

Nutrition Policies and Guidance for the Child and Adult Care Food Program (CACFP)



Accommodating Special Diets IN CACFP CHILD CARE PROGRAMS

**Child Care Centers • Family Day Care Homes
Emergency Shelters • At-risk Afterschool Care Centers**



March 2018

**Connecticut State Department of Education
Bureau of Health/Nutrition, Family Services and Adult Education
450 Columbus Boulevard, Suite 504
Hartford, CT 06103-1841**

ACCOMMODATING SPECIAL DIETS IN CACFP CHILD CARE PROGRAMS

Connecticut State Department of Education • Revised March 2018

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CONTENTS

About This Guide	iv
CSDE Contact Information	v
Abbreviations and Acronyms	vi
1 — Overview	1
Nondiscrimination Legislation.....	1
Federal Legislation.....	2
State Legislation	3
Requirements for Meal Modifications	4
Children with Disabilities	4
Children without Disabilities.....	5
Table 1. Determining if Meal Modifications Are Required.....	6
Required Documentation for Meal Modifications.....	7
Meal Patterns	7
Meal Reimbursement and Cost.....	8
Allowable Costs.....	8
Procedures for Meal Modifications	9
Team Approach	9
Communicating with Families	9
Communicating with Food Service Personnel	10
Summary of CACFP Responsibilities	11
Meal Pattern Substitutions.....	11
Accessibility	12
Cooperation	12
Resources for Special Diets	12

CONTENTS

2 — Modifications for Children with Disabilities	13
Definition of Disability.....	14
Section 504 of the Rehabilitation Act and the ADA.....	14
IDEA Act of 2004.....	15
USDA Nondiscrimination Regulations.....	16
Determining What Constitutes Disability.....	17
Section 504.....	18
IDEA Considerations.....	19
Other Considerations.....	19
Medical Statement Requirements.....	20
Medical Information in IEP or Section 504 Plan.....	21
Assessing Requests.....	21
Handling Missing Information.....	22
Declining a Request.....	22
Stopping a Request.....	23
Storage and Updates of Medical Statements.....	23
Temporary Disabilities.....	24
Specific Brands of Food.....	24
Number of Alternate Meals.....	25
Different Portion Sizes.....	25
Texture Modifications.....	26
Tube Feedings.....	26
Administering Feedings.....	26
Meal Services Outside of CACFP.....	27
Nutrition Information.....	27
Carbohydrate Counts.....	28
Food Allergy.....	28
Food Intolerance.....	29
Gluten Sensitivity.....	29
Celiac Disease.....	30
Table 2. Examples of Foods to Avoid and Allow with Celiac Disease.....	31
Autism.....	32
Milk Substitutions for Disabilities.....	33
Fat Content.....	33
Nondairy Milk Substitutes.....	33
Table 3. Determining if Milk with a Different Fat Content is Allowed.....	34
Appropriate Eating Areas.....	34

3 — Modifications for Children without Disabilities 35

Milk Substitutes without Disabilities 35

 Table 4. Allowable Types of Milk in the CACFP Meal Patterns for Children 36

 Lactose-reduced and Lactose-free Milk..... 36

 Nondairy Milk Substitutes 37

 Identifying Acceptable Milk Substitutes 37

 Table 5. USDA Nutrition Standards for Milk Substitutes 38

 Required Documentation for Milk Substitutes 38

 Variety of Milk Substitutes 39

 Availability of Milk Substitutes 39

 Juice and Water 39

 Table 6. Milk Substitutions for Children Age 1 without Disabilities 40

 Table 7. Milk Substitutions for Children Ages 2 and Older without Disabilities..... 41

4 — Modifications for Other Reasons..... 43

 Religious Reasons..... 43

 Jewish Sponsors 43

 Seventh-day Adventist Sponsors 44

 Table 8. USDA APP Requirements 45

 Vegetarians 46

 Food Preferences 46

 Vended Meals 47

 Family-provided Foods 48

 Public Health Code 19-13-B42..... 49

5 — Policies and Procedures 51

 Procedural Safeguards 51

 CACFP Facilities with 15 or More Employees 51

 Food Allergy Management Plan 52

 Policies for Meal Modifications 52

 Strategies for Policy Development..... 53

6 — Resources 55

 CSDE Forms and Handouts 55

 CSDE Guides 55

 CSDE Resource Lists 56

 Nondiscrimination Legislation..... 57

 CACFP 58

 Regulations and Policy 59

Glossary 61

ABOUT THIS GUIDE

The Connecticut State Department of Education's (CSDE) *Accommodating Special Diets in CACFP Child Care Programs* provides guidance on meal modifications for children with special dietary needs in CACFP child care facilities, which include child care centers, at-risk afterschool care centers, emergency shelters, and family day care homes. This guide provides information on the requirements for meal modifications for children whose disability restricts their diet, based on the federal nondiscrimination laws and U.S. Department of Agriculture (USDA) regulations. It also addresses optional modifications for children without disabilities who have other dietary needs.

Each section of the guide contains links to other sections when appropriate, and to websites with relevant information and resources. These can be accessed by clicking on the blue text throughout the guide.

Due to the complicated nature of some issues regarding feeding children with special dietary needs, CACFP facilities are encouraged to contact the CSDE for assistance on a case-by-case basis. For questions regarding this information, please contact the CSDE CACFP staff (see "[CSDE Contact Information](#)" on the next page).

The mention of trade names, commercial products or organizations does not imply approval or endorsement by the CSDE or the USDA.

The contents of this guide are subject to change. The CSDE will update this guide as the USDA issues additional policies and guidance for the CACFP. Please check the CSDE's [Special Diets in CACFP Child Care Programs](#) webpage for the most current version.

For more information on this guide, contact Susan S. Fiore, M.S., R.D., Nutrition Education Coordinator, at susan.fiore@ct.gov or 860-807-2075.

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CSDE CONTACT INFORMATION

For questions regarding accommodating special diets in the CACFP, please contact the CACFP staff in the CSDE's Bureau of Health/Nutrition, Family Services and Adult Education.

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ABBREVIATIONS AND ACRONYMS

ADA	Americans with Disabilities Act
APP	alternate protein product
APRN	advanced practice registered nurse
CACFP	Child and Adult Care Food Program
CFR	Code of Federal Regulations
CHR	Cumulative Health Record
CNP	Child Nutrition Programs
CSDE	Connecticut State Department of Education
DPH	Connecticut State Department of Public Health
ECP	Emergency Care Plan
ECS	Education Cost Sharing
FDA	Food and Drug Administration
FNS	Food and Nutrition Service, U.S. Department of Agriculture
IEP	Individualized Education Program
IDEA	Individuals with Disabilities Education Act
IHCP	Individualized Health Care Plan
PHC	Public Health Code
PPT	Planning and Placement Team
PKU	phenylketonuria
QFO	qualified food operator
RD	registered dietitian
SOP	standard operating procedure
USDA	U.S. Department of Agriculture

1 – Overview

This guide applies to CACFP child care facilities, which include child care centers, at-risk afterschool care centers, emergency shelters, and family day care homes. All CACFP child care facilities must comply with the U.S. Department of Agriculture (USDA) nondiscrimination regulations ([7 CFR 15b](#)) and CACFP regulations ([7 CFR 226](#)) for accommodating children with special dietary needs. These regulations apply to all children served by CACFP facilities, including:



- infants from birth through 11 months;
- children ages 1-12;
- children ages 15 and younger of migrant workers;
- children of any age with disabilities; and
- children through age 18 in at-risk afterschool care centers and emergency shelters.

The USDA requirements for special dietary accommodations are different for children with and without disabilities. This guide summarizes the federal nondiscrimination laws and USDA regulations that determine these requirements, and includes recent USDA guidance that updates the requirements for meal modifications, as indicated in [USDA Memo CACFP 14-2017 SFSP 10-2017: Modifications to Accommodate Disabilities in CACFP and SFSP](#).

Due to the complicated nature of some issues regarding feeding children with special dietary needs, CACFP facilities are encouraged to contact the CSDE for assistance on a case-by-case basis. For more information, see “[CSDE Contact Information](#)” at the beginning of this guide.

NONDISCRIMINATION LEGISLATION

Federal nondiscrimination laws and regulations contain provisions that require CACFP facilities to make reasonable meal modifications on a case-by-case basis for children whose disability restricts their diet. These laws include:

- [Section 504 of the Rehabilitation Act of 1973](#) (Section 504);
- the [Individuals with Disabilities Education Act \(IDEA\)](#);
- the [Americans with Disabilities Act \(ADA\) of 1990](#), including changes made by the [ADA Amendments Act of 2008](#); and
- the USDA nondiscrimination regulations ([7 CFR 15b](#)).

The USDA regulations for the CACFP ([7 CFR 226.20\(g\)](#)) require reasonable meal modifications for children whose disability restricts their diet, based on a written medical statement signed by a recognized medical authority. **Requests for a reasonable meal modification must be related to a child’s disabling condition.** For information on what constitutes a disability and the requirements for meal modifications for children with disabilities, see [section 2](#).

Federal Legislation

Section 504, the IDEA, the ADA, and the ADA Amendments Act are laws that protect individuals with disabilities from discrimination.

