



INFANT MEAL PATTERN REQUIREMENTS

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)



Illinois State Board of Education (ISBE)



Purpose of this training

To receive reimbursement for meals and snacks, sponsors must provide the required food components and servings for each age group



TRAINING

Topics

- **Infant Meal Pattern**
- **Food Components**
- **Special Dietary Accommodations**
- **Developmental Readiness**
- **Menus**



Meal Pattern

B A S I C S

- Age Groups
 - Infants
 - 0 – 5 months
 - 6 months – 11 months
- Components
 - Milk
 - Fruit/Vegetable
 - Grains/Meat/Meat Alternate



Infant Meal Pattern Requirements



Infants	0-5 Months
Breakfast/Lunch/ Supper/Snack	4-6 fl. oz. breastmilk or infant formula – or a combination of both

This component can be provided by the parents and is still reimbursable

**American Academy of Pediatrics recommends
breastmilk is the best source of nutrition**



Infants 6-11 months

Breakfast, Lunch and Supper Meal Pattern		
Milk	6 – 8 oz	breastmilk or iron-fortified infant formula
AND		
Grains/Meat/ Meat Alternates	0 – 4 Tbsp	infant cereal, meat, fish, poultry, whole egg, cooked dry beans or cooked dry peas OR;
	0 – 2 oz	cheese OR;
	0 – 4 oz	cottage cheese, yogurt OR;
	0 – 4 oz	a combination of the above
AND		
Fruit/Vegetable	0 – 2 Tbsp	fruit or vegetable or a combination of both

Snack Meal Pattern		
Milk	2 – 4 oz	breastmilk or iron-fortified infant formula
AND		
Grains	0 – ½	slice bread OR;
	0 – 2	crackers OR;
	0 – 4 Tbsp	infant cereal or ready-to-eat breakfast cereal
AND		
Fruit/ Vegetable	0 – 2 Tbsp	fruit or vegetable or a combination of both



Breast Milk and Infant Formula



Breastmilk



Encourage and supports breastfeeding by allowing reimbursement when:

- a mother breastfeeds her infant on-site
- a parent/guardian supplies expressed milk
 - Milk that is produced and expelled from the breast

Recording the total amount a mother breastfeeds her infant is not required



Iron-Fortified Infant Formula

- Must say “iron-fortified” or “with iron”

Easy-to-Digest
for Baby's First 12 Months
Iron Fortified
Powder

Milk-Free
Lactose-Free Powder with Iron

- * Can be ready-to-feed, concentrate, or powder
 - * Can be soy or cow's milk-based
 - * Formula **must** be regulated by the FDA (made in the USA)
- Sponsors must offer a **minimum of 1 type** of iron-fortified infant formula
 - Consider what most parents would accept
 - Can be brand-name or generic / private label





Unallowable Infant Formulas

- Specialized formulas (FDA Exempt Formulas) **not** permitted without special approval
 - For premature or underweight infants
 - For infants with allergies or metabolic disorders
 - Follow-up formula
 - Toddler formula





Serving Breastmilk and/or Infant Formula



- Meals may contain breastmilk, iron-fortified infant formula, or a combination of both
- Infants may not drink the entire serving
 - Reimbursable as long as the minimum serving size is offered
- Any leftovers should be properly stored in accordance with local health and safety requirements
- Feed on demand



What if a Baby is Still Hungry?

Talk to the baby's parents. You can:

- Encourage them to bring in a back-up supply of breastmilk
- Ask if they would like you to offer iron-fortified infant formula to their baby





Foods that don't count towards the milk component

- Cheese
- Yogurt
- Cream cheese
- Evaporated milk
- Specialized formulas
(unless medical statement on file)





Fruits and Vegetables



Vegetables & Fruits

- Vegetables and fruits that have been pureed, mashed, or finely chopped credit toward the meal pattern based upon the amount served
- Required at all meals & snacks
 - Serve vegetable, fruit, or a combination of both
 - Increases consumption and allows for better acceptance later in life
- Minimum serving size: 0 – 2 Tbsp





Fruit/Vegetable Juice

- Serving fruit or vegetable juice (including 100%) is not allowed for any reimbursable meals
- Lacks dietary fiber found in other forms of fruits & vegetables





