



# Special Dietary Needs and the CACFP

USDA requires programs make reasonable modifications to accommodate participants with **disabilities** to provide equal opportunity to participate. This is **required only when** supported by a written medical statement from a Wisconsin Licensed Healthcare Professional authorized to write medical prescriptions: Physician, Physician Assistant, Advanced Practice Nurse Prescriber (APNP), Dentist, Optometrist, Podiatrist.

**What is a disability?** → Physical or mental impairment that substantially limits one or more major life activities (includes 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. Digestion is impaired by lactose intolerance, whether or not consuming milk causes severe distress.

**What is NOT a disability?** → Eating certain foods or eliminating foods from the diet due to a general health concern and/or preference.  
Ex. Request that a participant does not drink cow's milk because of a preference, not because the participant has lactose intolerance.

## DISABILITY

Supported by a valid written medical statement

Program must offer a reasonable modification(s)\* that effectively accommodates the participant's disability & provides equal opportunity to participate in CACFP

Modification(s) may or may not meet CACFP meal pattern requirements

Meals are reimbursable (whether or not the CACFP meal pattern is met)

### \*Reasonable Modification(s):

- Related to disability or limitation caused by disability
- Not required to provide exact modification requested, however, must work with family to determine a reasonable modification that effectively accommodates the disability. Ex., not required to provide a particular brand name, but must offer a substitute that does not contain the specific allergen
- A disability may require modifications to more than one meal component
- Programs may never require the family to provide the accommodation

**Effectively accommodate ALL participants with the same type of disability:** Design a plan to accommodate common disabilities. Many can be managed within the meal pattern when a variety of foods is available. Examples:

- Offer one type of lactose-free milk to accommodate participants with lactose intolerance.
- Have a variety of fruits on hand, so participants with an allergy to a particular fruit can be served a different fruit.

### Written Medical Statement:

A valid medical statement for a disability must be completed and signed by a WI Licensed Healthcare Professional authorized to write medical prescriptions: Physician, Physician Assistant, or Nurse Practitioner (APNP)

It must include the following information:

1. Description of impairment (reason for request)
2. How to accommodate the impairment (e.g. items(s) to be avoided and recommended substitution(s))

Seek clarification if statement is unclear or lacks sufficient detail so a proper and safe meal can be provided

### Examples of Medical Statements

#### ACCEPTABLE:

##### STATEMENT

Cal is lactose intolerant and cannot drink cow's milk. He should be served almond milk.

*Dr. Dan Physician*

#### NOT ACCEPTABLE:

##### STATEMENT

Serve Sam almond milk.

*Dr. Dan Physician*

### Disability not supported by a valid medical statement:

Programs may choose to accommodate requests related to a disability not supported by a valid medical statement if the requested modifications can be made while meeting CACFP meal pattern requirements. Such meals are reimbursable.

## NOT A DISABILITY

(Non-disability special dietary need request)

Request is *not* supported by a valid written medical statement or request is for religious, ethnic or lifestyle preference (vegetarian, organic)

Request is supported by a written statement from the family (ex. DCF Health History form)

Programs are not required, but *may choose* to accommodate requests

Meal accommodation(s) that **meet** CACFP meal pattern requirements are reimbursable

Meal accommodation(s) that **do not meet** CACFP meal pattern requirements are **not reimbursable**

### Written Statement from Family:

1. Identifies the non-disability special dietary need, including items not to be served and allowable substitutions
2. May include a statement that the family chooses to provide foods (if applicable)

### Accommodate requests within the meal pattern:

In many cases, requests can be managed within meal pattern requirements when a well-planned variety of foods is available. Examples:

- Offer one type of creditable soymilk to accommodate participants requesting a non-dairy beverage. Because this modification is creditable, the meal meets CACFP requirements and is reimbursable
- Accommodate vegetarian participants by serving creditable meat alternates

### Examples of non-disability special dietary need requests:

Request for a non-creditable beverage

The following beverages are not creditable. When served in place of milk, meals and snacks cannot be claimed for reimbursement

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

Request for ethnic, religious, vegetarian reasons

- Programs may choose to supply creditable food(s) and/or a creditable beverage substitute. Meals and snacks can be claimed for reimbursement.
- Families may choose to provide **ONE** creditable component; the program must supply all other components with creditable foods. Meals and snacks can be claimed for reimbursement.