- Section 504 prohibits discrimination on the basis of a disability in programs and activities that receive federal financial assistance, such as the Child Nutrition Programs.
- The IDEA is a federal grant program that provides financial assistance to states in the provision of special education and related services for eligible children. Under section 619 of the IDEA, preschool children with disabilities are entitled to a free and appropriate public education through special education and related services that comply with the child's individualized education program. Under Part C of the IDEA, appropriate early intervention services are made available to all eligible infants and toddlers (ages 1-2) with disabilities, and their families, through an individualized family service plan.
- The ADA guarantees equal opportunity and access for individuals with disabilities in employment, public accommodations, transportation, state and local governments, and telecommunications.
- The ADA Amendments Act prohibits discrimination based on disability in the provision of state and local government services, including services provided by public schools, and prohibits discrimination based on disability by private entities offering public accommodations, including private schools. Title II of the ADA Amendments Act prohibits discrimination based on a disability in the provision of state and local government services, such as public schools. Title III of the ADA Amendments Act prohibits discrimination based on a disability by private entities that provide public accommodations, including child care centers, emergency shelters, and family day care homes. The ADA Amendments Act greatly expands the concept of who is disabled. It requires that a disability must be viewed more broadly to encompass more impairments that limit a major life activity and therefore require an accommodation.
- The USDA nondiscrimination regulations prohibit discrimination against children with disabilities in any USDA program or activity. The USDA nondiscrimination regulations 7 CFR 15b.26(d) require recipients of federal financial assistance, such as CACFP sponsors, centers, and family day care homes, to serve special meals at no extra charge to participants whose disability restricts their diet.

A child whose disability restricts their diet may be protected from discrimination under the provisions of one or more of these laws.



State Legislation

The Connecticut General Statutes (C.G.S.) for public schools address requirements that apply to all children (with or without disabilities) in public schools, such as lunch periods (C.G.S. 10-221o) and a management plan for life-threatening food allergies (C.G.S. 10-212c). [Chapter 169](#) (School Health and Sanitation) of the Connecticut General Statutes encompasses several statutes related to the provision of school health services within public schools in Connecticut. These statutes provide the framework for many school health policies for all children regarding health monitoring, screening and the administration of medications.

The state statutes below address issues related to accommodating special dietary needs for child care programs, such as Head Start centers, operating in public schools. Child care programs operating in public schools must comply with these state statutes if the district identifies preschool as a grade level, and the enrolled prekindergarten students meet the definition for “resident student,” i.e., enrolled in the public school district at the expense of the town, for the purposes of Education Cost Sharing (ECS).

Preschool programs with children who do not meet the definition of resident student are not required to comply with these statutes. In addition, these statutes do not apply to child care centers that are not in schools, or to emergency shelters or family day care homes.

Connecticut General Statutes Section 10-221o. Lunch Periods and Recess.

Each local and regional board of education shall require each school under its jurisdiction to (1) offer all full day students a daily lunch period of not less than twenty minutes, and (2) include in the regular school day for each student enrolled in grades kindergarten to five, inclusive, a period of physical exercise, except that a planning and placement team may develop a different schedule for a child requiring special education and related services in accordance with chapter 164 and the Individuals With Disabilities Education Act, 20 USC 1400 et seq., as amended from time to time. In the event of a conflict with this section and any provision of chapter 164, such other provision of chapter 164 shall be deemed controlling.

Connecticut General Statutes Section 10-212c. Life-threatening food allergies: Guidelines; District plans.

(a) Not later than January 1, 2006, the Department of Education, in conjunction with the Department of Public Health, shall develop and make available to each local and regional board of education guidelines for the management of students with life-threatening food allergies. The guidelines shall include, but need not be limited to: (1) education and training for school personnel on the management of students with life-threatening food allergies, including training related to the administration of medication with a cartridge injector pursuant to subsection (d) of section 10-212a, (2) procedures for responding to life-threatening allergic reactions to food, (3) a process for the development of individualized health care and food allergy action plans for every student with a life-threatening food allergy, and (4) protocols to prevent exposure to food allergens.

(b) Not later than July 1, 2006, each local and regional board of education shall implement a plan based on the guidelines developed pursuant to subsection (a) of this section for the management of students with life-threatening food allergies enrolled in the schools under its jurisdiction.

In response to Section 10-212c of the Connecticut General Statutes, the CSDE developed [Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools](#). For more information, see “Food Allergy Management Plan” in section 5.

REQUIREMENTS FOR MEAL MODIFICATIONS

The USDA regulations for the CACFP require that all meals served to children must comply with the CACFP meal patterns. However, food substitutions and other reasonable modifications to the CACFP meal patterns may be necessary to meet the dietary needs of children who:

- qualify as having a disability under any of the federal nondiscrimination laws;
- are eligible for special education under the IDEA; or
- do not qualify as having a disability under any of the federal nondiscrimination laws but have other special dietary needs.

Examples of possible modifications include food restrictions, food substitutions, texture changes (e.g., pureed, ground, chopped, or thickened liquids), increased or decreased calories, and tube feedings. Modifications to the meal service may also involve ensuring facilities and personnel are adequate to provide necessary services.

In certain situations, disability accommodations may require additional equipment; separate or designated storage or preparation areas, surfaces, or utensils; and specific staff training and expertise. For example, some children may require the physical assistance of an aide to consume their meal, while other children may need assistance tracking their dietary intake, e.g., carbohydrate intake for children with diabetes.

[Table 1](#) helps CACFP facilities determine when meal modifications are required. For an overview of the requirements for meal modifications, see the CSDE’s handout, [Summary of Requirements for Accommodating Special Diets in CACFP Child Care Programs](#).

Children with Disabilities

The USDA nondiscrimination regulations ([7 CFR 15b](#)) and CACFP regulations CACFP ([7 CFR 226.20\(g\)](#)) require that CACFP facilities make reasonable modifications on a case-by-case basis for children whose disability restricts their diet, when a recognized medical authority certifies the need. A “reasonable modification” is a change or alteration in policies, practices, and/or procedures to accommodate a disability that ensures children with disabilities have equal opportunity to participate in or benefit from a program. The general guideline in making accommodations is that children with disabilities must be able to participate in and receive benefits from programs that are available to children without disabilities.

Meal modifications must be related to the disability or limitations caused by the disability, and require a medical statement from a state-licensed healthcare professional who is authorized to write medical prescriptions under state law. The Connecticut State Department of Public Health (DPH) defines recognized medical authorities as physicians, physician assistants,

doctors of osteopathy, and advanced practice registered nurses (APRNs), i.e., nurse practitioners, clinical nurse specialists, and certified nurse anesthetists who are licensed as APRNs.

All disability considerations must be reviewed on a case-by-case basis. For information on what constitutes a disability and the requirements for meal modifications, see [section 2](#).

Children without Disabilities

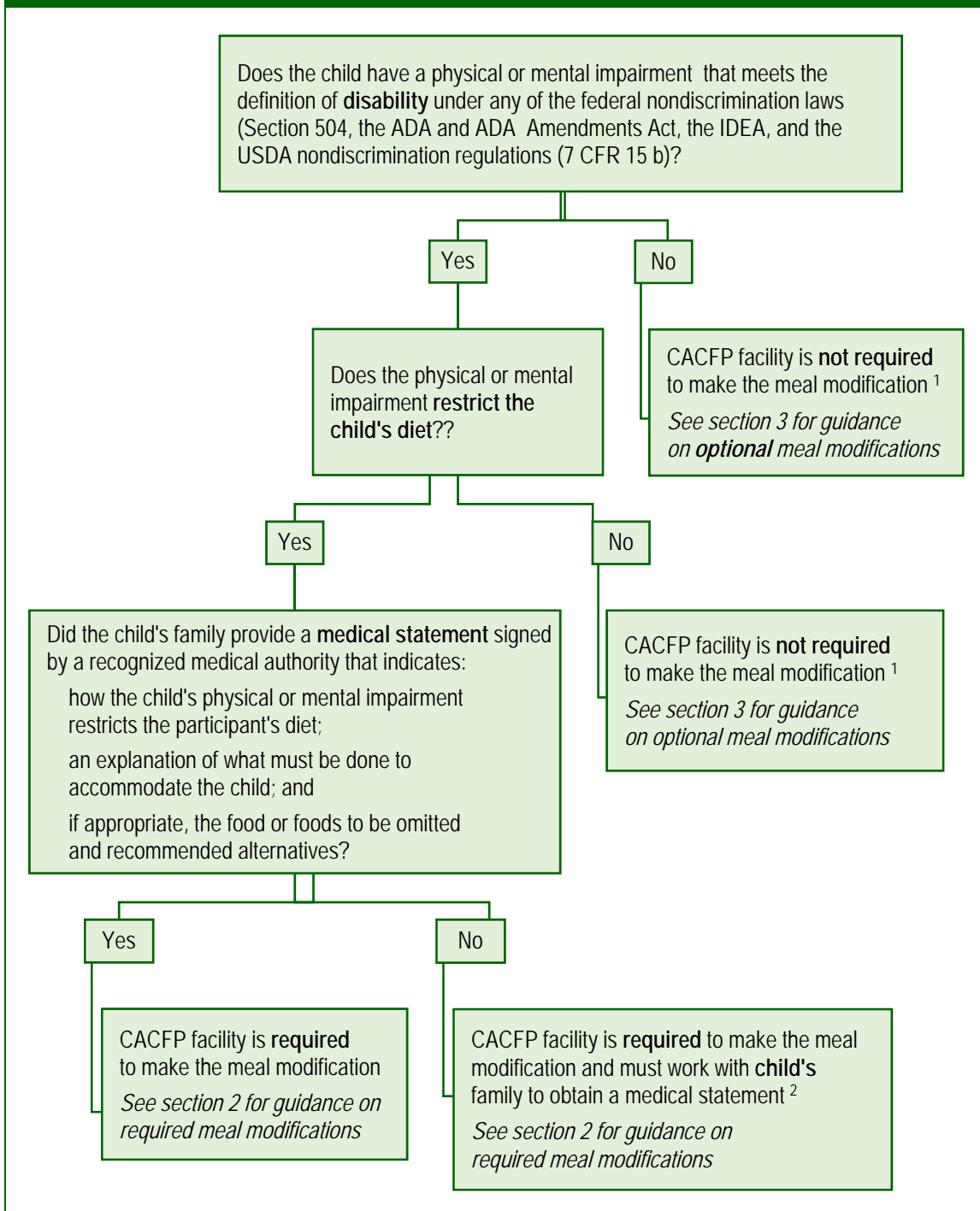
The CACFP regulations ([7 CFR 226.20\(g\)](#)) allow, but do not require, meal modifications for children whose special dietary needs do not constitute a disability, including those related to religious or moral convictions, general health concerns, and personal food preferences, such as a preference that a child eats a gluten-free diet or organic foods because a parent believes it is healthier for the child. CACFP facilities may choose to make these accommodations on a case-by-case basis.

