

Overview of Special Dietary Needs in the Child and Adult Care Food Program

Thinking Thursdays

Michigan Department
of Education

We will begin at 2 pm

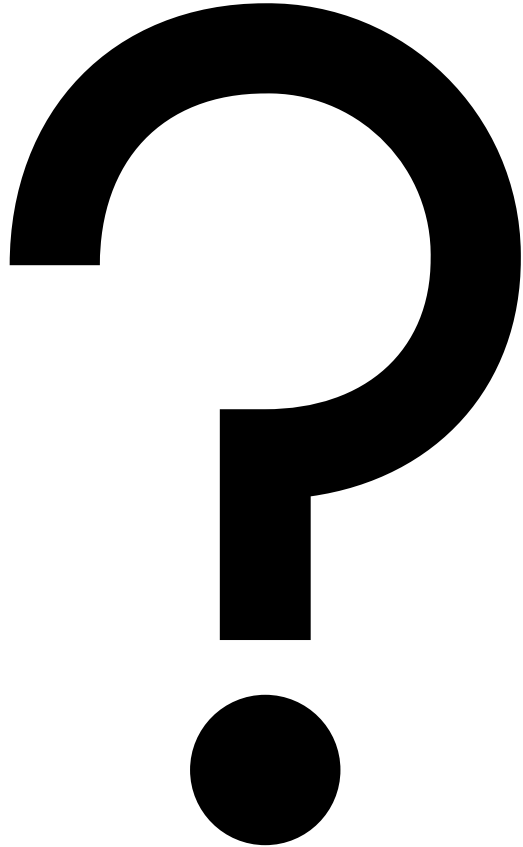




Welcome to our Zoom Webinar!

Zoom Webinar Housekeeping:

- Enter questions into the Q&A, not in the chat box
- CACFP webinar panelists will respond to questions in the Q&A so all participants can see the response.
- Additional questions will be answered at the end of the webinar as time permits
- Thank you for your cooperation!



Let Us Know Who You Are!

I work for a...

- Childcare center
- Family childcare home
- At-risk afterschool care center
- Adult day care center
- Sponsoring organization
- Emergency shelter
- School food authority

Thinking Thursday's at Two Info!



THINKING THURSDAY power points are posted at www.Michigan.gov/cacfp under Training
Training Certificates emailed to participants in attendance

Upcoming Thinking Thursday Webinars:

- April 28, 2022: Recordkeeping Basics
- May 26, 2022: Topic to be determined!

**Let us know what you would like to talk about!
Send us a request at our updated email address:**

MDE-CACFP@michigan.gov

Talk Takeaways

- 1. When is a medical statement required and when it is not**
- 2. Providers must offer meal modifications to accommodate a disability**
- 3. When meals served for non-disability requests cannot be claimed**
- 4. How to complete review a Special Dietary Needs Form**
- 5. Where to find resources and guidance**



Understanding Special Diet Accommodations for Child Nutrition Programs

Helping schools, sponsors* and providers understand accommodations for participants who request a special diet.

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* The term "sponsor" used in this guidebook refers to school districts, institutions, child care providers, and family day care home sponsors participating in USDA Child Nutrition Programs (CNP) including the National School Lunch Program (NSLP), School Breakfast Program (SBP), Child and Adult and Care Food Program (CACFP), and the Summer Food Service Program (SFSP).

MDE Special Diet Guide for Child Nutrition Programs

[MDE Special Diet Guide \(michigan.gov\)](https://michigan.gov)

Terminology

DISABILITY REQUEST

Physical or mental impairment/condition that limits a major life activity.