Foods that don't count towards the fruit/vegetable component

- Fruit/Vegetable Juice
- Fruit roll-ups or fruit snacks
- Home canned food
- Baby foods, desserts
- Foods deep-fat fried on-site
- Jarred cereal, desserts, or puddings with fruit, including those that list fruit as the first ingredient





Grains





Grains

Must be enriched or whole grain meal or flour

- ✓ No WGR requirement

- Breakfast, Lunch/Supper - or Snack
 - Iron-fortified Infant Cereal: 0 - 4 Tbsp

- Snack Only
 - Bread: 0 – ½ slice
 - Crackers: 0 – 2
 - Iron-fortified Infant Cereal **or** Ready-to-Eat cereal: 0 - 4 Tbsp





Infant Cereal



- Must be iron-fortified
- May be rice, oat, wheat, barley or mixed grain
- Infant Cereal may be served at breakfast, lunch or supper
 - If not serving, choose a meat/meat alternate
- Infant Cereal at snack
 - If not serving, choose bread, crackers or RTE cereal

Bread



- Types (not all-inclusive):
 - Bread/Buns (hamburger/hotdog)
 - English muffins
 - Bagels
 - Rolls
 - Corn muffins/bread
 - Tortilla, soft (flour, whole wheat, corn)
 - Pancakes/Waffles
- Bread at snack
 - If not serving, choose infant cereal, crackers or RTE cereal



Crackers



- Types:
 - Wheat crackers (wheat thins, etc)
 - Saltines
 - Teething biscuits
 - Animal crackers
 - Graham crackers
 - Club Crackers
- Crackers at snack
 - If not serving, choose bread, infant cereal or RTE cereal

Ready-to-Eat (RTE) Cereal



- No more than 6 grams per sugar per dry oz.
 - Keep nutrition fact label on file to show it meets
- RTE cereal at snack
 - If not serving, choose bread, infant cereal or crackers



Evaluating if your cereal meets the sugar limit:

Nutrition Facts	
Serving Size 3/4 cup (30g)	
Servings Per Container 15	
Amount Per Serving	
Calories 100	Calories from Fat 5
% Daily Value*	
Total Fat 0.5g	1%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 140mg	6%
Total Carbohydrate 22g	7%
Dietary Fiber 3g	12%
Sugars 5g	
Protein 140g	280%

*Percent Daily Values are based on a 2,000 calorie diet.

Serving Size	Sugars
If the serving size is:	Sugars cannot be more than:
0-2 grams	0 grams
3-7 grams	1 gram
8-11 grams	2 grams
12-16 grams	3 grams
17-21 grams	4 grams
22-25 grams	5 grams
26-30 grams	6 grams
31-35 grams	7 grams
36-40 grams	8 grams
41-44 grams	9 grams
45-49 grams	10 grams

Refer to the “Choose Breakfast Cereals That Are Low in Added Sugar” handout to help you determine if your cereals meet the parameters.



Foods that don't count towards the grain component

- Low-iron infant cereals
- Hot cereals for older children/adults (farina, grits, oatmeal)
- Sweetened grains/baked goods (donuts, cinnamon rolls, cookies, cake)
- Granola Bars
- Nutrigrain Bars or other cereal bars
- Rice, macaroni or other pastas





Meat/Meat Alternate Component





Meat/Meat Alternates

- Cheese
- Whole Eggs
- Yogurt
- Poultry & other meats
- Dry beans



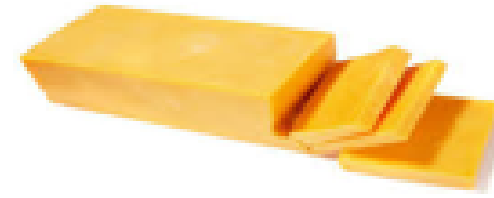


Whole eggs



- AAP found no convincing evidence to delay foods considered major food allergens
- Whole eggs are creditable for infant meals
- Minimum serving size: 0-4 tbsp

Cheese



- Cheese & cottage cheese
- Common examples
 - Natural Cheddar/Colby, Swiss, Monterey Jack, Mozzarella, Provolone, Pasteurized processed American cheese
- Minimum serving size: 0-2 oz



