

	MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES CHILD AND ADULT CARE FOOD PROGRAM	ISSUED	REVISED	CHAPTER	SECTION
	CHILD CARE CENTERS POLICY & PROCEDURE MANUAL	3/91	3/05	7	7.5
CHAPTER Chapter 7. Meal Pattern		SUBJECT Substitutions			

To claim a meal for reimbursement, the child must be served the required minimum components. Exceptions to this requirement occur under the following circumstances:

### Physical Needs

Child care centers participating in the CACFP are required to make substitutions or modifications to the meal pattern for participants with disabilities and whose disability restricts their diet. If a participant is unable to consume the meals offered to other participants, appropriate substitutions to the meal pattern must be provided.

A participant, whose disability or other medical needs restricts his or her diet, shall be provided substitutions in foods only when supported by a medical statement signed by a licensed physician. The medical statement must be kept on file at the center and shall identify:

- The participant's disability and an explanation of why the disability restricts the participant's diet;
- The major life activity affected by the disability; and
- The food or foods to be omitted from the participant's diet and the food or foods that must be substituted.

Reimbursement for meals served with an authorized substitute food to disabled participants shall be claimed at the same reimbursement rate as meals which meet the meal pattern. There shall not be a supplementary charge for the substituted food item to the participant.

### Medical Reasons

Child care centers may make substitutions for participants who are unable to consume a food item because of medical or other special dietary needs. Such substitutions may only be made on a case by case basis.

Participants with medical or special dietary needs may have substitutions to the meal pattern only when supporting documentation is on file. The documentation must be signed by a recognized medical authority such as a licensed physician, physician assistant, or nurse practitioner and must include the following:

- An identification of the medical or other special dietary need which restricts the participant's diet; and
- The food or foods to be omitted from the participant's diet, and the food or foods that may be substituted.

Reimbursement for meals served with an authorized substitute food to participants with special dietary needs must be claimed at the same reimbursement rate as meals which meet the meal pattern. There shall not be a supplementary charge for the substituted food item to the participant.

### Ethnic, Religious, Economic, or Physical Needs

Variations made due to ethnic, religious, economic, or physical needs may be made on an experimental or on a continuing basis with approval from the Food and Nutrition Service (FNS). A child care institution may request FNS approval by submitting a letter to the Missouri Department of Health and Senior Services – Community Food and Nutrition Assistance (MDHSS-CFNA) stating the substitutions to be made and the reasons for their necessity.

Reference: 7CFR226.20(h) and (i)  
 FNS Instruction 783-2 Rev.2