This includes:

- Food Allergies
- Food Intolerances
- Metabolic Disorders
- Digestive Disorders
- Autoimmune conditions
- Developmental disorders

NON-DISABILITY REQUEST

Eating or eliminating certain foods or food groups due to a general health concern and/or personal preference. May include:

- Religious, ethnic or lifestyle preferences
- Personal health beliefs
- Popular diets



Step 1

Develop procedures for handling special diet requests



Step 2

Train your staff and volunteers on all special diet procedures and confidentiality requirements



Step 3

Assign a key staff person to handle requests



Step 4

Use a team approach to handle requests and accommodations

Steps to Handle Special Diet Accommodations

When a Written Medical Statement is Required

- ✓ Accommodating the disability means meals do not meet CACFP meal pattern requirements
- ✓ Meals do not contain required meal components and/or include non-creditable foods
- ✓ Required for program to claim the above meals



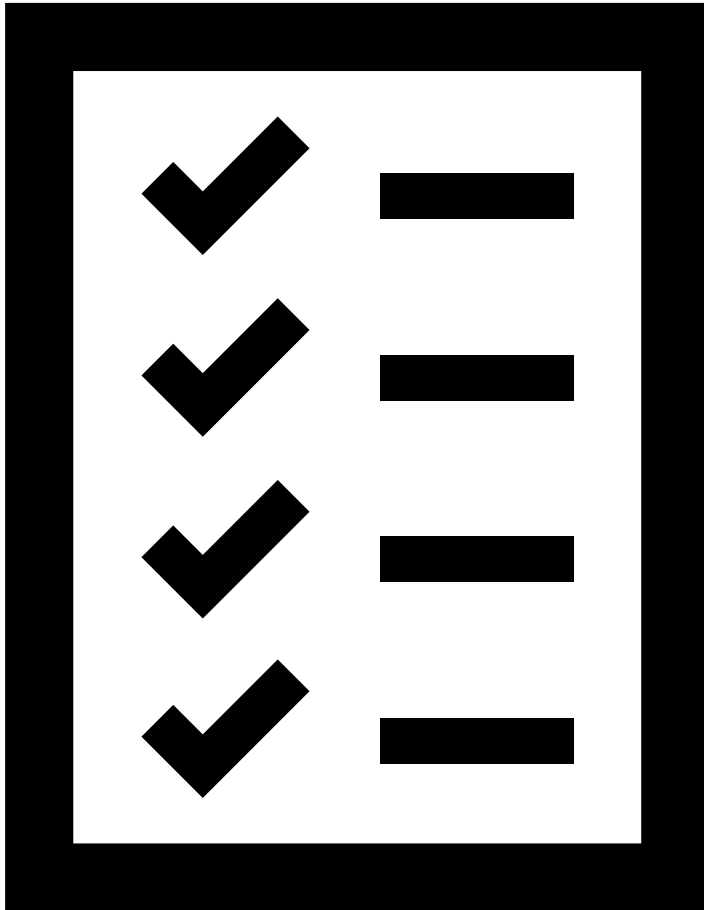


When a Written Medical Statement is NOT Required

A medical statement is not required for a disability when a program makes accommodations within meal pattern requirements

For example:

- Serving lactose-free milk (which is a creditable milk) to a participant who is lactose intolerant
- Serving applesauce to a child who is allergic to strawberries
- Serving a child chicken instead of pork to observe a religious food preference



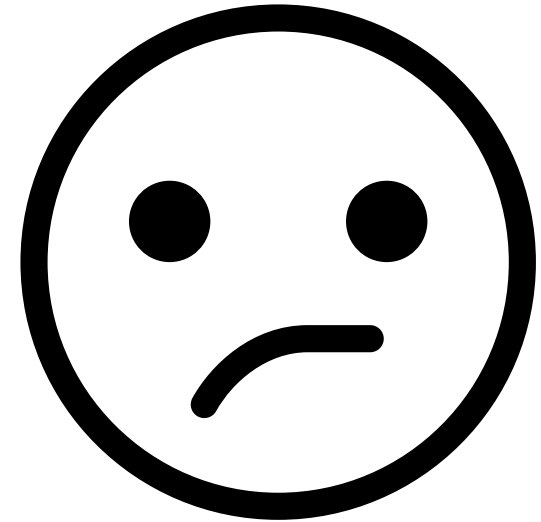
What is a Valid Medical Statement?

