


Welcome to Tuesday Talks! Today we're going to talk about some important aspects of accommodating Special Dietary Needs requests in the CACFP.

Webinar Takeaways

- 
1. When a medical statement is required
 2. Must offer modification(s) to accommodate a disability
 3. When meals served for non-disability requests cannot be claimed
 4. Special Dietary Needs Tracking Form

 [Guidance Memorandum #12](#)



Today, we want you to walk away knowing these important points about Special Dietary Needs:

1. When a valid medical statement is required to be on file
2. That programs must offer meal modifications when a special diet request is due to a disability supported by a valid medical statement
3. When meals served for non-disability requests cannot be claimed, and
4. How to complete the Special Dietary Needs Tracking Form

We will go into these points in more detail.

All Special Dietary Needs information is under the Special Dietary Needs section of Guidance Memorandum 12.

Terminology

	
<h2>Disability</h2> <p>Physical or mental impairment that limits a major life activity</p> <ul style="list-style-type: none">• Food intolerance• Food allergy• Metabolic Disorder	<h2>Non-Disability</h2> <p>Eating or eliminating certain foods due to a general health concern and/or preference</p> <ul style="list-style-type: none">• Religious, ethnic, lifestyle preference (organic, vegetarian)• Health belief

First let's review some special dietary needs terminology.

In the CACFP, a disability is a physical or mental impairment that substantially limits one or more major life activities. The impairment does not need to be life threatening. Common disabilities in the CACFP include food intolerances, food allergies, and metabolic disorders.

A non-disability is eating certain foods or eliminating foods from the diet due to a general health concern and/or personal preference. This includes eating certain foods due to religion, ethnic background, lifestyle preference, such as eating organic or vegetarian, and general health beliefs; for example, it is a parent's belief that their child should not drink milk because of health reasons.

When a Medical Statement is Required



Meals that do not meet meal pattern requirements to accommodate a disability



Meals that do not contain required components or include non-creditable foods



Required to claim these meals

Now let's talk about when a medical statement is required to be on file.

- A valid medical statement must be on file when serving a meal that does not meet meal pattern requirements to accommodate a disability.
- This includes meals that do not contain all required components or meals that include non-creditable foods.
- The medical statement is required for the program to claim these meals.

A medical statement is not required for a disability when a program makes accommodations within meal pattern requirements, meaning the substitution is a creditable food and all required meal components are served. For example, serving lactose-free milk (which is a creditable milk) to a participant who has lactose intolerance.

Valid Medical Statement



- **Description of impairment**
- **How to accommodate the impairment**
- **Signed by licensed healthcare professional authorized to write medical prescriptions**
 - Physician, advanced nurse practitioner, physician assistant

When a statement is unclear, obtain clarification so proper and safe meal can be provided

A valid medical statement includes the following information:

- Description of the impairment (or reason for request). This must identify, in some way, why the participant must be accommodated due to a physical or mental impairment. Examples are “participant is lactose intolerant,” or “participant cannot eat foods with gluten due to digestive issues.”
- The statement must also include how to accommodate the impairment. This must identify the foods to be avoided and appropriate substitutions that can be served to the participant.
- Last, a valid medical statement must be signed by a state licensed healthcare professional authorized to write medical prescriptions. In WI this is a physician, advanced nurse practitioner, or a physician assistant.

When a medical statement is unclear, or lacks sufficient detail, programs must obtain appropriate clarification so that a proper and safe meal can be provided. For example, if the statement just says the child is lactose intolerant but does not indicate what to serve in place of milk, you will want to get more information on what to serve the child.

Another example is when the request is more complex, such as the request to not serve a participant eggs. A medical professional should provide information on the extent that the allergen should be avoided. For example, some participants cannot eat whole eggs but can have eggs baked into other foods, while other participants cannot consume foods with eggs as an ingredient