Yogurt

- Some have higher sugar content than others
- Minimum serving size: 0-4 oz
- Yogurt may be served during breakfast, lunch, or supper
- Must contain **no more than 23 grams of total sugars per 6 oz**
 - Applies to all age groups & meal services
 - Keep the Nutrition Fact label on file to show it meets

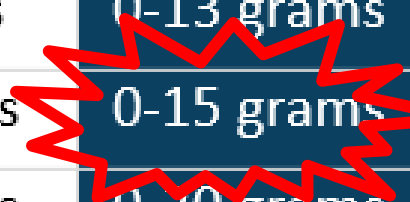




Evaluating if your yogurt meets the sugar limit:

- **Step 1:** Use the Nutrition Facts Label to find the Serving Size, in ounces (oz.) or grams (g), of the yogurt
- **Step 2:** Find the Sugars line. Look at the number of grams (g) next to Sugars
- **Step 3:** Compare the serving size (step 1) and sugars (step 2) to the chart to see if allowable.

Yogurt Sugar Limits		
Serving Size (Ounces)	Serving Size (Grams)	Sugar Limit
2.25 ounces	64 grams	0-9 grams
3.5 ounces	99 grams	0-13 grams
4 ounces	113 grams	0-15 grams
5.3 ounces	150 grams	0-20 grams
6 ounces	170 grams	0-23 grams
8 ounces	227 grams	0-31 grams





Does this one meet?



Yogurt Sugar Limits		
Serving Size (Ounces)	Serving Size (Grams)	Sugar Limit
2.25 ounces	64 grams	0-9 grams
3.5 ounces	99 grams	0-13 grams
4 ounces	113 grams	0-15 grams
5.3 ounces	150 grams	0-20 grams
6 ounces	170 grams	0-23 grams
8 ounces	227 grams	0-31 grams



Does this one meet?

Nutrition Facts	
About 13 servings per container	
Serving size	3/4 cup (170g)
<hr/>	
Amount per serving	
Calories	130
<hr/>	
% Daily Value*	
Total Fat 0g	0%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol <5mg	1%
Sodium 80mg	3%
Total Carbohydrate 28g	10%
Dietary Fiber 0g	0%
Total Sugars 22g	
Includes 16g Added Sugars	32%
Protein 5g	10%
<hr/>	
Vitamin D 6mcg	30%
Calcium 430mg	35%
Iron 0mg	0%
Potassium 220mg	4%
Vitamin A 0mcg	0%



Yogurt Sugar Limits		
Serving Size (Ounces)	Serving Size (Grams)	Sugar Limit
2.25 ounces	64 grams	0-9 grams
3.5 ounces	99 grams	0-13 grams
4 ounces	113 grams	0-15 grams
5.3 ounces	150 grams	0-20 grams
6 ounces	170 grams	0-23 grams
8 ounces	227 grams	0-31 grams





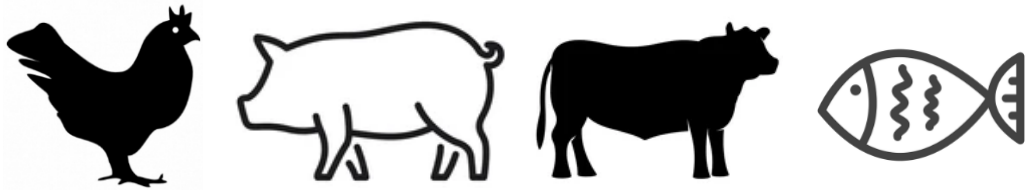
Foods that don't count towards the meat/meat alternate component

- Product packaging states:
 - "Cheese food"
 - "Cheese product"
 - "Cheese spread"
- Imitation cheese (velveeta cheese)
- Dried or powdered cheese
- Home canned food
- Egg whites or egg yolks only
- Peanut butter and other nut or seed butters
- Nuts and seeds
- Soy yogurt
- Tofu
- Drinkable yogurt, frozen yogurt bars





Poultry/Meat/Fish/Pork



- Meat/Poultry include: Beef, pork, lamb, veal, chicken, and turkey
- Fish include: salmon, trout, cod, haddock, tilapia, crab, shrimp, and other fish and shellfish
- Minimum serving size: 0-4 tbsp

Dry Beans/Peas



- Lentils, black/pinto beans, chickpeas
 - Also includes canned
- Minimum serving size: 0-4 tbsp



Crediting Store-Bought Combination Baby Food

- Combination baby foods are foods that include a mixture of two or more food components
- You must ensure that the combination baby food package provides the full, required amount of the food component
 - If it does not, you must offer more food from that component to meet the full amount of the food



Watch the USDA Webinar:
**Crediting Store-Bought Combination Baby
Foods in the CACFP**

How do I credit combination baby food?





