

ANSWERS Activity: Accommodating Special Dietary Needs Request

Instructions: Read the special dietary need request and complete the questions using the two flowcharts:

- *Determining if Meal Modifications Are Required*
- *What to Do When You Receive a Statement for a Special Dietary Need Request*

Request: The family of a child at your program tells you that their child must be served almond milk in place of cow's milk at all meals and snacks. There is no documentation from a state licensed healthcare professional authorized to write medical prescriptions to support the almond milk.

1. Is this request for a disability or non-disability special dietary need? *It depends if the participant has a physical or mental impairment that restricts the diet. Just because documentation is not presented at the time of the request does not mean the child does not have a disability. Work with the family to determine if the child must be served almond milk because of a disability or non-disability.*
2. Answer questions in the chart below for when the request is for a disability and when it is for a non-disability special dietary need. *See information in chart below.*
3. Complete the *Special Dietary Needs Tracking Form* for when the request is for a disability and when it is for a non-disability special dietary need.

Questions	Disability	Non-Disability
What documentation is required to support the request?	<ul style="list-style-type: none"> • Medical statement completed and signed by a state licensed healthcare professional authorized to write medical prescriptions (Physician, Physician Assistant, Nurse Practitioner (APNP)). • The statement must include: <ul style="list-style-type: none"> ○ A description of impairment (reason for request) ○ How to accommodate the impairment (foods to be avoided and recommended substitution(s)) 	<ul style="list-style-type: none"> • Written statement from the family or the DCF Health History and Emergency Care Plan. • The statement must include the non-disability dietary need, foods not to be served, and allowable substitutions. • In addition, the following statements would be considered a non-disability SDN request: <ul style="list-style-type: none"> ○ Medical statement from a non-licensed health care professional (e.g. registered nurse, dietitian, or chiropractor) ○ Statement from a licensed health care professional that specifies a family's dietary preference, not a disability (e.g. statement indicates participant may drink rice milk per parent lifestyle choice).
Is your program required to offer a reasonable modification? If so, what must be offered?	<ul style="list-style-type: none"> • Yes, the program is required to offer a reasonable modification that effectively accommodates the disability. • The modification should be in line with the recommended substitution(s) on the medical statement. Almond milk would be the most appropriate modification to make, however, work with the family to determine if another modification is appropriate. For example, if your program has a policy that it provides lactose-free milk for all children with lactose intolerance, this could be an appropriate and reasonable modification. However, all disabilities must be managed on a case-by-case basis. 	<p>No, programs are not required, but may choose to accommodate requests.</p>

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<p>Can the family be required to provide the meal substitution?</p>	<ul style="list-style-type: none"> No, the family cannot be required to provide the meal modification (food and/or beverage substitutions). The program must offer a modification that effectively accommodates the disability; the family can decline the modification and choose to provide their own substitution. For example, if the center were to offer lactose-free milk because it is their policy to provide this type of milk for all children with lactose intolerance, and this is an acceptable and reasonable modification to accommodate the disability, then the family can choose to accept the accommodation of lactose-free milk, or decline the lactose-free milk and provide almond milk. 	<ul style="list-style-type: none"> Programs should make the effort to collaborate with families to meet the dietary needs of all participants, including providing substitutions for non-disability requests. However, for non-disability requests because the program is not required to provide the meal substitution, a family may choose to provide <u>one creditable component</u> towards a reimbursable meal. When the family provides a component, the written statement from the family must include that the family chooses to provide foods and identify the foods that will be provided.
<p>Is almond milk creditable to the meal pattern for this request?</p>	<p>Yes, because the modification is being made to accommodate a disability that is supported by a valid medical statement signed by a state licensed healthcare professional authorized to write medical prescriptions.</p>	<p>No, almond milk is not creditable to the CACFP meal pattern; therefore, it is not creditable when served for a non-disability request.</p>
<p>Can meals/snacks be claimed for reimbursement?</p>	<p>Yes, because meals are being accommodated for a disability.</p>	<ul style="list-style-type: none"> Breakfast, lunch and dinner cannot be claimed. Milk is a required component at these meals. When almond milk is served in place of cow's milk, a reimbursable meal has not been served. Snack cannot be claimed when almond milk is served as one of the two required creditable components. When almond milk is not served as one of two creditable components at snack, snack can be claimed.

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Special Dietary Needs Tracking Form



CACFP program staff complete this form

CACFP program staff must complete this form for each participant served menu substitutions. Keep this form and documentation, as specified below, on file.

Section I: Disability - Complete when a participant has a disability that restricts eating and/or feeding and a valid medical statement signed by a State licensed healthcare professional (physician, physician assistant, or nurse practitioner (APNP)) is on file. Programs must offer a reasonable modification.