Valid Medical Statement

<p>WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION</p> <p style="text-align: center;">Medical Statement</p> <p style="text-align: right;">CACFP</p> <p>A State Licensed Healthcare Professional (in WI these are Physician, Physician Assistant, or Nurse Practitioner (APNP)) must complete Parts 2, 3, and 4 and sign this form.</p> <p>PART 1. PARTICIPANT INFORMATION</p> <p>Participant's First and Last Name _____ Date of Birth _____</p> <p>Name of Agency/Care Provider _____</p> <p>Name of Parents/Guardian _____ Telephone Number _____</p> <p>PART 2. PURPOSE FOR REQUEST</p> <p>Participant has a physical or mental impairment that limits one or more major life activities (includes eating, breathing, digestive and respiratory functions, etc.) and requires a special meal or accommodation.</p> <p>The impairment(s) or reason(s) for request (e.g. food allergy/ intolerance, etc.): _____</p> <p>PART 3. COMPLETE ALL SECTIONS BELOW THAT ARE APPLICABLE</p> <p>3A: How to accommodate the impairment(s) (or attach specific diet order instructions): _____</p> <table border="1"> <tr> <td>3B: Food(s) to be Omitted</td> <td>3B: Food(s) to be Substituted</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p>3C: Texture Modification (Complete if needed)</p> <p><input type="checkbox"/> Pureed <input type="checkbox"/> Ground <input type="checkbox"/> Bite-Size Pieces <input type="checkbox"/> Other (specify): _____</p> <p>PART 4. SIGNATURES</p> <p>Signature of Physician, Physician Assistant, or Nurse Practitioner (APNP) _____ Date: _____</p> <p>Printed Name of Physician, Physician Assistant, or Nurse Practitioner (APNP) _____ Phone Number: _____</p> <p>Medical Office Name and Address: _____</p>	3B: Food(s) to be Omitted	3B: Food(s) to be Substituted					<p>DEPARTMENT OF CHILDREN AND FAMILIES</p> <p style="text-align: center;">CHILD HEALTH REPORT – CHILD CARE CENTERS</p> <p><small>Use of form: Use of this form is voluntary, however, completion of this form meets the requirements of DCF 202.08(4), DCF 202.08(5)(a), and DCF 202.08(5)(b). Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes (Primary Law s. 15.04(1)(b), Wisconsin Statutes).</small></p> <p><small>Instructions: Each child under 3 years of age shall have an initial health examination not more than 6 months prior to her later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Each child 2 years of age shall have a test 2 years of age or child shall have an initial health examination not more than one year prior to her later than 3 months after being admitted to center and follow-up health examinations at least once every 2 years thereafter. The parent/guardian shall give the form to the physician, physician assistant, or other EPSCDF provider to be completed, signed, and dated. The licensed operator shall obtain a copy for the child's record. Note: Children are also required to have an file at the child care center documentation of immunizations. It may be helpful if the parent/guardian includes a copy of the child's immunization record when submitting this form to the child care center.</small></p> <p>PARENT OR GUARDIAN - This section should be completed by the parent or guardian.</p> <p>Child's Name (Last, First, MI) _____ Child's Birthdate (mm/dd/yyyy) _____</p> <p>Child's Address (Street, City, State, Zip Code) _____</p> <p>Parent or Guardian Name (Last, First, MI) _____</p> <p>Parent or Guardian Address (Street, City, State, Zip Code) _____</p> <p>HEALTH PROFESSIONAL - This section should be completed by the health professional.</p> <p><small>Instructions for feeding and care of child with special health concerns - Specify (attach information as necessary):</small></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does the child have a milk allergy? If "Yes," identify the recommended milk substitute.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does this child have any food or non-food allergies? If "Yes," specify and include the treatment plan to be implemented in the event of an allergic reaction.</p> <p>Date of child's most recent blood lead test: _____ (mm/dd/yyyy)</p> <p><small>Note: Children on Medicaid are required to be tested at intervals (ages 12 months and 24 months) or once between the ages of 3 and 5 years. If no previous test is documented, lead testing is optional for children who are not on Medicaid.</small></p> <p><small>Immunization: child to be administered to child age in medical history: "Specify"</small></p> <p>AUTHORIZATION</p> <p>I certify that I have examined the above child on this date and that he/she is able to participate in child care activities.</p> <p>Name - MD, PA, or other EPSCDF Provider (type or print) _____ Address (Street, City, State, Zip Code) _____</p> <p>SIGNATURE - MD, PA, or other EPSCDF Provider _____ Date of Examination _____</p>	<p>Medical Clinics of Wisconsin 555 Water Street Madison, WI 12345</p> <p>November 15, 2015</p> <p>Patient: Jackson Foster DOB: 11/14/2018 Date of Visit: 11/15/2020</p> <p>To Whom It May Concern:</p> <p>Jackson Foster was seen in my clinic for a well child visit. He has been diagnosed with lactose intolerance. He should be served coconut milk in place of cow's milk. He can have all other types of dairy products.</p> <p>If you have any questions or concerns, please do not hesitate to call.</p> <p>Sincerely, <i>Eloise McCallister</i> Eloise McCallister, MD</p>
3B: Food(s) to be Omitted	3B: Food(s) to be Substituted							

The DPI has a medical statement that can be given to participants to take to their healthcare provider to complete. This is shown on this slide. It can be found under the special dietary needs section of GM 12. Also acceptable is the DCF Child Health Report, or a letter from the participant's healthcare professional's office, provided all required information for a valid medical statement is included.