### Parent-Provided Component:

A family may choose to provide **one creditable component** towards a reimbursable meal for a non-disability special dietary need

- Religious
- Ethnic
- Lifestyle preference (organic, vegetarian)
- Other (i.e. health reason not support by a valid written medical statement)

### Special Dietary Needs Tracking Form:

1. The program completes one for **each participant** accommodated for a disability or non-disability special dietary need.
2. Keep form and documentation, as specified, on file.  
*Find in Guidance Memorandum 12*



Call or email your consultant when you have a question about special dietary needs



### Special Dietary Needs Tracking Form

CACFP program staff complete this form

CACFP staff must complete this form for each participant served menu substitutions. This form and applicable documentation, as specified, must be kept on file.

**Section I: Disability** - Complete when a participant has an impairment 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:
  - o Statement from a non-licensed health care professional (e.g. registered nurse, dietitian or chiropractor, etc.)
  - o 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 \_\_\_\_\_ Date form completed \_\_\_\_\_

#### Section I: Disability

Complete this entire page. Check off boxes when action is completed.

- 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. Impairment does not need to be life threatening; ex. lactose intolerance is a physical impairment of the digestive function
- 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:
  - ✓ Must be appropriate to accommodate the participant, but does not have to be the exact modification requested
- Choose One. Family of participant:
  - Accepts program's accommodation(s)
  - Declines program's accommodation(s) and chooses to provide: \_\_\_\_\_

- Check meal(s) that can be claimed:
  - Breakfast  Lunch/Supper  Snacks

- Discuss participant's meal modifications with staff, including when meals can and cannot be claimed. Record date discussed with staff: \_\_\_\_\_

#### Claim meals when:

- ✓ Program has made reasonable modification according to the medical statement
- ✓ Program provides the modification or family chooses to provide the modification. The program must provide at least one component

#### Do not claim meals when:

- ✓ Family chooses to provide all foods (the program is not providing any components)

# Special Dietary Needs and the CACFP

## What to Do Next:

### Designate Responsible Staff

- Designate staff responsible for managing all special dietary needs. This point person will ensure:
  - Valid documentation is on file for participants with disabilities and participants' needs are met
  - Meals/snacks for non-disability special dietary needs meet CACFP meal pattern requirements
  - Only creditable meals/snacks for non-disability special dietary needs are claimed for reimbursement

### Obtain Appropriate Documentation

- Special Dietary Needs Tracking Form complete for **each participant** with a disability or non-disability special dietary need request
- Disability: Written medical statement for physical or mental impairment that substantially limits one or more major life activities. Must be signed by a Wisconsin Licensed Healthcare Professional authorized to write medical prescriptions (Physician, Physician Assistant, Advanced Practice Nurse Prescriber (APNP), Dentist, Optometrist, Podiatrist)
- Non-disability special dietary need: Written statement from family, DCF *Health History and Emergency Care Plan* form, medical statement from a non-licensed health care professional authorized to write medical prescriptions, or statement from a licensed health care professional that specifies a family's dietary preference, not a disability

### Train Staff on Accommodating Disabilities

- Participants with a disability that affects the diet must be accommodated. It is vital to follow the directive of a written medical statement to ensure the safety of a participant.
- Kitchen staff must know how to properly manage special dietary needs and make substitutions (ex. know appropriate food substitutions, reading labels for food allergens).
- Classroom staff must inform the designated staff responsible for managing special dietary needs when a family brings in a food/beverage to the classroom for a special dietary need so the request can be handled appropriately.
- Staff completing meal counts must know that **meals/snacks CANNOT be claimed** when:
  - A participant is served a meal or snack that does not meet meal pattern requirements unless the participant is being accommodated for a disability that is supported with a written medical statement.
  - A participant is served non-creditable food item(s) provided by the Program or the family to accommodate a non-disability special dietary need. For example, a non-creditable beverage or a non-creditable meatless substitute.
  - A participant is served two or more components supplied by the family to accommodate a non-disability special dietary need. For example, the grain and meat/meat alternate components.

### Menu Evaluation

- Review menus and determine if your program will design a meal plan within the CACFP meal pattern to accommodate common disabilities or other non-disability requests. Examples:
  - Offer lactose-free milk to accommodate participants with lactose intolerance
  - Offer a creditable non-dairy beverage nutritionally equivalent to cow's milk
  - Offer a daily vegetarian option