

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) BREAKFAST	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) A.M./EVE SNACK	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) LUNCH	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) P.M. SNACK	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) SUPPER	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"/>
BREAKFAST	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
LUNCH OR SUPPER	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
SNACK	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 _____