



illinois
action for
children

Special Diet Form

Child's Name: _____ **Child's Birthdate:** _____

Child Care Provider's Name: _____

To Whom It May Concern:

The child care provider for the child listed above participates in the Child and Adult Care Food Program, a nutrition program funded by the U.S. Department of Agriculture (USDA). As part of this program the home child care provider is required to follow the USDA minimum standards in serving meals to the children in her/his care. A summary of the USDA meal requirements is included on the back of this form for your reference.

If the child named above has special dietary needs that are different from those described in the USDA meal pattern, a note from the child's physician explaining the dietary needs of the child is necessary in order for the child care provider to be reimbursed for those meals.

Please describe the dietary requirements of the above named child above:

Physician Name – Printed

Physician Signature

Physician's Address

Physician's Phone #

USDA Meal Requirements for the Child and Adult Care Food Program

Items with an Asterisk (*) are USDA required

(Abbreviations: IFIF = Iron Fortified Infant Formula; IFIC = Iron Fortified Infant Cereal)

Age	Breakfast	Lunch/Supper	Snack
INFANTS			
0-3 mos	* 4-6 oz IFIF or breast milk	* 4-6 oz IFIF or breast milk	* 4-6 oz IFIF or breast milk
4-7 mos	* 4-8 oz IFIF or breast milk <u>When developmentally ready:</u> 0-3 TBSP IFIC	* 4-8 oz IFIF or breast milk <u>When developmentally ready:</u> 1-3 TBSP IFIC or 1-3 TBSP fruit and/or vegetable	* 4-6 oz IFIF or breast milk
8-11 mos	* 6-8 oz IFIF or breast milk * 1-4 TBSP fruit and/or vegetable * 2-4 TBSP IFIC	* 6-8 oz IFIF or breast milk * 1-4 TBSP fruit and/or vegetable * 2-4 TBSP IFIC or 1-4 oz meat/meat alternate or both	* 2-4 oz IFIF or breast milk or fruit juice <u>When developmentally ready:</u> 0-1/2 slice bread or 0-2 crackers
CHILDREN 1 YEAR & OLDER			
1-12 years	* fluid milk * juice or fruit or vegetable * grain – bread, pasta or cereal	* fluid milk * meat or meat alternate * grain – bread, pasta or cereal * 2 servings fruit and/or vegetable	* One item each from 2 of the 4 groups listed below: 1. fluid milk 2. meat or meat alternate 3. grain – bread, pasta or cereal 4. fruit or vegetable