All modified meals provided to children without disabilities must comply with the CACFP meal patterns. For children without disabilities, meals that do not meet the CACFP meal patterns cannot be claimed for reimbursement, even with a medical statement signed by a recognized medical authority.

For information on the CACFP meal patterns, visit the CSDE's [Meal Patterns for CACFP Child Care Programs](#) webpage and review the CSDE's guide, *Meal Pattern Requirements for CACFP Child Care Programs*. For information on meal modifications for children without disabilities, see [section 3](#).



Table 1. Determining if Meal Modifications Are Required



¹ Optional meal accommodations for children without disabilities must always comply with the CACFP meal patterns. For more information, see the CSDE’s guide, *Meal Pattern Requirements for CACFP Child Care Programs*.

² When necessary, the CACFP facility should work with the child’s parent or guardian to obtain the required information. **The CACFP facility should not deny or delay a requested modification because the medical statement does not provide complete information.** For more information, see “[Handling Missing Information](#)” in section 2.

REQUIRED DOCUMENTATION FOR MEAL MODIFICATIONS

For children with disabilities, modified meals that do not meet the CACFP meal patterns require a written medical statement signed by a recognized medical authority. The medical statement must include three components:

- information about the child’s physical or mental impairment that is sufficient to allow the CACFP facility to understand how it restricts the child’s diet;
- an explanation of what must be done to accommodate the child’s disability; and
- if appropriate, the food or foods to be omitted and recommended alternatives.

The USDA does not require a medical statement for children with disabilities if the modified meals meet the CACFP meal patterns, such as meals modified only for texture. However, the CSDE recommends obtaining a medical statement to ensure clear communication between parents or guardians, medical professionals, and applicable child care staff about the appropriate meal modifications for the child. For more information, see [“Medical Statement Requirements”](#) in section 2.

Medical statements should provide sufficient information to allow CACFP facilities to provide meals that are appropriate and safe for each child and comply with the USDA requirements. When necessary, CACFP facilities should work with the child’s parent or guardian to obtain the required information. **However, CACFP facilities should not deny or delay a requested meal modification because the medical statement does not provide sufficient information,** for example, the medical statement does not provide recommended alternatives or fully explain the needed modification for the child. While obtaining additional information, the CACFP facility should follow the portion of the medical statement that is clear and unambiguous to the greatest extent possible. For more information, see [“Handling Missing Information”](#) in section 2.

For children without disabilities, optional modifications meet always meet the CACFP meal patterns. These meals are eligible for reimbursement regardless of whether the CACFP facility obtains a medical statement. However, the CSDE recommends obtaining a medical statement to ensure clear communication between parents or guardians, medical professionals, and applicable child care staff about the appropriate meal modifications for the child.

MEAL PATTERNS

The CACFP meal patterns do not apply to modified meals for children whose disability restricts their diet. **However, optional meal modifications for children without disabilities must always comply with the CACFP meal patterns.** Meals that do not meet the CACFP meal patterns are ineligible for reimbursement. For information on the CACFP meal patterns, visit the CSDE’s [Meal Patterns for CACFP Child Care Programs](#) webpage and see the CSDE’s guide, [Meal Pattern Requirements for CACFP Child Care Programs](#).

MEAL REIMBURSEMENT AND COST

CACFP facilities cannot charge more for special meals served to children with or without disabilities. Additional costs for substituted foods are allowable CACFP costs, but the USDA does not provide additional reimbursement. The USDA reimburses all CACFP meals at the same rate.

Allowable Costs

In most instances involving food substitutions, the costs of special food and food preparation equipment are allowable CACFP costs, and food service personnel will generally be responsible for providing the modified meal. For example, if a child must have a pureed meal, it is reasonable to budget CACFP funds to purchase a blender or food processor and have the meal prepared by the food service staff.

For special procedures like tube feedings, proper administration generally requires the skills of specially trained personnel such as nurses or trained aides who regularly work with the child. Child care programs may charge these costs to the CACFP or other non-CACFP funding sources, as appropriate.

In most cases, CACFP facilities can accommodate children with disabilities with little extra expense or involvement. When CACFP funds are insufficient to cover the additional cost, the child care program can consider alternative funding sources such as the facility's non-CACFP funds including Head Start, School Readiness, Care 4 Kids, tuition and fees, and donations; and community sources, such as parent teacher organizations, voluntary health associations, and other local community groups.



PROCEDURES FOR MEAL MODIFICATIONS

The process of providing modified meals for children with disabilities should be as inclusive as possible. It is essential that the CACFP facility works together with the child’s parent or guardian to ensure the child receives a safe meal and has an equal opportunity to participate in the CACFP.



Team Approach

The USDA strongly encourages CACFP facilities to implement a team approach when providing modifications for children with disabilities. Developing a team that includes individuals from the sponsoring organization, center, family day care home, and the Section 504 Coordinator (if available) will help ensure consistent decisions, implementation, and tracking of meal modifications. The most effective team may also include other individuals with training in this area, such as a nurse or registered dietitian. Any request for a modification related to the meal or meal service should be reviewed by the team and forwarded to the Section 504 Coordinator (if available). Any medical information obtained by the team must be kept confidential.

The team will work with the child’s parents or guardian to review the request and develop a solution as quickly as possible. The USDA encourages the team to develop policies and practices that allow the CACFP facility to quickly and consistently address the most commonly encountered disabilities. For more information on developing policies, see [section 5](#).

Communicating with Families

USDA nondiscrimination regulations ([7 CFR 15b.7](#)) require CACFP facilities to notify families of the process for requesting meal modifications and the individual responsible for coordinating modifications. Methods of initial and continuing notification may include:

- posting of notices;
- placement of notices in relevant publications;
- radio announcements; and
- other visual and auditory media.

As part of this notification, CACFP facilities should explain when parents and guardians need to submit supporting documentation for their child’s modification request. For children with disabilities, the USDA requires a medical statement for CACFP facilities to receive reimbursement for meal modifications that do not follow the CACFP meal patterns.

The CSDE strongly encourages CACFP facilities to develop written policies for meal modifications that provide clear guidelines for families and staff. For more information, see “[Procedural Safeguards](#)” and “[Policies for Meal Modifications](#)” in section 5.

Communicating with Food Service Personnel

Close communication between health services staff and food service personnel is essential to ensure that children receive appropriate meal modifications. CACFP facilities must establish procedures for identifying children with special dietary needs and providing this information to the staff responsible for feeding the children.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits the disclosure of personal health information needed for patient care and other important purposes. Copies of children's medical statements can be shared with CACFP food service personnel for the purposes of accommodating special diets. CACFP food service personnel should have access to this information to allow them to make the appropriate dietary accommodations for each child. The CSDE recommends that CACFP facilities inform families about this sharing of information.

For some conditions, such as food allergies, it may be appropriate for CACFP facilities to maintain information for food service personnel in the form of a list identifying the children and the food restrictions, along with the appropriate substitutions designated by each child's medical statement. This list would be adequate to document the substitutions in the CACFP meal patterns if the CACFP facility has the original signed medical statements on file. The CSDE evaluates documentation for meal modifications as part of the Administrative Review of the CACFP.



SUMMARY OF CACFP RESPONSIBILITIES

CACFP facilities are responsible for providing meals to all children, including those with disabilities. The following summarizes the responsibilities of CACFP personnel regarding modifications for meals in child care centers (including Head Start centers, at-risk afterschool care centers, and emergency shelters) and family day care homes.

Meal Pattern Substitutions

- CACFP facilities must make reasonable meal modifications on a case-by-case basis for children whose disability restricts their diet, based on a medical statement signed by a recognized medical authority. For more information, see [section 2](#).
 - If modified meals for a child with a disability meet the CACFP meal patterns, the USDA does not require CACFP facilities to obtain a medical statement but strongly recommends that CACFP facilities keep documentation on file acknowledging the child’s disability. The CSDE recommends obtaining a medical statement to ensure clear communication between families and CACFP facilities about the appropriate meal modifications for each child.
- CACFP facilities are encouraged, but not required, to provide meal modifications on a case-by-case basis for children without disabilities who have special dietary needs. All meal modifications for children without disabilities must comply with the CACFP meal patterns. For more information, see [section 3](#).
- CACFP facilities must have documentation on file for all meal modifications that do not comply with the CACFP meal patterns. For more information, see “[Storage and Updates of Medical Statements](#)” in section 2.
 - The USDA does not require CACFP facilities to obtain a medical statement for modified meals that meet the CACFP meal patterns, even if a child has a disability. However, the CSDE recommends obtaining a medical statement to ensure clear communication between families and CACFP facilities about the appropriate meal modifications for each child.
 - CACFP facilities should not deny or delay a requested modification because the medical statement does not provide complete information. For more information, see “[Handling Missing Information](#)” in section 2.
- Under no circumstances should food service personnel revise or change a diet prescription or medical order. CACFP facilities must follow the instructions written by the recognized medical authority in the child’s medical statement.

