

## Medical Plan of Care for Child and Adult Care Food Program for program participants with special dietary needs

The following child/adult is a participant in one of the United States Department of Agriculture (USDA) child nutrition programs.

- USDA regulations 7CFR Part 15B require substitutions or modifications in program meals for participants whose **disability** restricts their diet and is supported by a statement signed by a **licensed physician, physician assistant, certified registered nurse practitioner, or dentist**. Food allergies that may result in a severe, life-threatening (anaphylactic) reaction may meet the definition of "disability."
- The center/program may choose to accommodate a participant with a **non-disabling special dietary need** that is supported by a statement signed by a **licensed physician, physician assistant, certified registered nurse practitioner, or dentist**.
- The center/program may choose to make a milk substitution available for participants with a **non-disabling special dietary need**, such as lactose intolerance or for cultural or religious beliefs. If available, the milk substitute must meet nutrient standards identified in federal regulations and will be indicated in Part 2. A milk substitution may be requested by a medical authority, adult participant, or a parent/guardian. If this is the only substitution being requested, complete Parts 1 and 2 only.

### Part 1: Participant Information - To be completed by parent/guardian or adult participant/participant's representative

Participant Name		Date of Birth	M    F
Name of Center/Program		Grade Level/Classroom	
Parent/Guardian/Participant's Representative Name		Address, City, State, Zip Code	
Daytime Phone	(    )		
Evening Phone	(    )		

### Part 2: Request for Fluid Milk Substitution only (for non-disabled participants) - By adult participant or their representative, parent/guardian (for child participant), or medical authority. Note: Use of this form for a non-disabling milk substitution is optional, but request must be made in writing and must identify the medical or other special dietary need that restricts the diet.

Center/Program does not make milk substitutes available to participants with non-disabling special dietary needs. Parent/guardian has the option to provide a nutritionally equivalent milk substitute as defined by federal regulations when Part 2 is completed by Medical Authority or Parent/Guardian and approved by the childcare/adult care facility.

Center/Program provides \_\_\_\_\_ as a milk substitute to participants with non-disabling or other special dietary needs when Part 2 is completed by Medical Authority or Parent/Guardian and approved by the facility.

Does the participant have a non-disabling medical or special dietary need that restricts intake of fluid milk?    Yes     No   
List medical or special dietary need; e.g., lactose intolerance or for cultural or religious beliefs (*required*):

Med. Authority or Parent/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part 3: Request for Modifications/Substitutions for Special Dietary Needs – Section must be completed, signed, and stamped with office name and address by a licensed physician, physician assistant, certified registered nurse practitioner, or dentist

Does the participant have a **disability** as defined by federal law?    Yes     No   
*If Yes*, describe the major life activities affected by the disability (*required*):

Does the participant's disability affect their nutritional or feeding needs?    Yes     No   
*If Yes*, explain below (*required*):

If the participant **does not have a disability\***, does the participant have special nutritional or feeding needs?    Yes     No   
*If Yes*, explain below (*required*):

\*These accommodations are *optional* for centers to make.

**Diet Order:** List any dietary restrictions, such as food allergies, intolerances or restrictions:

List foods or choice of foods to be substituted (*Substitution cannot be made unless section is completed*):

List foods that need the following changes in texture. If all foods need to be prepared in this manner, indicate "All."  
 Cut up/chopped into bite sized pieces:  
 Finely Ground:  
 Pureed:

List any special equipment or utensils needed, or other comments about the participant's eating or feeding patterns:

<b>Medical Authority's Name and Office Phone Number</b>	<b>Office Stamp</b>
<b>Medical Authority Signature</b>	<b>Date</b>

<b>Part 4:</b>	
<b>Parent/Guardian/Participant/Representative Signature</b>	<b>Date</b>

<b>Part 5:</b>	
<b>Child Nutrition Program Signature</b>	<b>Date</b>

**Health Insurance Portability and Accountability Act Waiver**  
 In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act, I hereby authorize \_\_\_\_\_ (medical authority) to release such protected health information of the participant as is necessary for the specific purpose of Special Diet information to \_\_\_\_\_ (center/program), and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning the participant with the childcare/ adult care center as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for the participant. I understand that permission to release this information may be rescinded at any time except when the information has already been released. My permission to release this information will expire on \_\_\_\_\_ (date). This information is to be released for the specific purpose of Special Diet information.

The undersigned certifies that he/she is the participant or is the parent, guardian, or representative of the participant listed on this document and has the legal authority to sign on behalf of that person.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I am the (circle one): Parent Guardian Participant Representative of the Participant**  
 (Signing this section is optional, but may prevent delays by allowing us to speak with the physician)

Please have parent/guardian review form annually and initial/date if no changes are required. Any changes require submission of a new form signed by the Physician/Medical Authority.

Parent confirmed no change in diet order: \_\_\_\_ Date \_\_\_\_\_ \_\_\_\_ Date \_\_\_\_\_ \_\_\_\_ Date \_\_\_\_\_

**A copy of this form must be kept on site for all sponsors of the Child and Adult Care Nutrition Program.**

## Accommodating Participants with Special Dietary Needs in the Child Nutrition Programs

### Accommodating Participants with Disabling Special Dietary Needs

Sponsors participating in a federal Child Nutrition Program, including the Child and Adult Care Food Program, are required to make accommodations for participants who are unable to eat program meals because of a *disability that restricts their diet*. In order to make modifications or substitutions to the meal, sponsors must have a written Medical Statement on file that is signed by a State recognized medical authority (licensed physician, physician assistant, certified registered nurse practitioner, or dentist). The statement must identify:

- The participant’s disability;
- An explanation of why the disability restricts their diet;
- The major life activity affected by the disability;
- The food(s) to be omitted from the participant’s diet; *and*
- The food or choice of foods that must be provided as the substitute.

