

Illinois State Board of Education
Child and Adult Care Food Program
Infant Solid Food Readiness Form

Today's Date: _____

Baby's Birth Date: _____

Baby's Name (print first and last): _____

Parent's Name (print first and last): _____

Developmental Indicators* <i>*These developmental indicators are per the American Academy of Pediatrics and the USDA FNS Feeding Infants Guide. The following indicators are included, but not limited to the list below:</i>	Less than 5 months Yes or No	6 months Yes or No	7 months Yes or No	Older than 8 months Yes or No
1) Can the infant sit up with little or no help? <i>(in a high chair or feeding seat with good head control)</i>				
2) Does the infant open his/her mouth when food comes their way? <i>(tracking food on a spoon, reaching for food, eager to be fed)</i>				
3) Can the infant move food from a spoon into their mouth/throat? <i>(swallow without choking or gagging, little or no dribbling)</i>				

Solid Food Component Offered After Developmentally Ready

Iron Fortified Infant Cereal and/or Meat/Meat Alternate Date Provider Introduced _____

Fruit and/or Vegetable Date Provider Introduced _____

What Iron Fortified Infant Cereal and/or Meat/Meat Alternates have you given your baby?

What fruits and vegetables have you given your baby?

Did your baby's health care provider tell you that your baby has a food allergy or intolerance? Yes ☐ No ☐

If yes, what food should not be served to your baby? _____

Parents must complete, date, and sign the bottom of this form when both solid food components have been successfully introduced to the infant by the parent or provider. The provider must then start offering and recording all three required components on the infant menus for each meal service. *(Refer to the Infant Meal Pattern attached to this form).*

My child, _____, is developmentally ready for all three required components in the 6-11 month old Infant Meal Pattern for the Child and Adult Care Food Program.

Is there anything else you would like to share about what your baby eats?

Parent Signature _____ Date _____
Provider Signature _____ Date _____

* If a modified meal request is on file, you may provide that in lieu of this form for an 8 month old infant who is not yet developmentally ready. The caregiver/provider for each infant in care should maintain this form as record.

Infant Meal Pattern

Birth Through 11 Months

Child and Adult Care Food Program

Illinois State Board of Education
Nutrition Department
100 N. First St.
Springfield, IL 62777-0001
(800) 545-7892

The Infant Meal Pattern lists the food to be offered infants from birth through 11 months. The infant meal must contain each of the following components in the amounts indicated for the appropriate age group in order to qualify for reimbursement.

Child care institutions and family day care home providers should:

- Work closely with parents to decide what foods to serve infants.
- Offer food with texture and consistency appropriate for the development of the infant.
- Serve food during times consistent with the infant's eating habits. For example, lunch components may be served at two feedings between noon and 2 p.m.
- Solid foods are introduced at 6 months or when developmentally appropriate for the infant. The provider should work with the parent to determine when solid foods should be served.

MEAL	FOOD COMPONENTS	AGE Birth Through 5 Months	AGE 6 Through 11 Months
Breakfast/ Lunch/ Supper	Breast Milk ¹ or Iron Fortified Infant Formula ² ;	4-6 fluid ounces	6-8 fluid ounces; AND
	Iron Fortified Infant Cereal ^{2,3,5} Meat ⁵ , Fish ⁵ , Poultry ⁵ , Whole Egg ⁵ , Cooked dry beans ⁵ , or cooked dry peas ⁵ ; OR Cheese ⁵ ; OR Cottage Cheese ⁵ ; OR Yogurt ^{4,5} ; OR		0-1/2 oz eq OR 0-4 tablespoons OR 0-2 ounces 0-4 ounces 0-4 ounces or ½ cup; OR a combination of the above AND
	Vegetable ⁶ or Fruit ⁶ , or a combination of both ^{5,6}		0-2 tablespoons
Snack	Breast Milk ¹ or Iron Fortified Infant Formula ²	4-6 fluid ounces	2-4 fluid ounces AND
	Iron Fortified Infant Cereal ^{2,3,4}		0-1/2 oz eq OR
	Ready-To-Eat Breakfast Cereal ^{3,4,5,6}		0-1/4 oz eq OR
	Crackers ^{3,5} ,		0-1/4 oz eq OR
	Bread ^{3,5} ,		0-1/2 oz eq AND
	Vegetable ⁶ or Fruit ⁶ , or a combination of both ^{5,6}		0-2 tablespoons

¹ Breast milk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ Beginning Oct. 1, 2021, ounce equivalents are used to determine the quantity of creditable grains.

⁴ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁵ A serving of this component is required when the infant is developmentally ready to accept it.

⁶ Fruit and vegetable juices must not be served.

⁷ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).