Example Medical Statement

Medical Statement

A State Licensed Healthcare Professional (in WI these are Physician, Physician Assistant, or Nurse Practitioner (APNP)) must complete Parts 2, 3, and 4 and sign this form.

PART 1: PARTICIPANT INFORMATION

Participant's First and Last Name: Monique Jones Date of Birth: 6/15/2018
 Name of Agency/Care Provider: Children's Fun House
 Name of Parent/Guardian: Cheryl Jones Telephone Number: (608) 555-1228

PART 2: PURPOSE FOR REQUEST

Participant has a physical or mental impairment that limits one or more major life activities (includes eating, breathing, digestive and respiratory functions, etc.) and requires a special meal or accommodation.
 The impairment(s) or reason(s) for request (e.g. food allergy/ intolerance, etc.):
Monique is lactose intolerant and cannot drink cow's milk

PART 3: COMPLETE ALL SECTIONS BELOW THAT ARE APPLICABLE

3A: How to accommodate the impairment(s) (or attach specific diet order instructions):
Serve Monique almond milk

3B: Food(s) to be Omitted: Cow's milk Food(s) to be Substituted: Almond milk

3C: Texture Modification (Complete if needed)
 Pureed Ground Bite-Size Pieces Other (specify):

PART 4: SIGNATURES

Signature of Physician, Physician Assistant, or Nurse Practitioner (APNP): Michael Smith Date: 7/15/2021
 Printed Name of Physician, Physician Assistant, or Nurse Practitioner (APNP): Michael Smith, MD Phone Number: (608) 555-9852
 Medical Office Name and Address: Medical Group of Dane County
 1200 Medical Circle
 Madison, WI 53711

- Non-creditable beverage
- Valid medical statement
- Program can claim meals/snacks

Description of impairment

How to accommodate

Signed by licensed healthcare professional

Let's go through an example of a valid medical statement. This participant is lactose intolerant.

The statement identifies:

- A description of the impairment: *Monique is lactose intolerant and cannot drink cow's milk.*
- How to accommodate the impairment: *Serve Monique almond milk.*

Last, the statement is signed by a state licensed healthcare professional.

The statement indicates Monique is to be served almond milk, which is a non-creditable beverage. However, because the program has a valid medical statement on file for a disability, the program can claim all meals and snacks served to Monique when she is served almond milk.

Invalid Medical Statement for Disability

PART 1: PARTICIPANT INFORMATION	
Participant's First and Last Name	Sam Parker
Date of Birth	9/1/2017
Name of Agency/Care Provider	Children's Fun House
Name of Parent/Guardian	Bob Parker
Telephone Number	(608) 555-9715
PART 2: PURPOSE FOR REQUEST	
Participant has a physical or mental impairment that limits one or more major life activities (includes eating, breathing, digestive and respiratory functions, etc.) and requires a special meal or accommodation.	
The impairment(s) or reason(s) for request (e.g. food allergy/intolerance, etc.):	
Sam can drink almond milk	
PART 3: COMPLETE ALL SECTIONS BELOW THAT ARE APPLICABLE	
3A: How to accommodate the impairment(s) (or attach specific diet order instructions):	
Serve Sam almond milk	
3B: Food(s) to be Omitted	3B: Food(s) to be Substituted
Cow's milk	Almond milk



- Non-creditable beverage
- Invalid medical statement
- Program cannot claim meals and snacks

- General statement
- Does not identify a disability

In comparison, you may receive medical statements from families that are not valid for a disability. For example, a medical statement may be written in support of a family's eating preference but does not identify a disability and only includes general instructions to serve a non-creditable food item. If the medical statement does not identify the participant has a disability, a program cannot claim meals that include non-creditable foods or meals that do not meet meal pattern requirements.

In the example statement on the slide, the statement indicates *Sam can drink almond milk*. It does not identify that he has a disability.

If the program serves almond milk (which is a non-creditable beverage) to this participant, the program cannot claim this participant's meals for reimbursement.