### Accommodating Participants with Non-Disabling Special Dietary Needs

Sponsors may, at their discretion, make substitutions for participants who have a special dietary need that does not meet the definition of disability. Examples include food intolerances or allergies that do not cause life-threatening reactions. The decision to accommodate a participant’s special dietary need can be determined on a case-by-case basis; however, the sponsor should remain consistent with accommodating special dietary needs. In order to make modifications or substitutions to the reimbursable meal, sponsors must have a written Medical Statement signed by a State recognized medical authority (licensed physician, physician assistant, certified registered nurse practitioner, or dentist) identifying the following:

- The medical or other special dietary condition that restricts the participant’s diet;
- The food or foods to be omitted from the participant’s diet; *and*
- The food or choice of foods to be substituted.

### Fluid Milk Substitutions for Participants with Non-Disabling Special Dietary Needs

For participants with *non-disabling* special dietary needs that restrict their intake of fluid milk, the following applies:

- Parents/guardians or a recognized medical authority (physician, physician assistant, certified registered nurse practitioner, or dentist) may request a fluid milk substitute for a participant with a non-disabling medical dietary need, such as lactose intolerance, or due to cultural, religious or ethnic beliefs. The request must be made in writing. Adult participants (or their authorized representative) may make a written request on their own behalf.
- The written request must identify the participant’s medical or special dietary need that prevents them from consuming cow’s milk. Specifically referring to milk substitutions, a “special dietary need” can refer to cultural, ethnic, or religious needs, as well as medical needs.
- Juice and water are not allowable substitutes for fluid milk as part of the reimbursable meal for non-disabling special dietary needs.
- Nondairy beverages offered as a fluid milk substitute must be nutritionally equivalent to milk, and at a minimum contain the following nutrient levels per cup (8 fluid ounces) to qualify as an acceptable milk substitution for non-disabling special dietary needs (7 CFR 226.20(g)(3)):

Calcium 276 mg	Vitamin D 100 IU	Potassium 349 mg
Protein 8 g	Magnesium 24 mg	Riboflavin 0.44 mg
Vitamin A 500 IU	Phosphorus 222 mg	Vitamin B-12 1.1 mcg

### **USDA Fluid Milk Requirements for the Child and Adult Care Food Program:**

- One year old children are served whole milk. Breast milk is considered an allowable fluid milk substitute for children of any age if a mother chooses to breastfeed her child past one year of age.
- Children two years old and older and adults are served low-fat (1% milkfat or lower) or fat-free (skim) milk.

### **Parent/Guardian/Adult Participant Responsibility:**

- Notify the childcare/adult care provider of any food allergy, disability or special dietary need.
- Provide a Medical Statement completed by a State recognized medical authority (disabling or non-disabling special dietary need), or a written request by the adult participant or parent/guardian of child participant (non-disabling special dietary need for milk substitution only).
- Participate in any meetings or discussions regarding the participant's meal plan. Maintain a healthy line of communication with the childcare/adult care center.
- Notify the childcare/adult care provider of any changes relating to the special dietary need. (A new Medical Statement is required if the diet changes.)
- For non-disabling milk substitutions at centers where milk substitutes are not provided, parents/participants may opt to provide a nutritionally equivalent nondairy substitute for a participant with an approved milk substitution request, provided that the nondairy substitute meets the federal guidelines listed at the bottom of page 3 of this document. Parents/participants should consult with their provider for guidance on acceptable products.

### **Childcare/Adult Care Center's Responsibility:**

- Provide food substitutions for the participant according to the Medical Statement. Substitutions are made at the expense of the center and are required for disabling special dietary needs. The provider or childcare staff may not revise or change a diet prescription or medical order.
- Provide training to personnel on how to properly accommodate participants with special dietary needs.
- Communicate with parents/guardians, adult participants, staff, and medical authorities regarding diet modifications.
- Maintain a Medical Statement (or written request for non-disabling milk substitutions) on each participant with a special dietary need. Diet orders are not required to be renewed on a yearly basis; however, PDE recommends that sponsors confirm, on a yearly basis, that the diet order has not changed. If there are any changes to the diet, a new Medical Statement is required.
- If the center opts to make a milk substitute available for non-disabling dietary needs, ensure the product meets the USDA nutrient standards for a milk substitute. Contact the Division of Food and Nutrition for any assistance you may need.

### **Additional Resources:**

- **CDC's Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs:**  
[http://www.cdc.gov/healthyyouth/foodallergies/pdf/13\\_243135\\_a\\_food\\_allergy\\_web\\_508.pdf](http://www.cdc.gov/healthyyouth/foodallergies/pdf/13_243135_a_food_allergy_web_508.pdf)
- **USDA Memo CACFP 17-2016**, *Nutrition Requirements for Fluid Milk and Fluid Milk Substitutions in the Child and Adult Care Food Program, Questions and Answers*, July 14, 2016.
- **Institute for Child Nutrition** food allergy resource page:  
<http://www.theicn.org/ResourceOverview.aspx?ID=428>
- **FARE (Food Allergy & Research Education):** <http://www.foodallergy.org/>
- **FARE** handouts on how to read food labels: <http://www.foodallergy.org/document.doc?id=133>

### **Additional Contact Information:**

- Contact the Pennsylvania Department of Education, Division of Food and Nutrition with questions regarding accommodating participants with special dietary needs in the federal Child Nutrition Programs at 1-800-331-0129.