



HDCFS Department  
 Box 2218  
 South Dakota State University  
 Brookings, SD 57007-0195  
 (605) 688-5730

# Infant Menu

## Child and Adult Care Food Program

Provider Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Infant Age Group(0-3, 4-7, or 8-11): \_\_\_\_\_

Cycle Month(s)/Year: \_\_\_\_\_

Week Number: \_\_\_\_\_

Type Formula Used, or Breastmilk : \_\_\_\_\_

Food Components	Serving Sizes			Mon	Tue	Wed	Thu	Fri	Sat	Sun
	0-3 MO	4-7 MO	8-11 MO							
<b>Breakfast</b>										
Breastmilk (BM) or IFIF	4-6 oz.	4-8 oz.	6-8 oz.							
IFIC	---	0-3 Tbs.*	2-4 Tbsp.							
Fruit or Vegetable	---	---	1-4 Tbsp.							
<b>Lunch</b>										
Breastmilk (BM) or IFIF	4-6 oz.	4-8 oz.	6-8 oz.							
IFIC <u>OR</u> Meat/Poultry/Fish/Egg Yolk <u>OR</u> Cooked Dry Beans/Peas <u>OR</u> Cheese <u>OR</u> Cottage Cheese/Food/Spread	---	0-3 Tbs.*	2-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. ½ - 2 oz. 1-4 oz.							
Fruit/Vegetable	---	0-3 Tbsp.*	1-4 Tbsp.							
<b>Supper</b>										
Breastmilk (BM) or IFIF	4-6 oz.	4-8 oz.	6-8 oz.							
IFIC <u>OR</u> Meat/Poultry/Fish/Egg Yolk <u>OR</u> Cooked Dry Beans/Peas <u>OR</u> Cheese <u>OR</u> Cottage Cheese/Food/Spread	---	0-3 Tbs.*	2-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. ½ - 2 oz. 1-4 oz.							
Fruit/Vegetable	---	0-3 Tbsp.*	1-4 Tbsp.							
<b>Snack #1</b>										
Breastmilk (BM), IFIF, **Juice	4-6 oz.	4-6 oz.	2-4 oz.							
Bread or Crackers	---	---	½ slice*							
<b>Snack #2</b>										
Breastmilk (BM), IFIF, **Juice	4-6 oz.	4-6 oz.	2-4 oz.							
Bread or Crackers	---	---	½ slice*							

IFIF – Iron Fortified Infant Formula

IFIC – Iron Fortified Infant Cereal

\* These optional items will be offered and are required once the child is developmentally ready for them and the parent requests it.

\*\* Fruit juice must be full-strength and may be served in place of formula or breastmilk to children 8-11 months of age for snack ONLY.

Fruit Choices

Vegetable Choices

Meat Choices

Cracker/Bread Choices

IFIC Choices

100% Juice Choices