Must Offer Modifications for Disabilities



Program must make reasonable modifications



Refer to medical statement



Not required to provide exact modification requested, must determine a reasonable modification



May never require family to provide modification

Next, when there is a valid medical statement on file, programs must make reasonable modifications to meals at no extra charge, to effectively accommodate the disability. Doing so provides the participant equal opportunity to participate in the CACFP.

To understand how to accommodate the disability, refer to the written medical statement.

Programs are not required to provide the exact modification requested; however, you must work with the family to determine a reasonable modification. For example, a program is not required to provide a particular brand name but must offer a substitute that does not contain the specific allergen.

Programs may never require the family to provide the accommodation. However, families can choose to decline an appropriate accommodation made by the program and provide the substitutions.

Examples of Accommodating Disabilities

Serve Substitutions



Foods specified to accommodate disability

Read Food Labels



Ensure foods do not contain allergen

Menu Items



Prepare alternate food items

Here are some examples of ways programs can accommodate disability requests:

- Serve an appropriate food substitution. For example, serve a specified milk substitute to accommodate lactose intolerance, or gluten free foods to accommodate celiac.
- Read food labels to ensure foods do not contain an allergen, for example, a participant with an egg allergy is not served foods containing eggs.
- Prepare and serve different menu items. For example, a program can serve a participant with an egg allergy a tofu scramble or yogurt in place of an egg bake.

Again, meals served for disability reasons can be claimed, even when meals do not meet meal pattern requirements, when supported with a valid medical statement.

Claiming Meals for Non-disability Requests



Next, let's discuss serving meals for non-disability requests and when meals can and cannot be claimed. Remember, non-disability requests are due to eating or eliminating specific foods for personal reasons such as religious, ethnic, or lifestyle preference, for example eating organic or vegetarian. They also include other health reasons that are not supported by a valid medical statement.

Non-Disability Requests



Programs not required, encouraged to accommodate



Families may provide one creditable component



Accommodations must be creditable & all components served



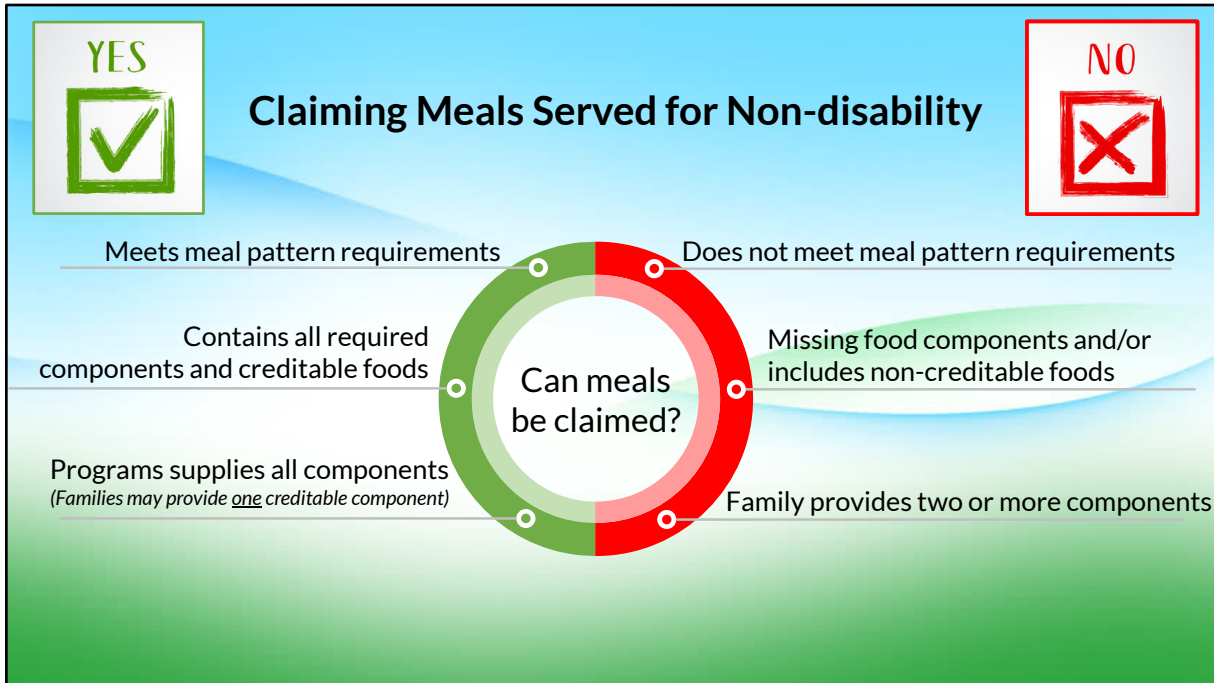
Does not include picky eaters

Programs are not required, but are encouraged, to accommodate non-disability requests and make substitutions.