It includes the following information:

- Food or allergen to be avoided
- Explanation of how exposure affects participant
- Foods to be safely substituted
- Signature of a licensed health care professional authorized to write medical prescriptions in the state of Michigan
 - Physician,
 - Nurse practitioner,
 - Physician's assistant

What if the statement is unclear or complex?

- Obtain clarification from a parent, guardian, or medical personnel
- Parent or guardian must sign the Voluntary Authorization Section on the MDE Special Diet Statement before Sponsor can contact medical personnel
- Provide meal modifications to the best of your ability while waiting clarification



How Long is a Medical Statement Valid?

Does **not** need to be updated annually if information still current

Best practice: check in annually to assure information is valid



Special Diet Statement

Why am I being asked to fill out this form?
 Institutions or organizations who sponsor and operate a federally funded Child Nutrition Program must make reasonable substitutions to meals and/or snacks on a case-by-case basis for participants who are considered to have a disability that restricts their diet.* According to the ADA Amendments Act, most physical and mental impairments that substantially limit or affect one or more major life activities or bodily functions will constitute a disability. Sponsors are not required to accommodate special dietary requests that are not a disability. This includes requests related to religious or moral convictions or personal preference. **If these requests are accommodated, sponsors must ensure that all USDA meal pattern and nutrient requirements are met.**

This form must be completed by a licensed physician, physician assistant, or an advanced practice registered nurse, such as a certified nurse practitioner. **Updates to this form are required only when a participant's needs change.**

Note to Districts/Schools: Parents/Guardians may provide a written request for lactose-free milk without a physician's signature. Lactose-free milk served must meet meal pattern requirements for the program.

Submit this completed special diet statement to: _____

Participant Information:
 Participant's Full Name: _____ Today's Date: _____
 Date of Birth: _____
 Name of School/Center/Site Attended: _____
 Parent/Guardian Name: _____
 Home Phone Number: _____ Work Phone Number: _____

Required Information: Dietary Accommodation

- List the food to be avoided: _____
- Briefly explain how exposure to this food affects the participant: _____
- List foods to be omitted and substituted. Attach a sheet with additional instructions as needed.

Foods to be Omitted	Foods to be Substituted

Additional Information
 Texture Modification: Pureed Ground Bite-Sized Pieces Other: _____
 Tube Feeding Formula Name: _____
 Administering Instructions: _____
 Oral Feeding: No Yes If yes, specify foods: _____
 Other Dietary Modification or Additional Instructions (Describe): _____

*School Nutrition Program – 7 CFR 210.10(m), Child and Adult Care Food Program – 7 CFR 226.20 (g), Summer Food Service Program – 7 CFR 225.16(f)(4).

Required Signature
 This form must be signed by a licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner. The medical person signing it should keep a copy of this document in his/her records.
 Prescribing Authority Credentials (print): _____ Date: _____
 Signature: _____ Clinic/Hospital: _____
 Phone Number: _____ Fax Number: _____

Voluntary Authorization
Note to Parent(s)/Guardian(s)/Participant: You may allow the director of the school/center/site to talk with the medical person about this Special Diet Statement by signing the Voluntary Authorization section:

In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Family Educational Rights and Privacy Act I hereby authorize _____ (physician/medical authority name) to release such protected health information as is necessary for the specific purpose of Special Diet Information to _____ (program name) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning me, with the 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 for me. I understand that permission to release this information may be rescinded at any time except when the information has already been released. **Optional:** 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 parent, guardian, or authorized representative of the participant listed on this document and has the legal authority to sign on behalf of that participant.
 Parent/Guardian: _____ Date: _____
 OR Participant's Signature (Adult Day Care ONLY): _____

Non-Discrimination Statement
 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 \(https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf\)](https://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf), (AD-3027) found online at: [How to File a Complaint \(https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint\)](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), 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
 Washington, D.C. 20250-9410;
- fax: (202) 690-7442; or
- email: program.intake@usda.gov.

