



Special Dietary Needs Tracking Form

Only FDCH providers and sponsors 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 registered dietitian or one of the following State licensed healthcare professionals is on file: physician, physician assistant, nurse practitioner with an APNP certificate/credential, dentist, optometrist, podiatrist.

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

- A child's family requests meal substitutions for reasons not due to a disability
- A medical statement not valid for a disability is provided. Examples:
 - Statement from a health care professional not identified in *Section 1: Disability* (e.g., nurse without APNP certificate/credentials, chiropractor)
 - Statement from a registered dietitian or State licensed health care professional identified in *Section 1: Disability* that specifies a family's dietary preference t(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 of physician, physician assistant, nurse practitioner with an APNP certificate, dentist, optometrist, podiatrist or registered dietitian

ACCOMMODATION(S): Provider must offer reasonable modifications 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 modifications according to the medical statement and supplies the modifications or at least one meal component when the family chooses to supply modification.

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

Comments: _____

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