For a child with a disability (i.e. medical need)

- Must have ISBEs Medical Authority Modified Meal Request Form – OR a note from a recognized medical authority
- Must be signed by licensed physician or other recognized medical authority
- Statement must indicate dietary issue, formula or food item to be omitted, and the required substitution
- Meals are reimbursable (whether or not the CACFP meal pattern is met)
- Must be maintained on file

MEDICAL AUTHORITY MODIFIED MEAL REQUEST FORM

Please return completed and signed form to <INSERT STAFF NAME, EMAIL, DROP OFF LOCATION>

TO BE COMPLETED BY PARENT OR GUARDIAN		
Name of Student (Last, First): _____	Grade: _____	
School: _____		
Parent/Guardian Email: _____	Daytime Phone: _____	
Based on information listed below my child will require a menu modification at the following: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afterschool Snack		
<input type="checkbox"/> Supper <input type="checkbox"/> Other _____		
<u>I understand it is my responsibility to renew this form each school year and/ or any time my child's medical or health needs change.</u>		
Parent/Guardian Name PRINTED _____	Parent/Guardian SIGNATURE _____	Date _____
TO BE COMPLETED BY MEDICAL AUTHORITY (Licensed by State of Illinois to prescribe medication)		
The Dietary Needs below are related to (ex: Celiac Disease, Lactose Intolerance, Diabetes, Anaphylactic Food Allergy)		
Food <u>TO BE OMITTED</u> from diet* (check appropriate boxes below)		
<input type="checkbox"/> Dairy – Fluid milk, cheese, yogurt, and other dairy ingredients such as casein and whey.		
<input type="checkbox"/> Fluid Milk – Milk to drink		
<input type="checkbox"/> Peanuts – Peanuts, Peanut Butter, Peanut oil.		
<input type="checkbox"/> Tree Nuts – Almonds, hazelnuts, and cashews.		
<input type="checkbox"/> Wheat – Wheat-based grains such as buns, crackers, pasta, and wheat as an ingredient.		
<input type="checkbox"/> Gluten – Wheat, rye, barley, and non-certified oats.		
<input type="checkbox"/> Fish – fish such as cod and fileole		
<input type="checkbox"/> Shellfish – Shrimp and crab		
<input type="checkbox"/> Egg – Visible egg in a dish such as an omelet		
<input type="checkbox"/> Egg Ingredients – Egg white, egg yolk or whole egg as an ingredient		
<input type="checkbox"/> Soybean – Textured Soy Protein, Textured Vegetable Protein, tofu, and whole soybeans (edamame).		
<input type="checkbox"/> Soybean Ingredients – Soy protein concentrate, soy protein isolate, soy sauce, soy flour, and unrefined soybean oil		
<input type="checkbox"/> Other - _____		
Adjustment to meal preparation (i.e. food puree) and/or serving time(s):		

Food Management Plan		
What are the student's possible reactions/symptoms to the indicated allergen(s) or conditions?		

REQUIRED List all acceptable and safe food or beverage substitutes:		

Comments: _____		

Prescribing Physician/Medical Authority Name Printed _____	Date _____	Prescribing Physician/Medical Authority Signature _____
FOR FOOD SERVICE NOTES (Other information, please see back)		
Date received: _____	By: (employee signature) _____	
Date implemented: _____	By: (employee signature) _____	
Other information: _____		



For a child without a disability (i.e. non-medical/preference)

- Modified Meal Request from parent or guardian (signed)
- Dietary accommodations due to preferences, religious beliefs, vegetarian/vegan, etc
- Statement must indicate food/beverage item to be omitted and substitution
- The meal must still meet the meal pattern
- Must be maintained on file

MODIFIED MEAL REQUEST BY PARENT/GUARDIAN

Please return completed and signed form to <INSERT STAFF NAME, EMAIL, DROP OFF LOCATION>