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MDE CACFP Special Diet Statement

Link: [MDE Special Diet Guide \(michigan.gov\)](https://michigan.gov)

Submit this completed special diet statement to: My Best Child Care Center

Participant Information:

Participant's Full Name: Nolan James Burger

Today's Date: February 22, 20XX

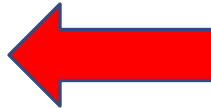
Date of Birth: November 2, 20XX

Name of School/Center/Site Attended: My Best Child Care Center

Parent/Guardian Name: Nola and George Burger

Home Phone Number: 517-555-4243 Work Phone Number: 616-555-0543

Required Information: Dietary Accommodation

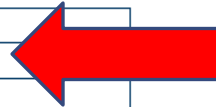


1. List the food to be avoided: Cow's milk

2. Briefly explain how exposure to this food affects the participant: GI distress, hives, cramping, nausea from milk protein allergy

3. List foods to be omitted and substituted. Attach a sheet with additional instructions as needed.

Foods to be Omitted	Foods to be Substituted
<u>Cow's milk, dairy, whey, casein</u>	<u>Soy or pea protein dairy substitutes</u>



Additional Information

Texture Modification: Pureed Ground Bite-Sized Pieces Other: _____

Tube Feeding Formula Name: _____

Administering Instructions: _____

Oral Feeding: No Yes If yes, specify foods: _____

Other Dietary Modification or Additional Instructions (Describe): _____

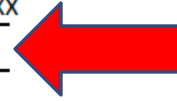
*School Nutrition Program – 7 CFR 210.10(m), Child and Adult Care Food Program – 7 CFR 226.20 (g), Summer Food Service Program – 7 CFR 225.16(f)(4).

Sample Special Diet Statement Form

Required Signature

This form must be signed by a licensed physician, physician assistant, or advanced practice registered nurse such as a certified nurse practitioner. The medical person signing it should keep a copy of this document in his/her records.

Prescribing Authority Credentials (print): DO Date: February 22, 20XX
Signature: Ima R. Doctor, DO Clinic/Hospital: Family Health
Phone Number: 517-867-5309 Fax Number: _____



Voluntary Authorization

Note to Parent(s)/Guardian(s)/Participant: You may allow the director of the school/center/site to talk with the medical person about this Special Diet Statement by signing the Voluntary Authorization section:

In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Family Educational Rights and Privacy Act I hereby authorize Dr. Ima Doctor (physician/medical authority name) to release such protected health information as is necessary for the specific purpose of Special Diet information to Best Child Care Center (program name) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning me, with the 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 for me. I understand that permission to release this information may be rescinded at any time except when the information has already been released. **Optional:** My permission to release this information will expire on N/A (date). This information is to be released for the specific purpose of Special Diet information. The undersigned certifies that he/she is the parent, guardian, or authorized representative of the participant listed on this document and has the legal authority to sign on behalf of that participant.

Parent/Guardian: Nola G. Burger Date: February 12, 20XX

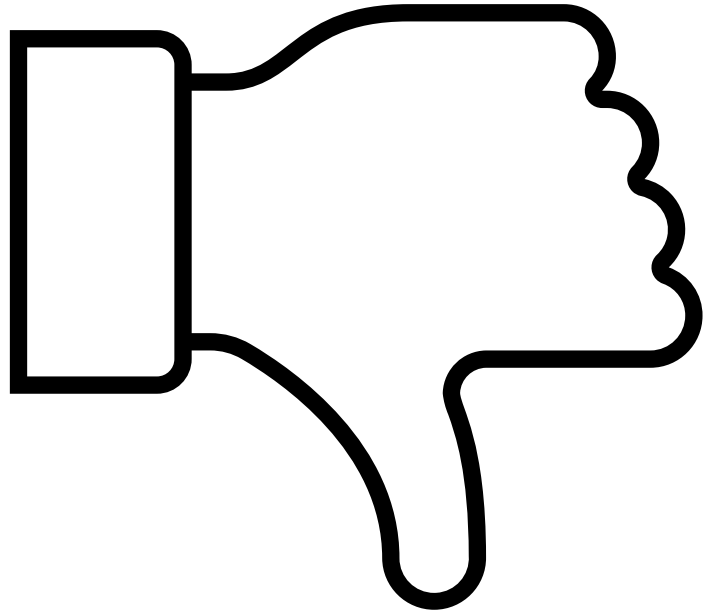
OR Participant's Signature (Adult Day Care ONLY): _____

Non-Discrimination Statement

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.