Families may provide one creditable component for non-disability reasons.

All accommodations made for non-disability requests must be creditable and all required components must be served.

Last, non-disability special dietary needs requests are not intended to accommodate picky eaters by allowing families to provide meal substitutions to replace something their child doesn't like. Programs must serve the participant a complete meal with all required components, and families can provide items to be served in addition to the reimbursable meal.



Now let's go over when meals served for non-disability requests can and cannot be claimed.

- Meals can be claimed when the meal meets CACFP meal pattern requirements.
- Meals cannot be claimed when the meal does not meet CACFP meal pattern requirements.
- More specifically, meals can be claimed when the meal contains all required components and creditable foods.
- Meals cannot be claimed when missing required food components and/or the meal includes non-creditable foods.
- Last, meals can be claimed when the program supplies all components of the meal, or the family provides one creditable component.
- Meals cannot be claimed when the family provides two or more components.

Non-Disability Meals That Cannot Be Claimed



Serving a non-creditable non-dairy beverage



Family provides a non-creditable food item



Omitting a component



Serving water or juice in place of milk

Here are some examples of non-disability request meal accommodations that cannot be claimed.

- When a participant is served a non-creditable non-dairy beverage, such as almond milk, coconut milk, cashew milk, or oat milk.
- When the family provides a non-creditable food item, such as a meatless burger that is not credited with a child nutrition label or product formulation statement.
- When omitting a component altogether, such as the grains component, or
- When serving water or juice in place of milk.

Do Not Include in Meal Counts



When a participant is served a non-creditable meal to accommodate a non-disability request, their meal cannot be claimed and must not be counted in the meal count. For example, on this slide there are 7 children at this table eating a meal. The one child circled in green has been served a breakfast without milk due to family preference. Because the child's meal does not include all required components, the child's meal cannot be claimed. In this situation, you can claim 6 breakfasts, not 7 for this table. Or, if meal counts are recorded by child, such as on the Greater than 3 meal count form, this child is not marked for meals.

Special Dietary Needs Tracking Form

Required for each participant with meal substitution(s)

Why?

- Document meal accommodations
- Identify when meals can and cannot be claimed
- Staff communication

Last, let's go over the Special Dietary Needs Tracking Form.

This form must be completed for each participant served a meal substitution due to a disability or non-disability request.

This is required to:

- Document accommodations made to meals for disability and non-disability requests
- Identify when meals can and cannot be claimed, and
- Document that this information was communicated to staff

Special Dietary Needs Tracking Form



Staff complete form



Annual updates not required



Not required when request is for food not served

The Special Dietary Needs Tracking Form is an internal form. Program staff complete it. Do not have families or medical professionals complete this form.

You are not required to update this form annually. Only when changes occur do you need to update the form.

This form is not required when the request is to not serve a participant a food that your program does not serve. For example, if the request is to not serve a participant peanuts or peanut butter, but your program never serves these foods.

Section I: Disability

Confirm disability and attach medical statement

Document accommodation offered and family choice to accept or decline

Check meals that can be claimed and communication with staff

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:
 - 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 Monique Jones Date form completed 1/19/XX

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
Great Value Almond Milk
- 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: 1/19/XX

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)

Let's go through how to complete the Special Dietary Needs Tracking Form.

Section 1 of the tracking form is to be completed when the request is due to a disability. Read all information in this section, check off all boxes, and document the required information.

This includes:

- Confirming the participant has a disability and attaching the medical statement to the form.
- Documenting the substitution or modification offered by the program and indicating if the family accepts or declines the accommodation. If the family declines, you must document what the family chooses to provide as the accommodation.
- Last, you must indicate meals that can be claimed by the program, and when the participant's meal modifications were communicated with applicable staff. You must also discuss with staff when meals can and cannot be claimed.

Section II: Non-disability

Reason for request
Attach family statement

Document substitutions and who provides

Creditable or not creditable

Meals to claim
Staff communication

Participant's Name Sam Parker Date form completed 1/19/XX

Section II: Non-disability special dietary need (SDN) request
Complete this entire page. Check off boxes when action is completed.