For guidance on determining when CACFP facilities are required to make meal modifications, see “[Requirements for Meal Modifications](#)” and [table 1](#) in this section.

Accessibility

USDA nondiscrimination regulations (7 CFR 15 b.26(d)(2)) specify that where existing food service facilities are not completely accessible and usable, CACFP facilities may provide aides or use other equally effective methods to serve food to children with disabilities. The CACFP facility is responsible for the accessibility of food service sites and for ensuring the provision of aides when needed.



As with additional costs for meal modifications, any additional costs for adaptive feeding equipment or aides are allowable CACFP costs. However, the USDA does not provide additional reimbursement.

Regulations also require that CACFP facilities provide food services in the most integrated setting appropriate to the needs of the child with disabilities. For more information, see “[Appropriate Eating Areas](#)” in section 2.

Cooperation

CACFP food service personnel should work closely with families and all other child care, medical, and community personnel who are responsible for the health, well-being and education of children with disabilities or with other special dietary needs, to ensure that the CACFP facility makes reasonable modifications to allow these children’s participation in the meal service. This cooperation is particularly important when accommodating children whose disabilities require significant modifications or personal assistance. For more information, see “[Team Approach](#)” and “[Communicating with Families](#)” in this section.

RESOURCES FOR SPECIAL DIETS

The resources below provide detailed guidance on special diets such as celiac disease, diabetes, food allergies, metabolic disorders, feeding problems, and other special dietary considerations.

- *Handbook for Children with Special Food and Nutrition Needs* (Institute of Child Nutrition): <http://www.nfsmi.org/documentlibraryfiles/PDF/20080213015556.pdf>
- *Happy Mealtimes for Healthy Kids, Lesson 3: Managing Food Allergies* (Institute of Child Nutrition): <http://www.childnutritioninstitute.org/documentlibraryfiles/PDF/20110921023035.pdf>
- *Special Diets: Where Do We Start?* Mealtime Memo for Child Care, No. 12, 2009 (Institute of Child Nutrition): <http://www.childnutritioninstitute.org/documentlibraryfiles/PDF/20100329093016.pdf>
- *Special Needs Facts Sheets* (Institute of Child Nutrition): <http://nfsmi-web01.nfsmi.olemiss.edu/ResourceOverview.aspx?ID=107>

For more resources, see [section 6](#) and the [Special Diets](#) section of the CSDE’s [Nutrition Resources](#) list.

2 — Modifications for Children with Disabilities

The USDA nondiscrimination regulations (7 CFR 15b) and CACFP regulations (7 CFR 226.20(g)) require that CACFP facilities make reasonable modifications on a case-by-case basis for children whose disability restricts their diet, when a recognized medical authority certifies the need. Meal modifications must be related to the disability or limitations caused by the disability and require a medical statement from a state-licensed healthcare professional who is authorized to write medical prescriptions under state law.

- A **reasonable modification** is a change or alteration in policies, practices, and/or procedures to accommodate a disability that ensures children with disabilities have equal opportunity to participate in or benefit from a program. The general guideline in making accommodations is that children with disabilities must be able to participate in and receive benefits from programs that are available to children without disabilities.
- A **recognized medical authority** is a state-licensed health care professional authorized to write medical prescriptions under state law, and recognized by the State Department of Public Health. The Connecticut State Department of Public Health (DPH) defines recognized medical authorities as physicians, physician assistants, doctors of osteopathy, and advanced practice registered nurses (APRNs), i.e., nurse practitioners, clinical nurse specialists, and certified nurse anesthetists who are licensed as APRNs.

All disability considerations must be reviewed on a case-by-case basis. Examples of conditions that might require meal modifications include, but are not limited to:

- autism;
- cancer;
- celiac disease;
- cerebral palsy;
- diabetes;
- food allergies;
- food intolerances, e.g., lactose intolerance and gluten intolerance;
- heart disease;
- metabolic disorders;
- phenylketonuria (PKU);
- seizure disorder;
- severe obesity; and
- certain temporary disabilities (see “[Temporary Disabilities](#)” in this section).



These examples of medical conditions are not all-inclusive and may not require meal modifications for all children.

DEFINITION OF DISABILITY

Each federal law specifies the definition of a person with a disability. The definitions under Section 504 of the Rehabilitation Act, the ADA (including the ADA Amendments Act), and the USDA nondiscrimination regulations are summarized below.

Section 504 of the Rehabilitation Act and the ADA

Under Section 504 of the Rehabilitation Act and the ADA, a “person with a disability” means any person who 1) has a physical or mental impairment that substantially limits one or more major life activities, 2) has a record of such an impairment, or 3) is regarded as having such an impairment.

The [final rule](#) (28 CFR Parts 35 and 36) for the ADA Amendments Act includes examples of diseases and conditions that may qualify an individual for protection under Section 504 or the ADA, if the disease or condition meets the qualifying criteria for a physical or mental impairment under Section 504 or the ADA. This list is not all-inclusive.

- orthopedic, visual, speech, and hearing impairments;
- cerebral palsy;
- epilepsy;
- muscular dystrophy;
- multiple sclerosis;
- cancer;
- heart disease;
- diabetes;
- intellectual disability;
- emotional illness;
- dyslexia and other specific learning disabilities;
- Attention Deficit Hyperactivity Disorder;
- Human Immunodeficiency Virus infection (whether symptomatic or asymptomatic);
- tuberculosis; and
- drug addiction and alcoholism. **Note:** An individual who is currently engaging in the illegal use of drugs, when an institution acts based on such use, is not a protected individual with a disability under either Section 504 or the ADA. This exclusion does not include individuals currently participating in, or who have successfully completed, a supervised drug rehabilitation program and are no longer engaging in such drug use.

The final rule for the ADA Amendments Act defines “major life activities” as including, but not being limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, writing, communicating, interacting with others, and working.

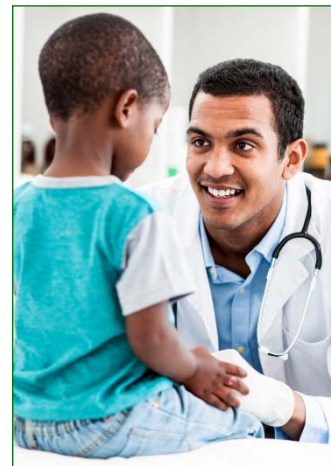
“Major life activities” also include the operation of a major bodily function including, but not limited to, functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive systems. The operation of a major bodily function includes the operation of an individual organ within a body system.

The ADA Amendments Act specifically prohibits a “mitigating measure” from being used to deny an individual with a disability protection under Section 504. For example, if a child’s diabetes can be controlled through insulin and diet, the child may still qualify for protection because the mitigating measures (insulin) cannot be considered in determining qualification. However, the Section 504 team may use mitigating measures to determine the accommodations needed for the child.

IDEA Act of 2004

Under the IDEA, a child with a “disability” means 1) a child evaluated in accordance with the IDEA as having one or more of the recognized disability categories; 2) the disability adversely affects educational performance; and 3) because of the disability and the adverse impact, the child needs special education and related services. The IDEA 2004 disability categories include:

- autism;
- deaf-blindness;
- deafness;
- emotional disturbance;
- hearing impairment;
- intellectual disability (mental retardation);
- multiple disabilities;
- orthopedic impairment;
- other health impairment (limited strength, vitality or alertness due to chronic or acute health problems such as lead poisoning, asthma, attention deficit disorder, diabetes, a heart condition, hemophilia, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome);
- specific learning disability;
- speech or language impairment;
- traumatic brain injury;
- visual impairment including blindness; and
- developmental delay (3- to 5-year-old children only).



USDA Nondiscrimination Regulations

While the USDA regulations use the term “handicapped” to refer to people with disabilities, this guide uses the terms “disability” and “disabilities” because they are consistent with the current language used in the definitions under Section 504, the ADA and ADA Amendments Act, and the IDEA.

The USDA nondiscrimination regulations 7 CFR 15b.3 provide the following definition for handicapped person:

“Handicapped Person” means any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

“Physical or mental impairment” means 1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or 2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.

“Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

“Has a record of such impairment” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

“Is regarded as having an impairment” means 1) has a physical or mental impairment that does not substantially limit major life activities but that is treated by a recipient as constituting such a limitation; 2) has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others towards such impairments; or 3) has none of the impairments defined in “physical and mental impairment” above, but is treated by a recipient as having such an impairment.

The USDA regulations require meal modifications for children whose disability restricts their diet. This applies to all children whose physical and mental impairments meet the definition of disability under any of the federal laws, including Section 504, the ADA and ADA Amendments Act, the IDEA, and the USDA nondiscrimination regulations. **Under the ADA Amendments Act, most physical and mental impairments will constitute a disability.**

DETERMINING WHAT CONSTITUTES A DISABILITY

The determination of whether a child has a disability is based on the federal laws (Section 504, the IDEA, the ADA and ADA Amendments Act, and the USDA nondiscrimination regulations) and a recognized medical authority's diagnosis of the child's medical condition. The child's medical statement indicates if the child has a disability (physical or mental impairment) that restricts their diet. Alternatively, if the child requires special education, this may be indicated in the child's Section 504 plan or IEP.

CACFP facilities can determine if a child requires a meal modification by reviewing Question 10 in section B of the CSDE's *Medical Statement for Meal Modifications in CACFP Child Care Programs* form. Question 10 asks if the child has a physical or mental impairment that restricts their diet. If the answer is "Yes," the CACFP facility must make the meal modification. If the answer is "No," the CACFP facility may choose to make meal modifications on a case-by-case basis.