Section II: Non-disability special dietary need - Complete when:

- Participant's family requests meal substitutions
- A medical statement not valid for a disability is provided. Examples:
 - Statement from a non-licensed health care professional (e.g. registered nurse, dietitian, or chiropractor, etc.)
 - Statement from a licensed health care professional that specifies a family's dietary preference, not a disability (e.g. statement indicates participant may drink rice milk per parent)

Participant's Name Charlie Johnson Date form completed 3/18/2019

Section I: Disability

Complete this entire section and then select if meals can or cannot be claimed at the bottom.

- Participant has a physical or mental impairment that substantially limits one or more major life activities
 - ✓ Major life activities include eating, breathing, digestive, and respiratory functions, etc.
 - ✓ Most physical and mental impairments will constitute a disability, it does not need to be life threatening
 - ✓ Ex. Lactose intolerance is a physical impairment of the digestive function; it does not have to cause severe distress
- Attached is a valid written medical statement which includes:
 - ✓ Description of impairment (reason for request)
 - ✓ How to accommodate the impairment (e.g. food(s) to be avoided and recommended substitution(s))
 - ✓ Signature from state licensed healthcare professional (physician, physician assistant, or nurse practitioner (APNP))
- List substitution(s)/modification(s) offered by the program that effectively accommodates the disability:
 - ✓ Substitutions or modifications offered must accommodate the participant, but do not have to be the exact modification requested

Almond Milk

- Choose One:
 - Family accepts program's accommodation(s)
 - Family declines program's accommodation(s) and chooses to provide: _____

Claiming Meals Determination

- Claim meals:
 - ✓ Section I of this form, including all applicable documentation, is complete and on file
 - ✓ Program has made reasonable modification(s) according to the medical statement
 - ✓ Program provides the modification(s), or family has chosen to provide the modification(s), and the program is providing at least one component
- Do not claim meals:
 - ✓ Family has chosen to provide all foods; the program is not providing any component

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Section II: Non-disability special dietary need (SDN) request

Non-disability special dietary need requests are when the family requests specific foods not be served, specific food substitutions, or provides a medical statement not valid for a disability. Programs are not required but may choose to accommodate these requests. A family may choose to provide **one creditable** component towards a reimbursable meal for a non-disability special dietary need. All meal substitutions for these requests must meet meal pattern requirements.

Complete this entire section and then select if meals can or cannot be claimed at the bottom.

Attached is a written statement from the family, DCF Health History form, or medical statement not valid for a disability that:

- ✓ Identifies the special dietary need, including foods not to be served and allowable substitutions
- ✓ Includes a statement that the family chooses to provide foods (if applicable)

Participant's non-disability special dietary need (check all that apply):

Religious Ethnic Lifestyle preference (circle: vegetarian, organic) Other: Parent Preference

List specific food item(s) substituted by Program:

- ✓ Food substitutions must meet meal pattern requirements
- ✓ If a food substitution does not meet meal pattern requirements, **do not claim** that meal/snack

1. _____ CACFP creditable: Yes No
2. _____ CACFP creditable: Yes No
3. _____ CACFP creditable: Yes No
4. _____ CACFP creditable: Yes No

List specific food item(s) provided by the family:

- ✓ Programs must ensure that food provided by the family meets meal pattern requirements
- ✓ If the family provides a food substitution that does not meet meal pattern requirements, **do not claim** that meal/snack

1. Almond Milk CACFP creditable: Yes No
2. _____ CACFP creditable: Yes No
3. _____ CACFP creditable: Yes No
4. _____ CACFP creditable: Yes No

Non-creditable beverages:

- Non-dairy beverages not nutritionally equivalent to cow's milk including almond, cashew, coconut, hemp, oat, rice and some soy milks
- 2% milk
- Water

When served in place of cow's milk, meals/snacks cannot be claimed

Meatless substitutes made from alternate protein and/or textured vegetable protein ingredients may only credit to the CACFP meal pattern with a Child Nutrition (CN) Label or Product Formulation Statement (PFS)

Claiming Meals Determination

Claim meals when:

- ✓ Section II of this form is complete and on file
- ✓ Family provides **no more than one** component at a meal or snack
- ✓ Substituted food(s) are creditable to the meal pattern (creditable means foods count toward meeting meal pattern requirements)
- ✓ Program provides all other required components and all foods are creditable to the meal pattern

Do not claim meals when:

- ✓ Family provides more than one component
- ✓ Non-creditable food(s) are served

When milk is not served. ←

Check meal(s) that can be claimed:

- Breakfast
- Lunch/Supper
- Snacks