Participant has a non-disability request (check all that apply):
 Religious Ethnic Lifestyle preference (circle: vegetarian, organic) Other: Personal preference

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)

List specific food item(s) the program chooses to substitute:
 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

List specific food item(s) provided by the family:
 A family may choose to provide one creditable component
 Programs must ensure that food provided by the family meets meal pattern requirements
 if the family provides more than one component or 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

Check meal(s) that can be claimed:
 Breakfast Lunch/Supper Snacks
 Snacks when milk is not served as 1 of 2 components

Discuss participant's meal modifications with staff, including when meals can and cannot be claimed. Record date discussed with staff:
1/19/XX

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 patterns with a Child Nutrition (CN) Label or Product Formulation Statement (PFS)

Claim meals when:
 Substituted foods and beverages are creditable to the meal pattern
 All other required meal/snack components are provided by the program
 Family provides no more than one creditable component at a meal/snack

Do not claim meals when:
 Family provides more than one component
 Non-creditable food(s) are served (this includes program-provided and family-provided)

Section 2 of the tracking form is to be completed when the request is due to a non-disability. Read and check off all boxes and document the required information.

This includes:

- Documenting the reason for the request and attaching the written statement from the family to the form.
- Documenting substitutions or modifications made. This includes who is providing the substitutions, the program or the family, and indicating if the substitutions or modifications are creditable to the CACFP.
- Last, you must indicate which meals can be claimed by the program and when the participant's meal modifications were communicated with applicable staff. You must also discuss with staff when meals can and cannot be claimed.

This Special Dietary Needs tracking form on this slide is an example for a participant with a personal preference request. Sam's family does not want him to drink regular milk and is providing almond milk, which is not creditable. Breakfasts and lunches served to Sam cannot be claimed because milk is a required component and Sam is being served a non-creditable substitute. Snack may be claimed when almond milk is not served as one of the 2 components. It was documented that staff were notified of this information, so they know what to serve Sam and know when not to claim Sam's meals.

Resources



[12: Special Dietary Needs](#)

[CACFP Special Dietary Needs Tracking Form](#)

[Special Dietary Needs and the CACFP](#)

[Determining if Meal Modifications Are Required Flowchart](#)

[Statement for Special Dietary Need Request Flowchart](#)

[Medical Statement Template](#)

[Creditable Non-Dairy Beverages](#)



[www.GuidanceMemorandum#12](#)

This is the end of the presentation portion of the webinar. We covered a lot of information about special dietary needs in a short amount of time. For guidance and additional resources to help you manage special dietary needs requests in your program, go to the Special Dietary Needs section of Guidance Memorandum 12.

E-Learning Course: Special Dietary Needs Requests Lesson

CACFP E-Learning Courses



The E-Learning courses below include lessons on CACFP requirements applicable to each type of program. Click on your program below.

[Child Care Centers, Outside of School Hours, Emergency Shelters, and Head Starts](#)

[Adult Day Centers](#)

[At-Risk Afterschool Centers](#)

[Family Day Care Homes](#)

☰ [CACFP Meal Pattern \(1-18 years\)](#)

☰ [Special Dietary Needs Requests](#)

☰ [Production Records](#)

☰ [Meal Service Styles](#)

www.cacfp.org [CACFP E-Learning Course](#)

There is also more information in the Special Dietary Needs Requests lesson in the CACFP E-Learning Course. The link to access the E-Learning courses is on this slide.

CACFP Consultants

Contact
consultant with
questions



www.CACFPConsultantsbyCounty

Last, anytime you have questions about special dietary needs at your program, or about the CACFP in general, please reach out to your assigned consultant. You can find your agency's consultant at the *Consultants by County* link on this slide.

The live webinar included time for questions and to complete a survey. These slides were omitted from this handout. Only individuals who attended the live webinar event are able to complete the survey and receive a Registry Certificate.

Next CACFP Tuesday Talks



Financial Management

March 16

2:00 – 2:30 p.m.

Our next Tuesday Talks is scheduled for March 16th from 2:00- 2:30 and will be on Financial Management. This is applicable to all programs except for family daycare home sponsoring organizations and family daycare home providers.

Non-Discrimination Statement (NDS)

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.



Thank you for attending today's CACFP Tuesday Talks. The webinar was recorded and the link will be posted on the Tuesday Talks webpage, along with a handout of the slides and notes.