Sample Special Diet form- Signature and Voluntary Authorization sections



Invalid Medical Statement

Incomplete/Unclear

Request is not related to a disability

Missing foods to omit

Missing foods to substitute

Not signed by a licensed medical professional who can write prescriptions in the State of Michigan

Meal Modifications for Disabilities are Required

Program must make reasonable modifications


Refer to medical statement for specifics

Do not have to provide exact modification/brand requested; must determine what is reasonable for your program

May not require family to provide modification(s) or meals

There is no additional reimbursement provided

What are Reasonable Accommodations?



Sample Menus

Week 1

Meal Pattern	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Grains, OR Meat/Meat Alternate (no more than 3 times per week) Fruit or Vegetable Milk	Grapes WG toast Milk	Diced peaches Scrambled eggs Milk	Kiwi WG Life Cereal Milk	Berries Yogurt Milk	Applesauce Pancakes Milk
Lunch or Supper Meat/Meat Alternate Vegetable Fruit Grains Milk	Oven-Baked Parmesan Chicken Roasted Brussels sprouts Strawberries WG roll Milk	Bean Burrito Asparagus Orange wedges Milk	Sweet and sour chicken Steamed green beans Red peppers Cooked rice Milk	HM Macaroni and cheese Peas and carrots Tomatoes Milk	Ham & cheese in WG pita pocket Green salad Sweet potato fries Milk
Snack <i>Select two of the following:</i> Meat/Meat Alternate Vegetable Fruit Grains Milk	HM guacamole Salsa Tortilla chips Milk	Fresh carrot sticks WG crackers Water	Toasted mini bagel with cheddar cheese Water	WG fish crackers Pea pods Water	Apricot halves Milk

* 1% or skim, unflavored milk is served to children ages 2 and older
 * Whole, unflavored milk is served to 1 year olds
 * WG = Whole Grain; Bold = WG item; HM = Homemade

The modification provided does not have to be exact modification requested

- Sponsors are not required to provide specific brand names as requested
- Meal accommodations do not need to mirror items on your regular menu
- Sponsors are required to provide a meal that is safe to eat, allowing equal opportunity to participate but it does not need to be a different meal each day
- To the extent possible, the meal or snack provided should follow meal pattern requirements

Substitutes for Fluid Milk: Accommodating Disabilities



Serve specified substitution from statement:

- Lactose treated cow's milk instead of untreated cow's milk
- Soy or pea milk instead of cow's milk for a milk protein allergy



Other Examples of Accommodating Dietary Disability Restrictions

Prepare alternative food items:

- Tofu scramble instead of scrambled eggs
- Use ground flaxseed instead of eggs in a casserole
- Serve gluten free bread instead of wheat bread





Claiming Meals for Non-Disability Special Diet Requests

Non-Disability Request Basic Information

Programs not required, but encouraged, to accommodate within the meal pattern

Families may provide only one creditable component towards meal or snack

Accommodations made must be creditable to be claimed

All meal components are to be served at the same time

Request families submit non-disability requests in writing

Claiming Meals for a Non-Disability

YES – CLAIM MEAL

Meets meal pattern requirements

Contains all required components

Contains creditable foods

Program supplies all components

Family provided only one creditable component of a creditable meal

NO – DO NOT CLAIM MEAL

Meal does not meet meal pattern requirements

Missing food components and/or includes non-creditable foods

Family provided two or more components

Examples of Non-Disability Meals that Cannot be Claimed

Serving a non-creditable non-dairy beverage for fluid milk

Serving water or juice in place of milk

Family provides a non-creditable food item towards a center meal or snack

Omitting a required meal component



Non-creditable Meal: Do Not Include in Meal Counts!

Creditable Non-Dairy Beverages (Milk Substitution)

What is a creditable non-dairy beverage?

