or formula	Breast milk or formula	Breast milk or formula	Breast milk or	Breast milk or
formula Iron fortified cereal	0-3Tbsp					Breast milk or
Iron fortified cereal	•	formula	formula	formula		
pereal	•				formula	formula
Lunch	None					
Lunch						
Lunch	None					
	4-7Mo					
Breast milk or formula	4-8oz	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				
	None					
	None					
	None					
an infant's need to pract	modified in texture to meet in tice finger feeding or satisfy h		item is not necessary	for the menu to be rei	imbursable, but may b	pe needed to satisfy
Menu for children 4-7 Mos _	(Child's Name)	(Child's N	Jame)	(Child's Name)	(Child	's Name)
	(Child's Name)	(Child's N				

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

Week of: OCTOBER 15-19, 2018

Meal patterns	Minimum requirements	S	Monday 15	Tuesday 16	Wednesday 17	Thursday 18	Friday 19
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	0-3Tbsp		Tormura	Tormula	Torritura	Tormura	Тогнига
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						
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					
	ely modified in texture to cice finger feeding or sati		eeds. **The extra	item is not necessary	y for the menu to be rei	mbursable, but may l	be needed to satisfy an
Menu for children 4-7 Mo	(Child's Name)		(Child's N	Name)	(Child's Name)	(Child	l's Name)
	(Child's Name)		(Child's N	lame)			

Silver Spring Presbyterian Church children's Center birth-5 months Infant Menu Week of: OCTOBER. 22-26, 2018 Monday 22 Tuesday 23 Wednesday 24 Thursday 25 Friday 26 Meal patterns Minimum requirements Breakfast B3-Mo 4-7Mo 8-11Mo Breast milk or 4-6 oz Breast milk or formula formula formula formula formula formula Iron fortified 0-3Tbsp cereal None None Lunch 4-7Mo Breast milk or 4-8oz breast milk or formula formula formula formula formula formula Iron fortified cereal 0-3oz Fruit/vegetable* 0-3 oz or both None None None None 4-7Mo

Breast milk or

formula

Breast milk or

formula

Breast milk or

formula

Breast milk or

formula

Menu for children 4-7 Mos				
_	(Child's Name)	(Child's Name)	(Child's Name)	(Child's Name)
		,	,	,
	(C1-:1.1? - N1)	(Cl.:142 - N)		
	(Child's Name)	(Child's Name)		

Breast milk or

formula

Breast milk or

formula

4-6 oz

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.

Silver Spring Presbyterian Church children's Center birth-5 Infant Menu Week of: OCTOBER 29-31, 2018 Meal patterns Minimum requirements Monday 29 Wednesday 31 Friday **Tuesday 30** Thursday Breakfast 4-7Mo Breast milk or Breast milk or 4-6 oz Breast milk or Breast milk or Breast milk or Breast milk or formula formula formula formula formula formula Iron fortified 0-3Tbsp cereal None None 4-7Mo Lunch Breast milk or 4-8oz formula formula formula formula formula formula 0-3oz Iron fortified cereal Fruit/vegetable* 0-3oz or both None None None None Snack 4-7Mo Breast milk or 4-6 oz formula formula formula formula formula 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)