State of Illinois
Department of Human Services - IMSHS

Menu - 4 months through 7 months

Child's Name: _____ Date of Birth: _____ Age in Months: _____

For the week of: _____

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
Breakfast	**Portion Size**	**Breakfast**	**Portion Size**	**Breakfast**	**Portion Size**	**Breakfast**	**Portion Size**	**Breakfast**	**Portion Size**
Formula 1 or Breast Milk 2-3 Optional: Infant Cereal 1,4 Type:	4 - 6 fl. oz. 0 -3 Tbsp.	Formula 1 or Breast Milk 2-3 Optional: Infant Cereal 1,4 Type:	4 - 6 fl. oz. 0 -3 Tbsp.	Formula 1 or Breast Milk 2-3 Optional: Infant Cereal 1,4 Type:	4 - 6 fl. oz. 0 -3 Tbsp.	Formula 1 or Breast Milk 2-3 Optional: Infant Cereal 1,4 Type:	4 - 6 fl. oz. 0 -3 Tbsp.	Formula 1 or Breast Milk 2-3 Optional: Infant Cereal 1,4 Type:	4 - 6 fl. oz. 0 -3 Tbsp.
Lunch	**Portion Size**	**Lunch**	**Portion Size**	**Lunch**	**Portion Size**	**Lunch**	**Portion Size**	**Lunch**	**Portion Size**
Formula 1 or Breast Milk 2-3 Optional: Infant Cereal 1,4 Type: Fruit and/or Vegetable 4 Type:	4 - 6 fl. oz. 0 -3 Tbsp. 0 - 3 Tbsp.	Formula 1 or Breast Milk 2-3 Optional: Infant Cereal 1,4 Type: Fruit and/or Vegetable 4 Type:	4 - 6 fl. oz. 0 -3 Tbsp. 0 - 3 Tbsp.	Formula 1 or Breast Milk 2-3 Optional: Infant Cereal 1,4 Type: Fruit and/or Vegetable 4 Type:	4 - 6 fl. oz. 0 -3 Tbsp. 0 - 3 Tbsp.	Formula 1 or Breast Milk 2-3 Optional: Infant Cereal 1,4 Type: Fruit and/or Vegetable 4 Type:	4 - 6 fl. oz. 0 -3 Tbsp. 0 - 3 Tbsp.	Formula 1 or Breast Milk 2-3 Optional: Infant Cereal 1,4 Type: Fruit and/or Vegetable 4 Type:	4 - 6 fl. oz. 0 -3 Tbsp. 0 - 3 Tbsp.
Snack	**Portion Size**	**Snack**	**Portion Size**	**Snack**	**Portion Size**	**Snack**	**Portion Size**	**Snack**	**Portion Size**
Formula 1 or Breast Milk 2-3	4 - 6 fl. oz.	Formula 1 or Breast Milk 2-3	4 - 6 fl. oz.	Formula 1 or Breast Milk 2-3	4 - 6 fl. oz.	Formula 1 or Breast Milk 2-3	4 - 6 fl. oz.	Formula 1 or Breast Milk 2-3	4 - 6 fl. oz.

Portion size is the **minimum** to be offered, Infants are to be fed on demand. Offer more formula or breast milk and more often, if needed. Introduce new foods only in consultation with parents; consult with child's doctor or the program's nutritionist as necessary. Document each food fed to a child, the amounts given, and the times fed on the Daily Infant Activity Record. The first time that a food is given, circle that food in red on the record. If a reaction develops, this will make it easier to identify the possible offending food.

(1) Infant formula and dry infant cereal shall be iron-fortified.
(2) It is recommended that breast milk be served in place of formula from birth through 11 months.
(3) For some breast-fed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.
(4) A serving of this component shall be optional.