

# INFANT MEAL PATTERN MENU



**DELAWARE PARENTS ASSOCIATION, INC.**  
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Day Care Provider \_\_\_\_\_

Week of: \_\_\_\_\_ License Capacity \_\_\_\_\_ + \_\_\_\_\_

- ❖ Meals containing breast milk are reimbursable.
- ❖ Iron-fortified infant formula. Iron-fortified infant cereal
- ❖ breads & crackers made from whole-grain or enriched meal or flour
- ❖ Infant dinners are not reimbursable

MEAL SERVED	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
(Circle One) <b>BREAKFAST</b>	FORMULA OR BREAST MILK <input type="checkbox"/>	FORMULA OR BREAST MILK <input type="checkbox"/>	FORMULA OR BREAST MILK <input type="checkbox"/>	FORMULA OR BREAST MILK <input type="checkbox"/>	FORMULA OR BREAST MILK <input type="checkbox"/>
INFANT CEREAL					
FRUIT/VEG					
Child's Letter					
(Circle One) <b>A.M./EVE SNACK</b>	FORMULA OR BREAST MILK <input type="checkbox"/>	FORMULA OR BREAST MILK <input type="checkbox"/>	FORMULA OR BREAST MILK <input type="checkbox"/>	FORMULA OR BREAST MILK <input type="checkbox"/>	FORMULA OR BREAST MILK <input type="checkbox"/>
BREAD					
Child's Letter					
(Circle One) <b>LUNCH</b>	FORMULA OR BREAST MILK <input type="checkbox"/>	FORMULA OR BREAST MILK <input type="checkbox"/>	FORMULA OR BREAST MILK <input type="checkbox"/>	FORMULA OR BREAST MILK <input type="checkbox"/>	FORMULA OR BREAST MILK <input type="checkbox"/>
CEREAL/MEAT					
FRUIT/VEG					
Child's Letter					
(Circle One) <b>P.M. SNACK</b>	FORMULA OR BREAST MILK <input type="checkbox"/>	FORMULA OR BREAST MILK <input type="checkbox"/>	FORMULA OR BREAST MILK <input type="checkbox"/>	FORMULA OR BREAST MILK <input type="checkbox"/>	FORMULA OR BREAST MILK <input type="checkbox"/>
BREAD					
Child's Letter					
(Circle One) <b>SUPPER</b>	FORMULA OR BREAST MILK <input type="checkbox"/>	FORMULA OR BREAST MILK <input type="checkbox"/>	FORMULA OR BREAST MILK <input type="checkbox"/>	FORMULA OR BREAST MILK <input type="checkbox"/>	FORMULA OR BREAST MILK <input type="checkbox"/>
CEREAL/MEAT					
FRUIT/VEG					
Child's Letter					

### REQUIREMENTS FOR INFANT MEAL PATTERN

MEAL (Check box)	0-3 MONTHS <input type="checkbox"/>	4-7 MONTHS <input type="checkbox"/>	8-12 MONTHS <input type="checkbox"/>
<b>BREAKFAST</b>	4-6 fl. Oz. of FORMULA OR BREASTMILK	4-8 fl. Oz. of FORMULA OR BREASTMILK 0-3 tbsp. infant cereal	4-8 fl. Oz. of FORMULA OR BREASTMILK 2-4 tbsp. fruit/veg 2-4 tbsp. infant cereal
<b>LUNCH OR SUPPER</b>	4-6 fl. Oz. of FORMULA OR BREASTMILK	4-8 fl. Oz. of FORMULA OR BREASTMILK 0-3 tbsp. infant cereal 0-3 tbsp. fruit/veg	6-8 Oz. of FORMULA OR BREASTMILK 2-4 tbsp. infant cereal and/or meat, fish, egg yolk, cooked dry beans, peas, or cottage cheese. 1-4 tbsp. fruit/veg
<b>SNACK</b>	4-6 fl. Oz. of FORMULA OR BREASTMILK	4-6 fl. Oz. of FORMULA OR BREASTMILK	2-4 fl. Oz. of FORMULA/ BREASTMILK 0-1/2 slice bread or 0-2 crackers

Type of Formula \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Letter \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Letter \_\_\_\_\_