TO BE COMPLETED BY PARENT OR GUARDIAN		
Name of Student (Last, First): _____	Grade: _____	
School: _____		
Parent/Guardian Email: _____	Daytime Phone: _____	
Based on information listed below my child will require a menu modification at the following: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afterschool Snack		
<input type="checkbox"/> Supper <input type="checkbox"/> Other _____		
<u>I understand School Food Authority is not required to provide requests based on preference for food substitutions or meal accommodations, made by a parent/guardian or any health professional not licensed in Illinois to prescribe medication.</u>		
Parent/Guardian Name PRINTED _____	Parent/Guardian SIGNATURE _____	Date _____

MAY BE COMPLETED BY PARENT/GUARDIAN OR HEALTH PROFESSIONAL		
List all foods to be omitted from a student's meal, based upon preference, NOT for medical reasons: (i.e. meal prep/meal time(s))		
Requested substitutions		
REQUIRED List all requested <u>food and/or beverage substitutes</u> :		
Comments:		
Requestor Name Printed _____	Date _____	Requestor Signature _____

TO BE COMPLETED BY FOOD SERVICE STAFF	
Date received:	_____
Date implemented:	_____



Developmental Readiness



Developmental Readiness

- Introducing solid foods too early:
 - cause choking
 - consume less breastmilk or formula
- Serve solid foods when infants are developmentally ready





American Academy of Pediatrics



Developmental Readiness Guidelines:

- Sits in chair with good head control
- Opens mouth for food
- Moves food from a spoon into throat
- Doubles in birth weight



Parent Communication is Important!

- Working with parents helps to:
 - Ensure newly introduced foods are most ideal
 - Be consistent with eating habits
 - Support developmental readiness
- Always consult with parents/guardians first before serving solid foods





ISBE Infant Solid Food Readiness Form

- Request a written statement from parents or guardians:
 - Developmental indicators
 - When & which solid foods to serve
- Follows the preferences of parents & guardians

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* <small>*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:</small>	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 medical statement 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.



ISBE Infant Formula/Food Waiver Notification (67-90)

- Center:
 - Informs what IFIF/IFIC & food center provides
- Parent/Guardian
 - What they currently feed
 - what they want fed while in care
 - Signature/date

NUTRITION AND WELLNESS PROGRAMS DIVISION

NAME OF CHILD CARE CENTER/HOME	NAME OF INFANT	BIRTH DATE (MM/DD/YYYY)
--------------------------------	----------------	-------------------------

For Parent/Guardian of Infants Age Birth Through 11 Months
 This child care center/home participates in the Child and Adult Care Food Program (CACFP) and is required to follow the Infant Meal Pattern for infants ages birth through 11 months. Solid foods are introduced at 6 months or when developmentally appropriate for the infant. The center/home should work with you to determine when solid foods should be served. To better meet your personal preferences and your infant's needs, please complete this document.

Instructions: The center/home should complete this section before giving to the parent/guardian.

This center/home will provide: Iron-fortified infant formula (list brand) _____;

Iron-fortified infant cereal (list type such as baby rice cereal) _____; and

Food appropriate for infants: Commercial baby food and/or
 Table food offered at the appropriate consistency for the development of the infant.

Instructions: The parent/guardian should answer the following question and mark one of the choices from each of the three sections below; then sign and date this form.

What do you currently feed your infant? Iron-fortified infant formula
 Breast milk
 Low-iron or another type of infant formula provided for medical reasons. I will obtain and provide the center/home with a Physician's Statement for Food Substitutions.

The parent or guardian would like their infant to be fed the following while in care:

Section 1 – Infant Formula or Breast Milk

Choice 1: I want my infant to receive the child care center-home-provided iron-fortified infant formula identified above. I will not bring infant formula from home.

Choice 2: I understand I am not required to bring infant formula that I purchase or receive from Women, Infants, and Children (WIC), however, I want to bring my own formula/breast milk.
 List brand/type: _____
 If I should forget to bring infant formula/breast milk, the child care center/home will contact me immediately and I may request they serve my infant the center-home-provided iron-fortified infant formula that day.

Choice 3: I want to directly breastfeed my infant on site. If I should be unable to breastfeed my infant on-site, I may request center/home serve my infant the center/home provided iron-fortified formula that day, or I may bring expressed breast milk that day.

