Promise Early Education Center Infant Menu

Provider Name:	Week Of:			
Enrolled Infant Name :	Age:			

Minimum amounts for 0.5 months					
Minimum amounts for 0-5 months, 6-11 months Indicated after food group.	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast					
Breast Milk or Formula 4-6 fl oz, 6-8 fl oz DO=doctor ordered substitute					
Vegetables, fruits, or combination (See infant meal pattern for amounts)					
Grains and/or meat/meat alternates (See infant meal pattern for amounts)					
Other Non-reimbursable extra food items					
A.M. Snack 6-11 months 3 components					
Breast Milk or Formula 4-6 fl oz, 2-4 fl oz DO=doctor ordered substitute					
Vegetables, fruits, or combination (See infant meal pattern for amounts)					
Grain (See infant meal pattern for amounts)					
Other Non-reimbursable extra food items					
Lunch 6-11 months 3 components					
Breast Milk or Formula 4-6 fl oz, 6-8 fl oz DO=doctor ordered substitute					
Vegetables, fruits, or combination (See infant meal pattern for amounts)					
Grains and/or meat/meat alternates (See infant meal pattern for amounts)					
Other Non-reimbursable extra food items					
P.M. Snack 6-11 months 3 components					
Breast Milk or Formula 4-6 fl oz, 2-4 fl oz DO=doctor ordered substitute					
Vegetables, fruits, or combination (See infant meal pattern for amounts)					
Grain (See infant meal pattern for amounts)					
Other Non-reimbursable extra food items					

This institution is an equal opportunity provider.

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