Under the ADA Amendments Act, most physical and mental impairments will constitute a disability. This includes conditions that impair immune, digestive, neurological, and bowel functions, as well as many others. **All disability considerations must be reviewed on a case-by-case basis.**

- Under the ADA Amendments Act, a physical or mental impairment does not need to be life threatening to constitute a disability. It is sufficient that it limits a major life activity. For example, a food intolerance, such as lactose intolerance or gluten intolerance, may be considered a disability if it substantially limits digestion, a bodily function that is a major life activity. A child whose digestion is impaired by a food intolerance may be a person with a disability, regardless of whether consuming the food causes the child severe distress.
- If a child's condition is not listed under the ADA's categories of diseases and conditions, it cannot be assumed that the condition is not a disability. The ADA's categories of diseases and conditions are not all-inclusive; there are more conditions that meet the definition of disability than are listed in the law.
- The determination of whether a physical or mental impairment constitutes a disability must be made without regard for whether mitigating measures may reduce the impact of the impairment. An impairment may be covered as a disability even if medication or another mitigating measure may reduce the impact on the impairment. For example, the fact that a child may be able to control an allergic reaction by taking medication should not be considered in determining whether the allergy is a disability.
- General health concerns and personal preferences, such as a parent's preference that a child eats a gluten-free diet or organic foods because the parent believes it is healthier for the child, are not disabilities and do not require meal modifications. This also

applies to preferences for nondairy milk substitutes (such as rice milk and almond milk) that do not comply with the USDA’s Nutrition Standards for Fluid Milk Substitutes. CACFP facilities can never serve noncompliant milk substitutes to children without disabilities, even with a medical statement signed by a recognized medical authority. For more information, see [section 3](#).

Based on the ADA Amendments Act, CACFP facilities should not engage in weighing medical evidence against the legal standard to determine whether a particular physical or mental impairment is severe enough to qualify as a disability. **The primary concern is ensuring equal opportunity for all children to participate in or benefit from the CACFP.**

Section 504 Considerations

The determination of whether a child has a disability under Section 504 is through a Section 504 meeting, which can be initiated by anyone. A team of professionals who are knowledgeable about the condition of the child reviews the child’s data, determines if additional information is needed, and determines if the child qualifies as having a disability under Section 504.

The Section 504 meeting and the Planning and Placement Team (PPT) determine whether the disability affects the child’s diet, and therefore requires a meal modification. The PPT is a group of certified or licensed professionals who represent each of the teaching, administrative, and pupil personnel staffs, and who participate equally in the decision-making process to 1) determine the specific educational needs of a child eligible for special education; and 2) develop an IEP for the child. These are people knowledgeable in the areas necessary to determine and review the appropriate educational program for a child eligible for special education.

If the team determines the child has a disability under Section 504 (because the child has a physical or mental impairment that substantially limits a major life activity), the CACFP facility must make the modifications specified by the recognized medical authority in the child’s Section 504 plan. There does not have to be an impact on education for a child with special dietary needs to qualify under Section 504. A child with special dietary needs may qualify under Section 504 if the dietary needs significantly impair the child’s major life activity of eating. Accommodations to address the child’s dietary needs should be written into a Section 504 plan. A separate Individualized Health Care Plan (IHCP) may be written for the child. In some situations, the IHCP is the child’s Section 504 plan.

Protection under Section 504 and the ADA extends to public and private child care centers. Centers must make accommodations and reasonable modifications to their practices to allow children protected by these federal nondiscrimination laws to access the CACFP, which includes children with special dietary needs.

If the Section 504 meeting determines that the child does not have a disability, the CACFP facility may choose to make meal modifications on a case-by-case basis, but is not legally obligated, to accommodate the child.

IDEA Considerations

A child with special dietary needs may be eligible for special education through the IDEA under the category of “other health impaired” (OHI), where the special dietary needs or other health concerns are the primary reasons the child meets the OHI criteria. OHI requires a chronic or acute medical condition that results in limited strength, vitality, or alertness or a heightened awareness to stimuli, which adversely affects the child’s education performance and causes the child to require specially designed instruction. If the child is eligible under the OHI category, the PPT will need to address the effects of the child’s medical condition on educational performance. The PPT must also address the special dietary needs as a related service enabling the child to benefit from the educational program.

A child with special dietary needs may be eligible for special education under the IDEA in a category of disability other than OHI. For example, a child with traumatic brain injury may also have special dietary needs. The PPT should consider whether the child’s special dietary needs are such that the school should provide related services to enable the child to benefit from instruction. A child identified as having a disability and receiving services under the IDEA will have an IEP.

For children with special dietary needs, the IEP may contain goals and objectives directly related to the child’s dietary needs, such as feeding goals. In the related service area, the IEP may indicate what school health services the child needs when the special dietary needs are considered. In addition, the modifications and accommodations page of the IEP document should indicate any meal modifications for the child. Services that are necessary to enable the child to benefit from instruction must be written as a related service for the child.

If the dietary needs interfere with the child’s ability to benefit from instruction, a plan to address the child’s special dietary needs is a related service included in the IEP. The CACFP facility must make the meal modifications indicated in the IEP.

An IHCP may be all that is necessary if the special dietary issues do not affect the child’s education. When a child is neither eligible for special education nor qualifies under Section 504, an IHCP should be written to address the child’s nutritional needs.

Other Considerations

The recognized medical authority is not responsible for determining if a child qualifies as having a disability under Section 504 or if a child is eligible for special education under the IDEA. The PPT conducts the PPT meeting to determine a child’s eligibility for special education under the IDEA. The Section 504 team conducts the Section 504 meeting to determine if a child has a disability.

A child’s medical condition may not necessarily qualify as having a disability under Section 504 or the IDEA. However, it may qualify as a disability under the ADA Amendments Act, and may therefore require a meal modification when a recognized medical authority certifies the need. The child’s medical statement signed by a recognized medical authority identifies how the physical or mental impairment restricts the child’s diet and explains what must be done to accommodate the child. If a recognized medical authority determines that a child’s

disability requires a meal modification, the CACFP facility must make the meal modification, even if:

- the child is not determined to have a disability under Section 504 or the IDEA; or
- the parent or guardian has not requested services under either of these laws.

For example, a food intolerance, such as lactose intolerance or gluten intolerance, is not considered a disability under Section 504 or the IDEA. However, under the ADA Amendments Act, a food intolerance may be considered a disability if it substantially limits digestion, a bodily function that is a major life activity. A child whose digestion is impaired by a food intolerance may be a person with a disability, regardless of whether consuming the food causes the child severe distress.

MEDICAL STATEMENT REQUIREMENTS

For children with disabilities, the USDA requires that the medical statement to request meal modifications must include three components:

- information about the child’s physical or mental impairment that is sufficient to allow the CACFP facility to understand how it restricts the child’s diet;
- an explanation of what must be done to accommodate the child’s disability; and
- if appropriate, the food or foods to be omitted and recommended alternatives.

In some cases, more information may be required. For example, if the child requires caloric modifications or the substitution of a liquid nutritive formula to accommodate a disability, the recognized medical authority should include this information in the medical statement.

The CSDE’s medical statement form and instructions assist CACFP facilities with obtaining the information required by the USDA.

- *Medical Statement for Meal Modifications in CACFP Child Care Programs:* <http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/MedicalCACFP.pdf>
- *Guidance and Instructions for the Medical Statement for Meal Modifications in CACFP Child Care Programs:* <http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/MedicalCACFPinstr.pdf>

If CACFP facilities use an alternate form, it must contain the three components required by the USDA. The CACFP facility’s medical statement cannot require a specific diagnosis by name or use the term “disabled” or “disability.”

CACFP facilities must make appropriate meal modifications for children with disabilities based on the medical statement signed by a recognized medical authority. Under no circumstances should CACFP or food service personnel diagnose health conditions, perform nutritional assessment, prescribe nutritional requirements, or interpret, revise, or change a diet order from a recognized medical authority.

Medical Information in IEP or 504 Plan

If the child’s IEP or 504 Plan includes the same information (three components) required by the USDA or if the required information is obtained during the development or review of the IEP or 504 Plan, the CACFP facility does not need obtain a separate medical statement. Using a team approach can help CACFP facilities ensure the IEP or 504 Plan will include the information needed to meet the USDA’s requirements for the medical statement. Clear communication about the requirements for the medical statement can help reduce the burden for families, food service personnel, and child care staff. For more information, see “[Team Approach](#)” in section 1.

Assessing Requests

CACFP facilities may consider expense and efficiency when choosing the most appropriate approach to accommodate a child’s disability. The USDA does not require CACFP facilities to provide the exact substitution or other modification requested in the child’s medical statement. However, CACFP facilities must work with the parent or guardian to offer a reasonable modification that effectively accommodates the child’s disability and provides equal opportunity to participate in or benefit from the CACFP.

For example, the medical statement for a child with an allergy to a specific ingredient found in a menu item may request a specific brand-name version as a substitute. Generally, the CACFP facility is not required to provide the identified brand-name item, but they must offer a substitute that does not contain the specific allergen that affects the child. For more information, see “[Specific Brands of Food](#)” in this section.

When determining what constitutes an appropriate modification, CACFP facilities should consider the age, maturity, mental capacity, and physical ability of the child. For example, younger children may need greater assistance with selecting and eating their meals, whereas older children may be able to take a greater level of responsibility for some of their dietary decisions.

The USDA does not require CACFP facilities to make modifications that would result in a fundamental alteration to the nature of the CACFP, such as expensive meal modifications that would make continued operation of the CACFP unfeasible. The expense of a modification is measured against the total resources available to the individual CACFP center or family day care home.

For example, providing an expensive medical infant formula to accommodate an infant’s disability may be so financially burdensome for a CACFP family day care home with one staff member that it would make operating the CACFP unfeasible, and consequently would fundamentally alter the nature of the CACFP. In this example, the CACFP family day care home is not required to provide the requested medical infant formula.