Section 2 – Infant Cereal

Choice 1: I want my infant to receive the child care center-home-provided iron-fortified infant cereal identified above. I will not bring infant cereal from home.

Choice 2: I understand that I am not required to bring iron-fortified infant cereal that I purchase or receive from WIC, however, I want to bring my own infant cereal.
 List brand/type: _____
 If I should forget to bring the cereal, the child care center/home will contact me immediately and I may request they serve my infant the center-home-provided iron-fortified infant cereal that day.

Section 3 – Commercial Baby Food

Choice 1: I want my infant to receive the child care center-home-provided commercial baby food identified above. I will not bring baby food from home.

Choice 2: I understand that I am not required to bring baby food that I purchase or receive from WIC, however, I want to bring my own commercially made baby food. If I should forget to bring the commercial baby food, the child care center/home will contact me immediately and I may request they serve my infant the center-home-provided commercial baby food that day.

If I decide to change the selections I made above, I will complete another form.

Parent/Guardian Signature: _____ Date: _____



What food can a parent provide for their infant?

Parents may provide only ONE creditable food component to count toward a reimbursable meal or snack

If a parent brings in...

You must offer...

Breastmilk

All other solid food components

Iron-fortified infant formula

All other solid food components

A solid food component (example - pureed meat)

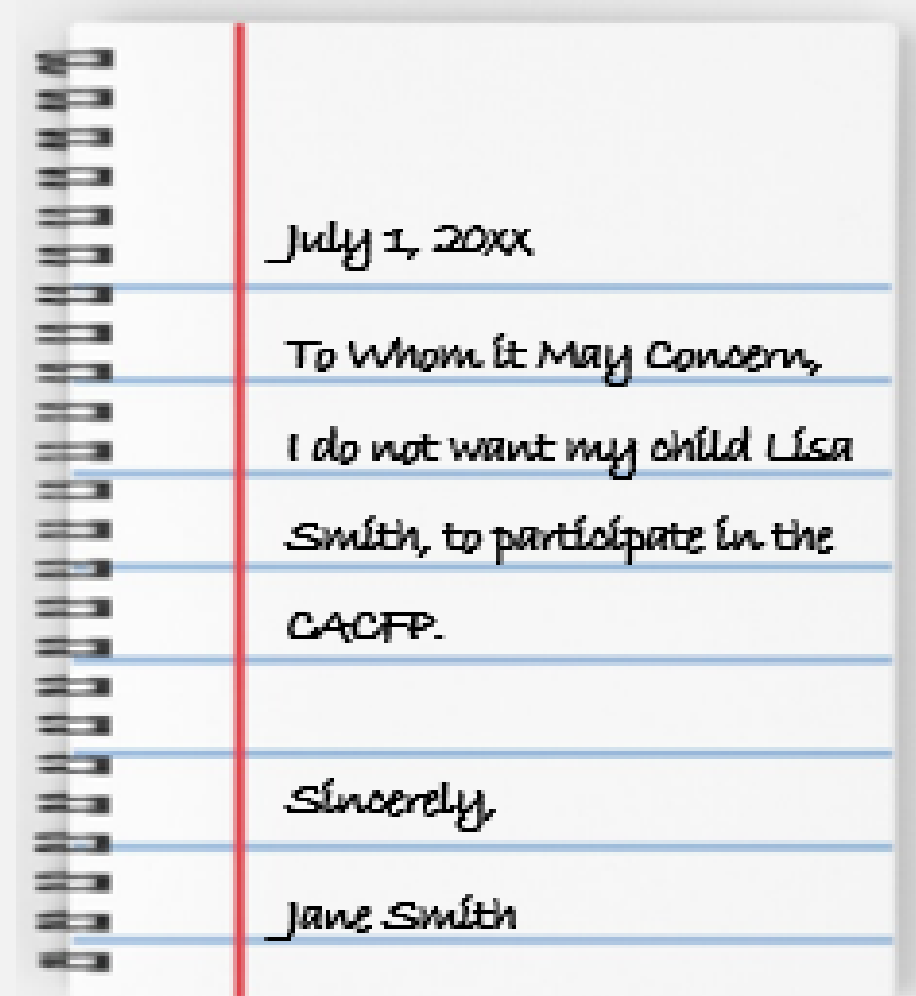
Iron-fortified infant formula
All other solid food components



