

**Day Care Resources, Inc.**

PO Box 128 Pekin IL 61555-0128

(309) 925-2274

USDA Child and Adult Care Food Program (CACFP) Sponsor

Rev. 2/2026**Please send completed forms to:** (Fax) (309) 925-7833 **OR** info@dcrrhome.org**Medical* Statement for Meal Pattern Accommodations**

This facility participates in the USDA Child and Adult Care Food Program (CACFP) and must follow federal meal patterns. Visit www.daycareresources.org/info-and-resources/forms to see the Meal Pattern for Children OR Infant Meal Pattern.

Child's Name	Date of Birth	Date
Child Care Facility Name	Address (Street, City, State, Zip Code)	

1. Please list the food/beverage/Ingredients to avoid **AND** what to serve instead (*attach info if needed, such as menus*):
Avoid: _____ **Serve this instead:** _____

Changes to the meal pattern can ONLY be reimbursed due to a disability OR physical OR mental impairment according to ADA Amendments of 2008.

2. This change is being requested due to a: (Choose "Choice" or "Medical Need" below.)

☐ **Parent (or Provider) Choice. Reason:** _____
*All requested substitutions **MUST** meet the meal patterns for a choice/lifestyle preference (vegetarian, religious, cultural, etc).*
• If a facility chooses to offer creditable milk substitutions, they must be available to all kids whose parent/guardian requests them.
*• Parents can choose to provide **one** creditable item for their child due to a choice.*

 Signature of Parent/Guardian Typed/Printed Name of Parent/Guardian Date

OR ☐ **Medical Need.** *For child care facilities to get credit for foods that are not normally allowed/creditable, a child's physician* **MUST** document a **physical or mental impairment which limits a major bodily function or major life activity OR disability**. See examples on p.2. Facilities are **required** to make reasonable accommodations due to a disability/impairment. Parents can provide some items for medical reasons, as long as the facility supplies at least one required meal component.*

a. List the impairment or disability: _____

b. How does the impairment/disability restrict this child's diet? (*For allergies, list possible reactions or symptoms if ingested*): _____

c. Other modifications needed for this child: _____
(ex. timing of meals, special equipment, pureed foods, etc.)

 Signature of Medical Authority* Typed/Printed Name Date Medical Ph #/ Fax #

☐ I agree to release special diet information to DCR and my child care program to accommodate my child's dietary needs.
 See "Voluntary Authorization" statement on page 2.

 Signature of Parent/Guardian Date
(to share this form with day care)

**Form must be signed by a health care professional authorized to write medical prescriptions (including diet prescriptions) in Illinois.*

FOR DAY CARE RESOURCES USE ONLY:**NOTES:**

- ☐ Form received on: _____
- ☐ Form denied due to: _____
- ☐ Form approved as of: _____

Date_____
Approval Signature - Registered Dietitian (RD), Licensed Dietitian Nutritionist (LDN), Day Care Resources, Inc.

Examples:

Here are some common reasons medical modifications to the meal patterns are needed.

- **Low-nutrient milk is prescribed.** To count as a milk substitute, one cup of non-dairy milk must have 8 g protein, 2.5 mcg Vitamin D, 276 mg Calcium, 349 mg Potassium, 150 mcg Vitamin A, 0.44 mg Riboflavin, 1.1 mcg Vitamin B-12, 222 mg Phosphorus, and 24 mg Magnesium. A medical statement documenting a disability/impairment is required to claim milks that do **NOT** meet these guidelines, like **almond** milk, **oat** milk, **coconut** milk, **flax** milk, **rice** milk, **hemp** milk, or **cashew** milk.
- **A 0-11 month old needs an FDA Exempt Infant Formula.** Exempt formulas are made for infants that are on a special diet. This includes hypoallergenic formulas, preemie formulas, amino acid based formulas, and elemental formulas.
- **Gluten free grain products are necessary.** Gluten-Free (GF) foods, such as GF crackers and GF breads, are often high in added starches and may not contain the required 16 grams of allowable/creditable grains in a 28 gram portion. A medical statement is required to allow exceptions to the rules.
- **Low or limited carbohydrate eating plans are required.** These plans may require a site to skip or substitute some meal components. For example, a child who is limited to 15 grams of carbohydrate at a meal would not be able to receive all required components, since one grain and one milk serving would exceed 15 grams carbohydrate (ex. 1 slice bread (15 g carbs) + 1 cup milk (11 g carbs) = 26 g carbs).

Voluntary Authorization:

In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Family Educational Rights and Privacy Act (FERPA), by signing above, I (the parent/guardian) authorize my child's medical provider to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to Day Care Resources and I consent to allow the recognized medical authority to exchange the information listed on this form and in my child's records with the child care program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet accommodation for my child. I understand that I may rescind permission to release this information at any time, except when the information has already been released.

USDA Non-Discrimination Statement:

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf> 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: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; or fax: (202) 690-7442; or email: program.intake@usda.gov.

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