When CACFP facilities receive a very expensive meal modification request, they should first consider engaging in further dialogue with the parent or guardian. While CACFP

facilities are not required to provide the exact substitution or other modifications requested, they must work with the parent or guardian to offer a reasonable modification that effectively accommodates the child's disability and provides equal opportunity to participate in or benefit from the CACFP.

Handling Missing Information

CACFP facilities should not deny or delay a requested meal modification because the medical statement does not provide sufficient information, for example, the medical statement does not provide recommended alternatives or fully explain the needed modification for the child. If the medical statement is unclear or lacks sufficient detail, the CACFP facility must obtain appropriate clarification so the child receives safe meals. When necessary, the CACFP facility should work with the child's parent or guardian to obtain an amended medical statement.

While obtaining additional information, the CACFP facility should follow the portion of the medical statement that is clear and unambiguous to the greatest extent possible. For example, if the medical statement indicates that a child experiences respiratory distress when consuming eggs, but fails to identify recommended substitutes, the CACFP facility should not serve eggs to the child while waiting for additional information regarding appropriate substitutes.

While waiting for the child's parent or guardian to submit additional information or a revised medical statement for a child with a disability, the USDA allows CACFP facilities to claim reimbursement for modified meals that do not comply with the CACFP meal patterns. In this situation, the CACFP facility must document the initial conversation when the parent or guardian first indicated the child's need for a meal modification. The CACFP facility should follow up with the parent or guardian if they do not receive the requested medical statement as anticipated, and maintain a record of this contact. The CACFP facility should diligently continue to follow up with the parent or guardian until a medical statement is obtained or the request is rescinded.

Declining a Request

If the meal modification request is related to the child's disabling condition, it is almost never appropriate for the CACFP facility to decline the meal modification. The exception is a modification request that would fundamentally alter the nature of the USDA Child Nutrition Programs (see "[Assessing Requests](#)" on the previous page). Denying modifications under the fundamental alteration exception should not result in the denial of access to the CACFP or other benefits or services. **Before using this exception, CACFP facilities should contact the CSDE for assistance with any concerns that a requested modification would fundamentally alter the nature of the CACFP.**

While CACFP facilities are not required to provide the exact substitution or other modification requested, they must work with the parent or guardian to offer a reasonable modification that effectively accommodates the child's disability and provides equal opportunity to participate in or benefit from the CACFP. Generally, the emphasis should be working with parents or guardians to develop an effective approach for the child.

When considering a denial, the CACFP facility must first ensure that the decision is being made according to policy at the sponsor, state, and federal levels. A small agency or family day care home should coordinate these actions with their sponsoring organization, which has procedural safeguards and grievance procedures in place. **Any final decision regarding the modification request must be provided to the child’s family in writing.** For more information, see “[Procedural Safeguards](#)” in section 5.

Stopping a Request

If a child no longer needs a meal modification, the USDA does not require CACFP facilities to obtain written documentation from a recognized medical authority rescinding the original medical order prior to ending a meal modification. However, the USDA recommends that CACFP facilities maintain documentation when ending a meal accommodation. For example, before ending the modification, the CACFP facility could ask the child’s parent or guardian to sign a statement indicating that their child no longer needs a meal modification.

Storage and Updates of Medical Statements

The CACFP facility should maintain all medical statements in a confidential manner with each child’s medical records, such as the yearly physical form. The USDA regulations do not specify time limits on medical statements or require CACFP facilities to obtain updated medical statements on a regular basis. For information on the requirements for records retention, see [CSDE Operational Memorandum No. 08C-07 and 08H-07](#).



Since children’s special dietary needs may change over time, the CSDE strongly recommends that CACFP facilities develop a plan for ensuring that the dietary information on file is current. For example, a CACFP facility’s policy could request an updated medical statement whenever a child:

- has a physical;
- transitions to a different school;
- requires a new meal modification; or
- requires a change to an existing meal modification.

Any changes to diet orders for children with disabilities must be in writing on a medical statement signed by a recognized medical authority. CACFP facilities may require updates as necessary to meet their responsibilities. When establishing these requirements, the USDA recommends carefully considering the burden obtaining additional medical statements could create for parents or guardians.

TEMPORARY DISABILITIES

The requirements for providing meal modifications for children with disabilities apply regardless of the duration of the disability. If a disability is episodic and substantially limits a major life activity when active, CACFP facilities must provide a reasonable modification based on the child’s medical statement signed by a recognized medical authority. Whether a temporary impairment is a disability must be determined on a case-by-case basis, taking into consideration both the duration (or expected duration) of the impairment and the extent to which it actually limits a major life activity of the affected individual.

If the condition is temporary, but severe and lasts for a significant duration, CACFP facilities must provide a reasonable modification for the duration of the condition. An example of a temporary disability is a child who had major oral surgery due to an accident and is unable to consume food for a significant period of time unless the texture is modified. The CACFP facility must make the meal modification, even though the child is not “permanently” disabled. Temporary illness or injury, such as a cold, the flu, or a minor broken bone, are generally not considered conditions that require reasonable meal modifications.

SPECIFIC BRANDS OF FOOD

The USDA does not require CACFP facilities to provide the exact substitution or other modification requested in the child’s medical statement, such as a specific brand of food. In most cases, a generic brand is sufficient.

For example, a child’s medical statement for a food allergy might request a specific brand of food as a substitute. The CACFP facility is generally not required to provide the requested brand of food, but must offer to provide a substitute that does not contain the specific allergen that affects the child. The meal substitution can include any brand or type of food that meets the child’s special dietary needs. For example, if the medical statement lists a specific brand of gluten-free chicken patty, appropriate substitutes might include a different gluten-free brand or a different gluten-free food item, such as:

- a different brand of gluten-free chicken patty that meets the child’s special dietary needs;
- another type of chicken that meets the child’s special dietary needs, e.g., gluten-free grilled or baked chicken; or
- another type of food that meets the child’s special dietary needs, e.g., gluten-free hamburger or sliced turkey.



The CACFP facility must work with the parent or guardian to offer a reasonable modification that effectively accommodates the child’s disability and provides equal opportunity to participate in or benefit from the CACFP. CACFP facilities may consider expense and efficiency in choosing an appropriate approach to accommodate a child’s disability. For more information, see “[Assessing Requests](#)” in this section.

NUMBER OF ALTERNATE MEALS

The USDA regulations do not require a specific number of alternate meals to meet the dietary needs of children with disabilities. CACFP facilities are obligated to offer children with disabilities a medically appropriate and reasonable meal modification based on the medical statement signed by a recognized medical authority. Each request must be assessed on a case-by-case basis to determine the specific and appropriate modification.

In certain cases, a child may have a restricted diet that requires the same modified meal each day. However, most children will be able to eat a variety of modified meals over the week. Depending on the child's individual medical condition and the recognized medical authority's instructions, a reasonable modification could be offering:

- the same modified meal that meets the child's specific dietary needs each time the child eats CACFP meals; or
- a cycle menu of modified meals that meet the child's specific dietary needs, based on input from the child's parent or guardian, medical professionals, and other appropriate individuals.



Whenever possible, the USDA encourages CACFP facilities to offer children with disabilities a variety of options over the week that is similar to the weekly variety of options offered to children without disabilities. To improve nutrition and increase variety, the CSDE encourages CACFP facilities to develop a cycle menu of modified meals that meet specific dietary needs, such as a five-day cycle menu for a gluten-free diet or a two-week cycle menu for a specific food allergy. Before using the same cycle menu for multiple children with the same medical condition, CACFP facilities should check with parents or guardians to ensure that the modified meals meet their child's specific dietary requirements.

DIFFERENT PORTION SIZES

For children with disabilities, if the medical statement requires portion sizes that are different from the minimum quantity requirements in the CACFP meal patterns, the CACFP facility must provide the specified portions. Examples include:

- an additional amount of a specific meal pattern component in the meal, such as a second serving of meat/meat alternates or grains;
- requiring a smaller amount of food than the minimum portion size required in the CACFP meal patterns, such as 1 ounce of meat/meat alternates for ages 3-5 at lunch instead of the required 1 ½ ounces of meat/meat alternates;
- requiring that a child receives two of the same meal, e.g., two lunches. **Note:** While the CACFP facility must provide the two meals prescribed by the recognized medical authority, USDA regulations allow CACFP facilities to claim only one lunch per child per day.

The recognized medical authority must specify any requirements for different portion sizes in the child's medical statement.

TEXTURE MODIFICATIONS

The USDA does not require medical statements when meals require only texture modifications, such as chopped, ground, or pureed foods. CACFP facilities may apply stricter guidelines and require that a medical statement must be on file concerning the needed texture modifications. This serves as a precaution to ensure safe and appropriate meals for the child, protect the CACFP facility, and minimize misunderstandings.



Unless otherwise specified by the recognized medical authority, meals modified for texture should consist only of the same food items and quantities specified in the regular CACFP menus. Meals that consist only of texture modifications must meet the CACFP meal patterns

As with other dietary substitutions, no additional USDA reimbursement is available for texture-modified meals. If a child must have a pureed meal, it is reasonable to use CACFP funds to purchase a blender or food processor and to have the meal prepared by food service personnel. For more information on texture modifications, see the CSDE's [*Guidelines for Feeding and Swallowing Programs in Schools*](#).

TUBE FEEDINGS

For children with disabilities who require tube feedings, the USDA recommends using commercial nutritive formulas prescribed by a recognized medical authority and specially designed for tube feedings. Formula prepared on site may be subject to spoilage, and may not always have the correct consistency or nutritive content.

With appropriate documentation on the medical statement, child care programs can use CACFP funds for the cost of tube feeding formulas that are required as meal substitutions. However, food service personnel are not responsible for physically feeding the child. For more information on tube feedings, see the CSDE's [*Guidelines for Feeding and Swallowing Programs in Schools*](#).

