Illinois Child Care Bureau – Your Food Program Sponsor
1400 E. Touhy Avenue, Des Plaines, IL 60018 773.444.0115
www.illinoischildren.com
Info@IllinoisChildren.com

**Is your infant developmentally ready for solid food?** *Completed by parent/guardian*

_____ _____
Infant's name (last name, first name) Parent's name (last name, first name)

_____ _____
Date (today) Birth date of infant

| **Developmental Indicators*** *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: | **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?** (in a high chair or feeding seat with good head control) | | | | |
| **2) Does the infant open his/her mouth when food comes their way?** (tracking food on a spoon, reaching for food, eager to be fed) | | | | |
| **3) Can the infant move food from a spoon into their mouth/throat?** (swallow without choking or gagging, little or no dribbling) | | | | |

**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 served your infant?

_____

What fruits and vegetables have you served your infant?

_____

Did your infant's health care provider tell you that your infant has a food allergy or intolerance? Yes ___ No ___
If yes, what food should not be served to your infant? _____

Parents/Guardians must complete/date/sign 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 required components.

My infant, _____, is developmentally-ready for all 3 required components in the 6-11 month old Infant Meal Pattern for the Child and Adult Care Food Program (see reverse side for Infant Meal Pattern).
Please share additional information about your infant's eating habits:
_____

Parent/Guardian's Signature _____ Date _____

Provider's 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. Discussion of infant's developmental-readiness recommended by the IL State Bd of Ed 5.19

INFANT MEAL PATTERN

## BREAKFAST

| Birth through 5 months | 6 through 11 months |
|---|---|
| 4-6 fluid ounces breastmilk[1] or formula[2] | 6-8 fluid ounces breastmilk[1] or formula[2]; and<br><br>0-4 tablespoons infant cereal[2,3] meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or<br>0-2 ounces of cheese; or<br>0-4 ounces (volume) of cottage cheese; or<br>0-4 ounces or 1/2 cup of yogurt[4]; or a combination of the above[5]; and<br><br>0-2 tablespoons vegetable or fruit or a combination of both[5,6] |

## LUNCH AND SUPPER

| Birth through 5 months | 6 through 11 months |
|---|---|
| 4-6 fluid ounces breastmilk[1] or formula[2] | 6-8 fluid ounces breastmilk[1] or formula[2]; and<br><br>0-4 tablespoons infant cereal[2,3] meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or<br>0-2 ounces of cheese; or<br>0-4 ounces (volume) of cottage cheese; or<br>0-4 ounces or 1/2 cup of yogurt[4]; or a combination of the above[5]; and<br><br>0-2 tablespoons vegetable or fruit or a combination of both[5,6] |

## SNACK

| Birth through 5 months | 6 through 11 months |
|---|---|
| 4-6 fluid ounces breastmilk[1] or formula | 2-4 fluid ounces breastmilk[1] or formula[2]; and<br><br>0-1⁄2 slice bread[3,4]; or 0-2 crackers[3,4]; or<br>0-4 tablespoons infant cereal[2,3,4] or ready-to-eat breakfast cereal[3,4,5,6]; and<br><br>0-2 tablespoons vegetable or fruit, or a combination of both[6,7] |