



Special Dietary Needs Tracking Form

CACFP program staff complete this form

Family day care home providers must complete this form for each child served menu substitutions. *Sponsors may assist as needed.* The sponsor and provider must keep this child's form and applicable documents, as specified, on file.

Section I: Disability (below) - Complete when a child has an impairment that restricts eating and/or feeding and a valid medical statement signed by a State licensed healthcare professional (physician, physician assistant, nurse practitioner (APNP), dentist, optometrist, podiatrist) is on file.

Section II: Non-disability Special Dietary Need (back of this page) - Complete when:

- A child'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)
 - Statement from a licensed health care professional that specifies a family's dietary preference, not a disability (e.g., statement indicates the child may drink rice milk per parent)

Section I: Disability

Complete this entire page. Check off each box when the action is completed.

Provider's Name: _____ Provider Number: _____

Child's Name: _____

- This child 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, nurse practitioner (APNP), dentist, optometrist, podiatrist)

ACCOMMODATION(S)

The provider must offer reasonable modification(s) as specified on the medical statement.

- List substitution(s)/modification(s) offered by the provider: _____
- Choose One. Child's family:
 - Accepts provider's accommodation(s)
 - Declines provider's accommodation(s) and chooses to supply:

CLAIMING MEALS

Claim meals when the provider:

- ✓ Has made reasonable modification(s) according to the medical statement
- ✓ Supplies modification or family chooses to supply modification. Provider must supply at least one component.

Do not claim meals when:

- ✓ Family chooses to supply all foods (the provider is not supplying any components)

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

Comments:

FDCH Sponsor Use Only

- Sponsor reviewed written request and completed SDN Tracking Form with provider
- Sponsor noted claimable meals for verification and monitoring purposes
- Both sponsor and provider has copy of sponsor-approved SDN Tracking Form on file

Staff Initials:

Approval Date:



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Section II: Non-disability Special Dietary Need (SDN) Request

Complete this entire page. Check off each box when the action is completed.

Provider's Name: _____ Provider Number: _____

Child's Name: _____

- This Child has a non-disability request (check all that apply):
 - Religious Ethnic Lifestyle preference (circle: vegetarian, organic) Other: _____
- Attached is a written statement from the family, DCF Health History form, or medical statement not valid for a disability that:
 - Identifies the non-disability request, including foods not to be served and allowable substitutions
 - Includes a statement that the family chooses to provide foods (if applicable)

MEAL SUBSTITUTION(S)

- List specific food item(s) the provider chooses to substitute:
 - Meals and food substitutions must meet meal pattern requirements. If a meal or 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
- List specific food item(s) supplied by the family:
 - A family may choose to supply one creditable component of a meal or snack
 - Providers must ensure the food item supplied by the family is creditable
 - If the family supplies more than one component or a food substitution that is not creditable, **do not claim** that meal/snack
- 1. _____ CACFP creditable: Yes No
- 2. _____ CACFP creditable: Yes No
- 3. _____ CACFP creditable: Yes No

A common non-disability request is to serve a non-creditable beverage in place of cow's milk. These include non-dairy beverages not nutritionally equivalent to cow's milk such as almond, cashew, coconut, hemp, oat, rice, and some soy milks; 2% milk; and water. **When one of these beverages is 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

Claim meals when:

- Substituted foods and beverages are creditable to the meal pattern
- All other required meal/snack components are supplied by the provider
- The family supplies **no more than one creditable** component at a meal/snack

Do not claim meals when:

- The family supplies **more than one component**
- Non-creditable food(s) or beverage(s) are served (including provider-supplied and family-supplied)

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

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Staff Initials: _____ Approval Date: _____