ADMINISTERING FEEDINGS

While the CACFP facility is responsible for providing modified meals for a child with disabilities, food service personnel are not responsible for physically feeding the child. CACFP facilities should be aware of the potential liability if staff members without sufficient training and direction are performing tasks or activities such as developing or modifying a diet order prescribed by a recognized medical authority or administering tube feedings. Proper administration of this type of feeding generally requires the skills of specially trained personnel, such as nurses or trained aides who regularly work with the child.

MEAL SERVICES OUTSIDE OF CACFP

The general guideline in making accommodations is that children with disabilities must be able to participate in and receive benefits from programs that are available to children without disabilities. A CACFP facility is not required to provide meal services to children with disabilities when the meal service is not normally available for all children. For example, a CACFP facility that does not serve breakfast is not required to provide breakfast for children with disabilities.

With appropriate documentation on a medical statement signed by a recognized medical authority, CACFP facilities are required to provide reasonable modifications that may include special foods or nutrition supplements as part of reimbursable meals for children with disabilities. However, CACFP facilities are not required to pay for other servings of special foods or nutrition supplements throughout the child care day **outside** of CACFP meals and snacks.



NUTRITION INFORMATION

The USDA considers providing nutrition information for foods served in CACFP meals to be a component of reasonable accommodations for special diets. The CACFP facility is responsible for making nutrition information for CACFP meals available to families, health consultants, and others, as needed. An example of a reasonable accommodation is maintaining a binder of nutrition labels for foods served in CACFP meals, and making it available in the office for staff and families to review. This enables families, in consultation with medical professionals, to determine the appropriate meals for their child's specific dietary concerns.

For example, if a child has a life-threatening food allergy, the CACFP facility must provide information on the ingredients for foods served in CACFP meals. This information allows the family and appropriate medical personnel to determine which meals are safe for the child to eat, and which meals the CACFP facility must modify to prevent an allergic reaction.

It is important to have good communication between the CACFP facility and families. Everyone involved in planning and providing for the child's meals shares responsibility for ensuring reasonable accommodations of the child's needs. This includes parents/guardians, health consultants, medical professionals, program administrators, and food service personnel.

When the CACFP facility obtains meals through a food service management contract or a school food agreement with a board of education, the food service contract should address the requirement for providing nutrition information for CACFP meals. For more information, see "[Vended Meals](#)" in section 4.

CARBOHYDRATE COUNTS

CACFP facilities are responsible for providing a carbohydrate count to the family of a diabetic child for each food item served in one daily reimbursable choice at each meal, e.g., breakfast, lunch, and snack. If the daily menu includes multiple meal or snack choices, CACFP facilities are not required to provide carbohydrate counts for each meal option.



The CACFP food service program is responsible for providing information on the initial weights or measures of the planned food for the chosen meal. However, food service personnel are not responsible for weighing or measuring leftover food after the child has consumed the meal, or determining the proper amount of carbohydrates needed or consumed. These tasks are the responsibility of the child care program’s health consultant or other designated medical personnel.

The USDA specifies that food service personnel can never diagnose health conditions, perform nutritional assessment, prescribe nutritional requirements, or interpret, revise, or change a diet order. If food service personnel have questions about a child’s diet order, prescribed meal substitutions, or any other required modifications, they should consult the appropriate medical personnel who work with the child, such as the health consultant and the child’s physician or registered dietitian.

For resources on diabetes, see the [American Diabetes Association](#) website and “Diabetes” in the CSDE’s [Special Diets](#) resource list.

FOOD ALLERGY

A food allergy is a hypersensitivity from an abnormal response of the body’s immune system to food or food additives that the body would otherwise consider harmless. Under the ADA Amendments Act, a food allergy does not need to be life-threatening or cause anaphylaxis to be considered a disability. A non-life-threatening food allergy may be considered a disability and require a meal modification if it impacts a major bodily function or other major life activity, such as digestion, respiration, immune response, and skin rash. If a recognized medical authority determines that a food allergy is a disability for a particular child, the CACFP facility must make the appropriate meal modifications based on the child’s medical statement.

The CACFP facility must provide the child with a safe meal and a safe environment to consume the meal. Food service personnel must ensure that modified meals meet each child’s prescribed guidelines and are free of all ingredients suspected of causing an allergic reaction. The CACFP facility must use proper storage, preparation, and cleaning techniques to prevent exposure to allergens through cross contamination.

Sometimes it is advisable to prepare a separate meal from scratch using ingredients allowed on the special diet rather than serving a meal using processed foods. The general rule in these situations is to exercise caution at all times. If a food’s ingredients are unknown, CACFP facilities cannot serve the food to children who are at risk for allergic reactions.

The resources below provide guidance on managing food allergies.

- Food Allergy Resources (Institute of Child Nutrition):
<http://www.nfsmi.org/ResourceOverview.aspx?ID=428>
- *Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools* (CSDE):
<http://portal.ct.gov/SDE/Publications/Managing-Life-Threatening-Food-Allergies-in-Connecticut-Schools>
- School Tools: Allergy & Asthma Resources for Families, Clinicians and School Nurses (American Academy of Allergy, Asthma & Immunology):
<http://www.aaaai.org/conditions-and-treatments/school-tools>

For more information, see the “Food Allergies” in the CSDE’s [Special Diets](#) resource list. and the USDA’s [Food Safety Resources](#) webpage.

FOOD INTOLERANCE

A food intolerance is an adverse food-induced reaction, such as lactose intolerance, that does not involve the body’s immune system. Under the ADA Amendments Act, a food intolerance may be considered a disability if it substantially limits digestion, a bodily function that is a major life activity. For example, a child whose digestion is impaired by lactose intolerance or gluten intolerance may be a person with a disability, regardless of whether consuming milk or gluten-containing foods causes the child severe distress. If a recognized medical authority determines that a food intolerance is a disability for a particular child, the CACFP facility must make the appropriate meal modifications based on the child’s medical statement. CACFP facilities must review each child’s situation on a case-by-case basis.

GLUTEN SENSITIVITY

Gluten sensitivity (also called gluten intolerance) is a condition with symptoms similar to those of celiac disease that improve when gluten is eliminated from the diet. Individuals who have been diagnosed with gluten sensitivity do not experience the small intestine damage found in celiac disease.

Gluten sensitivity is a diagnosis of exclusion that requires ruling out celiac disease and wheat/gluten allergy, followed by a period of dietary gluten exclusion to see if the patient gets better, then a gluten challenge to see how the patient reacts.

Under the ADA Amendments Act, a food intolerance or sensitivity may be considered a disability if it substantially limits digestion, a bodily function that is a major life activity. A child whose digestion is impaired by gluten sensitivity may be a person with a disability, regardless of whether consuming gluten-containing foods causes the child severe distress. If a recognized medical authority determines that gluten sensitivity is a disability for a particular child, the CACFP facility must make the appropriate meal modifications based on the child’s medical statement. CACFP facilities must review each child’s situation on a case-by-case basis.

CELIAC DISEASE

Celiac disease is a genetic autoimmune digestive disease that damages the small intestine and interferes with the absorption of nutrients from foods. Individuals with celiac disease cannot tolerate gluten, a protein found in wheat, rye, and barley. The treatment for celiac disease is to avoid all foods that contain gluten, including wheat, rye, barley, and any foods made with these grains.

Under the ADA Amendments Act, celiac disease qualifies as a disability because it limits the major life activity of digestion. If a child has celiac disease, the CACFP facility must make the appropriate meal modifications based on the child’s medical statement signed by a recognized medical authority.

Many processed foods contain gluten unless they are labeled “gluten-free” or are made with corn, rice, soy, or other gluten-free grains. Foods that are likely to contain gluten include:

- breads and bread products, e.g., pizza crust and muffins;
- pasta and couscous;
- grain-based desserts, such as cookies, cakes, and pies;
- breakfast cereals;
- crackers and snacks, e.g., pretzels, snack mix, pita chips, and croutons;
- seasoned snack foods, e.g., potato and tortilla chips;
- processed luncheon meats;
- soups and soup bases; and
- salad dressings and sauces, including soy sauce.

Table 2 shows examples of foods to avoid and allow with celiac disease. For more information and resources, see “Celiac Disease” in the CSDE’s [Special Diets](#) resource list.



Table 2. Examples of Foods to Avoid and Allow with Celiac Disease

This chart provides general guidance on foods with and without gluten. When making meal modifications for children with celiac disease, the CACFP facility must make the appropriate meal modifications based on the child's medical statement signed by a recognized medical authority. CACFP facilities must review each child's situation on a case-by-case basis.

AVOID	ALLOW ¹
<ul style="list-style-type: none"> • Barley (malt, malt flavoring, and malt vinegar are usually made from barley) • Rye • Triticale (a cross between wheat and rye) • Wheat <ul style="list-style-type: none"> ○ Dextrin ○ Durum flour ○ Farina ○ Graham flour ○ Kamut ○ Modified food starch ○ Semolina ○ Spelt ○ Wheat germ ○ What bran • Processed foods unless labeled "gluten-free" or made with corn, rice, soy, or other gluten-free grain 	<ul style="list-style-type: none"> • Beans, seeds, and nuts in their natural, unprocessed form • Fresh eggs • Fresh meats, fish, and poultry (not breaded, batter-coated, or marinated) • Fruits and vegetables • Most dairy products • Gluten-free grains <ul style="list-style-type: none"> ○ Amaranth ○ Arrowroot ○ Buckwheat ○ Corn flour and cornmeal ○ Flax ○ Gluten-free flours (rice, soy, corn, potato, bean) ○ Hominy (corn) ○ Millet ○ Oats ² ○ Quinoa ○ Rice ○ Sorghum ○ Soy ○ Tapioca ○ Teff

¹ If not processed or mixed with gluten-containing grains, additives, or preservatives.