The beverage meets USDA's nutrient standards for fluid milk substitutes (see table below). A list of creditable non-dairy beverages (certain soymilks) are provided on this page.

Nutrients (1 cup cow's milk)	Requirement per cup (8 fluid oz.)	% DV
Calcium	276 mg	28%
Protein	8 g	16%
Vitamin A	150 mcg	10%
Vitamin D	2.5 mcg	25%
Magnesium	24 mg	6%
Phosphorus	222 mg	23%
Potassium	349 mg	10%
Riboflavin	.44 mg	26%
Vitamin B-12	1.1 mcg (µg)	19%

Non-dairy beverages are not required to be low-fat or fat-free. When served to children 1-5 years old, they must be unflavored.

To determine if a product not listed on this page is creditable:

- Compare product's nutrient amounts to amounts listed in table
- If amounts are the same or more, the beverage is creditable

Non-Creditable Non-Dairy Beverages: Almond, cashew, coconut, hemp, oat, and rice milks do not contain enough protein to be a creditable non-dairy beverage. Water and juice are also not creditable non-dairy beverages. Non-creditable non-dairy beverages cannot be served as a milk substitution.

When can a creditable non-dairy beverage be served?

When there is a written and signed fluid milk substitution request for the participant which includes the special dietary reason for the substitution. A valid medical statement is not required if the beverage meets nutrient standards, but the request must be in writing.

Creditable Non-dairy Beverages:

Unflavored

8th Continent Original Soymilk 	Kikkoman Pearl Organic Soymilk Smart Original 	Kirkland Organic Original Soymilk 	Ripple Original Non-Soy Dairy Substitute 
Silk Original Soymilk 	Sunrich Naturals Organic Original Soymilk 	Walmart Great Value Original Soymilk 	Westsoy Original Plus Plain Soymilk 

Flavored Non-Dairy Beverages may only be served to children 6 years and older and adults

Flavored

8th Continent Vanilla Soymilk 	Kikkoman Pearl Organic Soymilk Smart Creamy Vanilla 	Kikkoman Pearl Organic Soymilk Smart Creamy Chocolate 
Ripple Vanilla or Chocolate Non-Soy Dairy Substitute 	Sunrich Naturals Organic Vanilla Soymilk 	Westsoy Original Plus Vanilla Soymilk 

This institution is an equal opportunity provider.

Rev. 2-2021

Creditable Non-Dairy Beverages List

This resource is available as a stand-alone document and is included in the MDE Special Diet Guide.

It lists non-dairy beverages that meet the USDA Nutrient Standards for Fluid milk

It lists beverages that DO NOT meet the nutrient standards

Sponsors are responsible to do due diligence to ensure product still meets nutrient standards

Beverage Options in the Child and Adult Care Food Programs

NOTE: The guidance provided below does not apply when a complete Special Diet Statement is submitted and on file for a participant. In that case, the sponsor must accommodate the diet ordered. If the diet ordered for a meal or snack does not meet meal pattern requirements, the sponsor can still claim the meal or snack for reimbursement.

School Food Authorities participating in the Child and Adult Care Food Program, At-Risk Afterschool Meals, or Summer Food Service Program need to follow guidance for whichever meal pattern is being used.

Reminder: Only unflavored beverages which includes cow's milk, fluid milk substitutes, lactose-free milk, etc., may be offered to children 5 years old and younger. A flavored beverage may be offered to children age 6 and older.