**What if parents wants
to bring in more than
1 food component?**

**You cannot claim
the meal for
reimbursement**

Best Practice





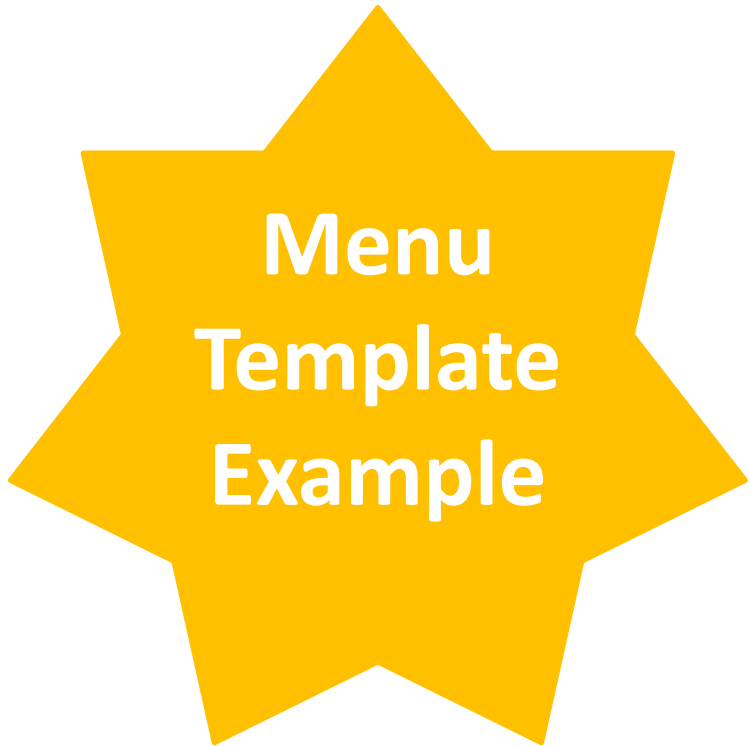
Menu Requirements



Menus



- Must be developed for all meal services
- Must include the date the menu was served
- Recommend a standard infant menu
- Must keep on file for 3 years plus the current year



INFANT CYCLE MENU

Written and dated menus are required. Since the variety of foods eaten by infants is limited, using a cycle menu is an easy way to meet the requirement and inform parents of the variety of foods offered by the childcare provider. The cycle menu is followed daily and offers choices for infants. List baby foods offered in the chart below by food component.