Program	Milk Substitute (FMS)	Non-Dairy Milk Alternatives (e.g., Almond, Coconut, Rice, a non-creditable soy beverage)	Lactose-Free Milk	Whole Milk	Water & Juice
Child and Adult Care Food Program (CACFP)	<p>Allowed.</p> <p>CACFP sponsors or providers choosing to provide an FMS that meets USDA's criteria must get a written request from a parent, guardian, or medical authority that includes the medical or other special dietary reason for the substitution.</p> <p>If the sponsor or provider chooses not to provide an FMS, the parent or guardian may provide an FMS that meets USDA's criteria and the sponsor or provider may claim all meals/snacks that include the parent-provided FMS for reimbursement.</p>	<p>Not allowed.</p> <p>A non-dairy milk alternative that is not nutritionally equivalent to cow's milk cannot be used as a replacement for milk in a reimbursable meal or snack.</p> <p>Sponsors or providers may offer a non-dairy milk alternative as an extra beverage, but it cannot credit as cow's milk in a reimbursable meal or snack. In addition, sponsors may not use CACFP reimbursement to pay for any non-dairy milk alternate.</p> <p>A parent or guardian can choose to supply a non-dairy milk alternative, but the center or provider can only claim meals/snacks for the participant if there is a Special Diet Statement on file for the participant that supports the need for this beverage.</p>	<p>Allowed.</p> <p>Lactose-free milk is cow's milk that contains no lactose or milk sugar. Since lactose-free milk is cow's milk, it can be served as milk in a reimbursable meal or snack.</p> <p>Parents/guardians do not need to submit a written request and schools/sponsors/providers can choose to provide or not provide a lactose-free milk.</p> <p>If the sponsor or provider chooses not to supply the lactose-free milk, the parent or guardian can supply this beverage and the sponsor or provider may claim all meals/snacks that include the parent-provided lactose-free or reduced beverage for reimbursement.</p>	<p>Allowed for children 12-23 months of age.</p> <p>Unflavored whole milk must be served to toddlers 12 through 23 months of age. Iron-fortified formula may be served to children between the ages of 12 and 13 months to help with the transition to whole milk.</p> <p>A center or provider may elect to offer children age 24 to 25 months of age (for only one month) unflavored whole milk to help with their transition to unflavored 1% or skim milk.</p>	<p>Not allowed.</p> <p>Water or 100% juice cannot be used as a replacement for milk in a reimbursable meal.</p> <p>However, USDA requires that water be offered throughout the day to participants.</p> <p>100% juice can be offered only once in a day across all approved meal services offered.</p>



Scenario One

A four-year-old started at your program this week. Her mom gave you a handwritten doctor's note on the doctor's prescription pad when she turned in her enrollment packet. The note reads:

“Marlee has an allergy to citrus. It causes hives. Please do not serve citrus foods or juices to Marlee. Other fruits are okay at this time.”

It is signed and dated by the doctor with their credentials and contact information.

Can you accept this note?

Scenario One Answer

The answer is Yes!

This note has all the required information you need to make the accommodation.

How the food affects the child: Hives

Food(s) to be omitted: Citrus fruits and juices

Foods to be substituted: Any other fruit is ok

Signed and dated by a licensed medically professional who can write prescriptions: Yes



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Scenario Two

A preschooler's family in your program has a religious preference for no pork. They have turned in a written request asking your center to accommodate their preference.

Can you accommodate this request without a signed medical statement?

Scenario Two Answer

The answer is Yes!

You can build menus to accommodate no pork by:

- Not using pork in your menus for all children
- Switching out pork for another meat/meat alternate in entrees for this child



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Scenario Three

A child in your childcare center is a selective or “picky” eater. The child’s parents have given you a list of foods their child does not like, including most vegetables. They have asked you to accommodate his needs or they will send in a bagged lunch.

You have a written request. Can you serve the child a meal with missing meal components?

Scenario Three Answer

The answer is No, but...

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 are required to serve a complete meal with all required components and families can provide items to be served in addition to the reimbursable meal.

You can review the special request and make reasonable accommodations within the meal pattern that meets the child's preferences. You can serve the child a full meal realizing that the child may not eat the foods they do not like, and that is ok!

FOOD ALLERGY FACT SHEET

Managing Food Allergies: Child Care Centers

1. Create a food allergy policy for your center.

- Form a food allergy team to write a food allergy policy.
- Develop an emergency plan specifically for your center(s).
- Notify parents about any reactions or exposures to an allergen.
- If outside foods are allowed, limit to pre-packaged foods with complete ingredient lists.
- Check all food labels for allergens.
- Require all children to wash their hands when entering the center and before and after meals and snacks to prevent cross contact.
- Keep information about children with food allergies confidential.

2. Create an individual food allergy plan for each child with a food allergy.

- Obtain completed medical statement from parents/guardians (forms available from your sponsoring organization). Talk with parents/guardians if you need clarification.
- Work with parents to create a plan to treat a reaction if it occurs.
- Keep the plan where you can refer to it as needed.
- Obtain any necessary medications from parents. Be sure you understand when and how to give each medication.
- Keep medications in a location that is secure, but accessible in an emergency.
- Work with parents to create an affordable plan using the menus and resources that you have.

3. Take actions to avoid exposure to food allergens.

- Wash hands with soap and water before and after each task. Using water alone or hand sanitizer alone does not remove food allergens.
- Wash, rinse, and sanitize all utensils and cookware after each use.
- Wash, rinse, and sanitize food contact surfaces before and after each use.
- Use designated cutting boards and designated work areas to prepare food for children with food allergies.
- Store foods so that allergy-safe foods do not come in contact with other foods.
- Clean and sanitize tables and chairs before and after meals and snacks.
- Create a way for staff to be able to identify children with food allergies.
- Prevent trading or sharing food, food utensils, or food containers.
- Avoid foods that a child is allergic to in art projects or cooking activities.
- Limit food to specific areas in the center.
- Ask parents to approve items such as body lotions, sunscreens, shampoos, and creams, as some may contain allergenic ingredients that could be ingested.

4. Train staff about food allergies.

- Train staff on the center's food allergy policy and each child's individual food allergy plan.
- Train staff on symptoms of an allergic reaction.
- Instruct staff on when and how to give medications.
- Ensure confidentiality of children's medical information.



National Food Service Management Institute • The University of Mississippi • 2014



Special Diet Resources

[Homepage | Food Allergy Research & Education – Food Allergy Resource Exchange \(FARE\)](#)

[Food Allergy Resource Center \(schoolnutrition.org\) – School Nutrition Association](#)

[Food Allergy Fact Sheets – Institute of Child Nutrition \(theicn.org\) – Institute of Child Nutrition \(ICN\)](#)

[Food Allergies: What You Need to Know \(fda.gov\) – Food and Drug Administration \(FDA\)](#)

FOOD FACTS

Food Allergies: What You Need to Know



Millions of Americans have food allergies and may experience adverse reactions to products that have food allergens. Most reactions cause mild symptoms, but some are severe and may even be life-threatening.

Although new treatments are being developed, there is no cure for food allergies. Medical diagnosis to find out which foods cause an individual to have an allergic reaction and strictly avoiding those foods are important ways to prevent serious adverse health effects.

What Are the Major Food Allergens?

While many different foods can cause allergic reactions, the Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA) identifies the eight most common allergenic foods. These major food allergens make up 90 percent of food allergic reactions in the United States:

1. Milk
2. Eggs
3. Fish (e.g., bass, flounder, cod)
4. Crustacean shellfish (e.g., crab, lobster, shrimp)
5. Tree nuts (e.g., almonds, walnuts, pecans)
6. Peanuts
7. Wheat
8. Soybeans

Allergen Labeling

The FDA enforces FALCPA in the labeling of foods the agency regulates, which include all foods except poultry, most meats, certain egg products, and most alcoholic beverages (all of which are regulated by other Federal agencies). FALCPA requires that food labels clearly identify the food source names of any ingredients that are one of the eight major food allergens or contain protein derived from a major food allergen.

Proper labeling of foods helps allergic consumers identify foods or ingredients that they should avoid.

How Major Food Allergens Are Listed

FALCPA requires that food labels identify the food source names of all major food allergens used to make the food. This requirement is met if the common or usual name of an ingredient (e.g., buttermilk) that is a major food allergen already identifies that allergen's food source name (i.e., milk). Otherwise, the allergen's food source name must be declared at least once on the food label in **one of two ways**:

1. In **italics** following the name of the ingredient in the ingredient list.
Example: "soybean (soy)," "flour (wheat)," and "whey (milk)"
- OR —
2. Immediately after or next to the list of ingredients in a "Contains" statement.
Example: "Contains soy, wheat, and milk..."



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