Month July Year 20xx

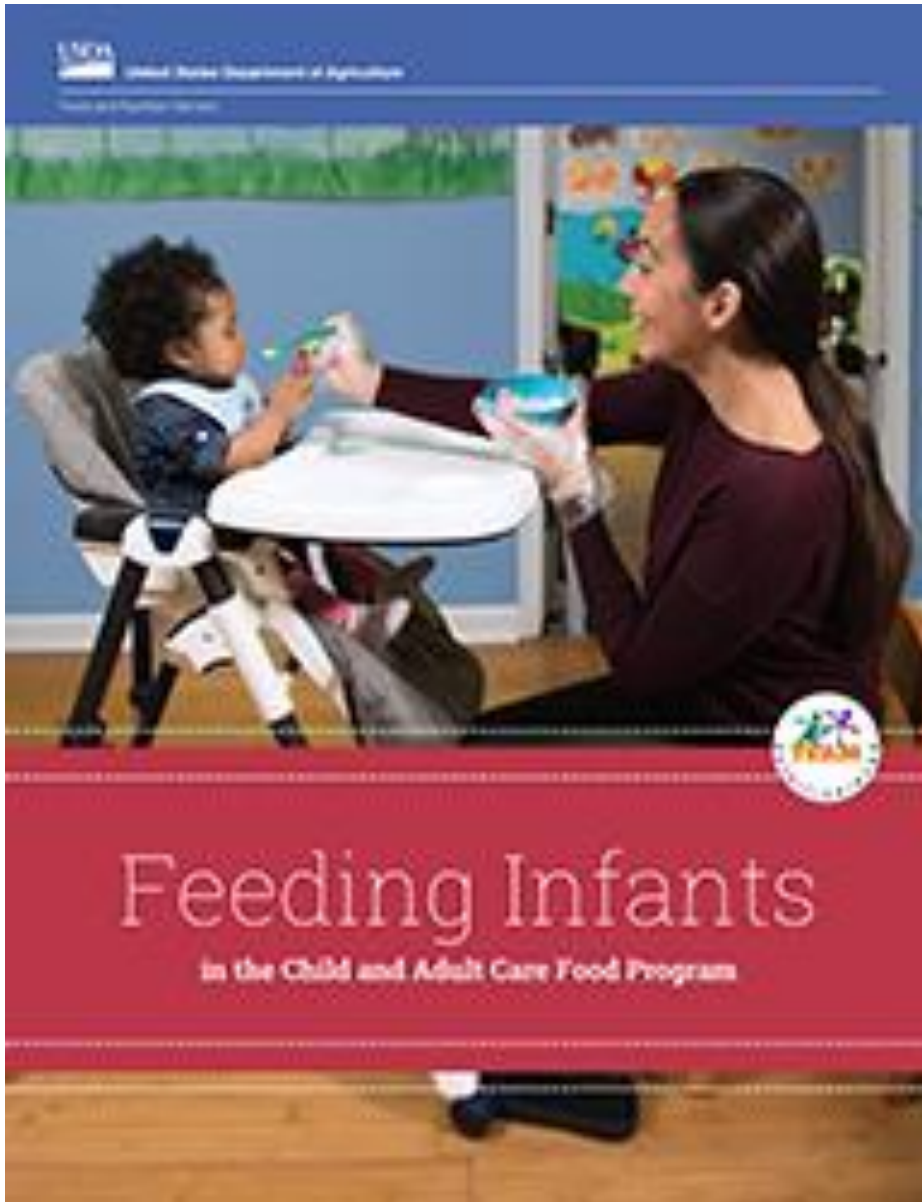
MEAL	FOOD COMPONENTS	AGE Birth through 5 Months	AGE 6 through 11 Months
Breakfast/ Lunch/ Supper	Breast Milk or Iron Fortified Infant Formula	4-6 fluid ounces	6-8 fluid ounces (AND)
	Vegetable and/or Fruit Examples: Carrots, squash, bananas, green beans, applesauce and/or peaches		0-2 tablespoons (AND)
	Iron Fortified Infant Cereal Rice or oatmeal infant cereal		0-4 tablespoons (OR)
	Meat/Meat Alternate <ul style="list-style-type: none"> • chicken, fish, beef, whole egg, cooked dry beans or peas OR • cheese OR • cottage cheese OR • yogurt 		0-4 tablespoons 0-2 ounces 0-4 ounces 0-4 ounces; OR a combination of the above
Snack	Breast Milk or Iron Fortified Infant Formula	4-6 fluid ounces	2-4 fluid ounces (AND)
	Vegetable and/or Fruit Carrots, squash, bananas, green beans, applesauce and/or peaches		0-2 tablespoons (AND)
	Iron Fortified Infant Cereal or Ready-To-Eat Breakfast Cereal* Rice or oatmeal infant cereal		0-4 tablespoons (OR)
	Crackers* Examples: teething biscuits, saltine crackers		0-2 crackers (OR)
	Bread* Examples: Wheat bread (dry or toasted), roll		0-1/2 slice

*When developmentally ready

Baby Foods:

Vegetables Offered:	Carrots, Green Beans, Peas, Sweet Potatoes, Avocados, Squash
Fruit Offered:	Applesauce, Bananas, Peaches, Prunes, Blueberries
Iron Fortified Infant Cereal Offered:	Rice, Oatmeal, Multi-grain, Whole Wheat, Barley
Grains for Snacks Offered:	Bread, Teething Biscuits, Cheerios, Puffs, Saltine Crackers
Meat/Meat Alternate Offered:	Yogurt, Cottage Cheese, Chicken, Beef, Turkey, Egg, Cheese

Record the food items you purchase/offer in the infant room



**A great resource
for you!!**



SUMMARY



1. Each meal service has a specific meal pattern that must be followed
2. Must offer the minimum food components for each age group when they are developmentally ready
3. Parent communication is important
4. Menu documentation demonstrates compliance



Nutrition Department

Illinois State Board of Education

www.isbe.net/nutrition

cnp@isbe.net

800-545-7892

thank
you!