² Must be labeled "gluten-free." Pure oats are a gluten-free food, but most commercially processed oats have been contaminated during the growing, harvesting, or processing stages.

AUTISM

Autism is considered a disability, and may require a reasonable meal modification if it substantially limits a major life activity such as eating. Having an autism diagnosis does not automatically qualify a child for meal modifications. Children with autism may not have a medical dietary condition. However, a child's autism sometimes results in food behaviors and preferences that require specific meal modifications. For example, some children with autism will only eat certain foods due to their repetitive and ritualistic behavior patterns. Any physical or mental impairment that prevents a child from consuming a meal is considered a disability.

For some autistic children, it is reasonable to view the autism diagnosis as a dietary restriction that is part of their disability. If a recognized medical authority determines that a dietary restriction is part of a child's autism diagnosis, the CACFP facility must provide appropriate accommodations based on the child's medical statement.

CACFP facilities must review each child's situation on a case-by-case basis, as one child's autism diagnosis may not have the same issue in another child's autism diagnosis.



MILK SUBSTITUTES FOR DISABILITIES

When a child has a medically documented disability that requires a milk substitute or a type of milk that is different from the CACFP meal pattern requirements, the CACFP facility must provide an appropriate substitute based on the child's medical statement signed by a recognized medical authority. The medical statement must include three components:

- information about the child's physical or mental impairment that is sufficient to allow the CACFP facility to understand how it restricts the child's diet;
- an explanation of what must be done to accommodate the child's disability; and
- if appropriate, the food or foods to be omitted and recommended alternatives, e.g., the milk substitute or a type of milk that must be substituted.



If cow's milk causes any digestive problems, the condition is considered a disability under the ADA Amendments Act, and requires a substitute. For children with disabilities, CACFP facilities can claim reimbursement for meals that contain other beverages in place of milk, such as juice, water, or nondairy beverages that do not meet the USDA nutrition standards for fluid milk substitutes. The required milk substitute must be indicated on the child's medical statement. **Note:** Juice, water, and milk substitutes that do not comply with the USDA nutrition standards are not allowed for children *without* disabilities.

Fat Content

If a child has a medically documented disability that requires milk with a fat content that is different from the requirements of the CACFP meal patterns, the CACFP facility must provide an appropriate substitute based on the child's medical statement signed by a recognized medical authority. [Table 3](#) indicates when milk with a different fat content is allowed. **Note:** Reimbursable meals for children *without* disabilities must include the appropriate fat content for each age group required by the CACFP meal patterns.

Nondairy Milk Substitutes

For children with a medically documented disability that requires a milk alternative such as soy milk, the CACFP facility must provide an appropriate substitute based on the child's medical statement signed by a recognized medical authority. The CACFP facility is not required to provide a specific brand of milk substitute, but must work with the parent or guardian to offer a reasonable modification that effectively accommodates the child's disability and provides equal opportunity to participate in or benefit from the CACFP.

Nondairy milk substitutes for children with disabilities are not required to comply with the USDA nutrition standards for milk substitutes. **Note:** All nondairy milk substitutes for children *without* disabilities must comply with the USDA's nutrition standards for milk substitutes (see [table 5](#) in section 3).



Table 3. Determining if Milk with a Different Fat Content is Allowed

Type of Milk	Allowable Substitution?					
	Child with Disability ^{1,2}			Child without Disability ²		
	Age 1	Ages 2-5	Ages 6 and older	Age 1	Ages 2-5	Ages 6 and older
Whole milk, unflavored	Yes	Yes	Yes	No	No	No
Whole milk, flavored	Yes	Yes	Yes	No	No	No
Reduced-fat (2%) milk, unflavored	Yes	Yes	Yes	No	No	No
Reduced-fat (2%) milk, flavored	Yes	Yes	Yes	No	No	No
Low-fat (1%) (2%) milk, flavored	Yes	Yes	Yes	No	No	No

¹ The medical statement signed by a recognized medical authority must include three components: information about the child’s physical or mental impairment that is sufficient to allow the CACFP facility to understand how it restricts the participant’s diet; an explanation of what must be done to accommodate the child’s disability; and if appropriate, the food or foods to be omitted and recommended alternatives, e.g., the specific fat content of milk that must be substituted.

² Requests for any types of milk that do not comply with the CACFP meal patterns can only be made for children whose disability restricts their diet, based on a medical statement signed by a recognized medical authority. For more information, see “[Milk Substitutes without Disabilities](#)” in section 3.

³ The CACFP meal patterns require unflavored whole milk for age 1; unflavored low-fat or unflavored fat-free milk for ages 2-5; and unflavored low-fat, unflavored fat-free, or flavored fat-free milk for ages 6 and older. This includes lactose-free and lactose-reduced milk. The USDA’s [CACFP Best Practices](#) recommends serving only unflavored milk.

APPROPRIATE EATING AREAS

Federal civil rights legislation, including Section 504 of the Rehabilitation Act of 1973, the IDEA, and Titles II and III of the ADA, requires that in providing nonacademic services, including meals, schools and institutions must ensure that children with disabilities participate along with children without disabilities to the maximum extent appropriate.

USDA regulations (7 CFR 15b.26(d)) require that CACFP facilities must provide all meal services in the most integrated setting appropriate to the needs of the disabled child. Exclusion of any child from the CACFP environment is not considered an appropriate or reasonable modification. For example, a child cannot be excluded from the area where meals are served and required to sit in another room during the meal service. Similarly, while it may be appropriate to require children with very severe food allergies to sit at a separate table to control exposure, it is not appropriate to simultaneously use that table to segregate children as punishment for misconduct.

3 — Modifications for Children without Disabilities

CACFP facilities have the option to make meal modifications on a case-by-case basis for children whose special dietary needs do not constitute a disability, including those related to religious or moral convictions, general health concerns, or personal preferences, such as a preference that a child eats a gluten-free diet or organic foods because a parent believes it is healthier for the child. However, the USDA does not require these accommodations.

Modified meals served to children without disabilities must comply with the CACFP meal patterns. For more information, visit the CSDE’s [Meal Patterns for CACFP Child Care Programs](#) webpage and see the CSDE’s guide, *Meal Pattern Requirements for CACFP Child Care Programs*.

The USDA does not require a medical statement for modified meals that meet the CACFP meal patterns. These meals are eligible for reimbursement regardless of whether the CACFP facility obtains a medical statement. However, the CSDE recommends obtaining a medical statement for optional meal modifications to ensure clear communication between parents or guardians and all appropriate CACFP staff about the appropriate meal modifications for the child. CACFP facilities can use the CSDE’s medical statement form to collect information for making meal modifications for children without disabilities.

- *Medical Statement for Meal Modifications in CACFP Child Care Programs:* <http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/MedicalCACFP.pdf>
- *Guidance and Instructions for the Medical Statement for Meal Modifications in CACFP Child Care Programs:* <http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/MedicalCACFPinstr.pdf>

MILK SUBSTITUTES WITHOUT DISABILITIES

The CACFP meal patterns for children require unflavored whole milk for age 1; unflavored low-fat (1%) or unflavored fat-free milk for ages 2-5; and unflavored low-fat, unflavored fat-free, or flavored fat-free milk for ages 6 and older. Table 4 summarizes the types of milk allowed for each age group in the CACFP meal patterns for children.

For children without disabilities, reimbursable meals cannot include milk that does not comply with these requirements, even with a medical statement signed by a recognized medical authority. The CACFP meal patterns do not allow other types of milk unless a child has a medically documented disability that requires another type of milk. For more information, see “[Milk Substitutes for Disabilities](#)” in section 2.

3 | CHILDREN WITHOUT DISABILITIES

CACFP facilities may choose, but are not required, to offer one or more allowable milk substitutes for children whose special dietary needs do not constitute a disability. The two types of allowable substitutes for children without disabilities include:

- lactose-reduced or lactose-free milk with the appropriate fat content for each age group (i.e., unflavored whole for age 1; unflavored low-fat or unflavored fat-free for ages 2-5; and unflavored low-fat, unflavored fat-free, or flavored fat-free for ages 6 and older); or
- a nondairy beverage that meets the USDA nutrition standards for fluid milk substitutes (see [table 5](#)).

Table 4. Allowable Types of Milk in the CACFP Meal Patterns for Children

Type of Milk	Ages				
	1	2	3-5	6-12	13-18 <i>(At-risk afterschool programs and emergency shelters)</i>
Whole, unflavored	X	¹			
Whole, flavored					
Reduced-fat (2%), unflavored		¹			
Reduced-fat (2%), flavored					
Low-fat (1%), unflavored		X	X	X	X
Low-fat (1%), flavored					
Fat-free (skim), unflavored		X	X	X	X
Fat-free (skim), flavored				X ²	X ²

¹ Unflavored whole milk and unflavored reduced-fat milk can only be served during a **one-month transition period** when switching a 24-month-old child from whole milk to low-fat or fat-free milk. For example, a CACFP facility can help ease the transition by adding a small amount of reduced-fat milk to whole-milk, then gradually changing to low-fat or fat-free milk mixed with whole milk, and increasing the amount over time.

² Flavored milk can be served to ages 6 and older, but the USDA’s [CACFP Best Practices](#) recommends serving only unflavored milk.

Lactose-reduced and Lactose-free Milk

Lactose-reduced milk has part of the lactose removed, while lactose-free milk has all of the lactose removed. Like regular milk, these types of milk come in a variety of flavors and fat contents, such as fat-free (skim), low-fat, and whole.

In addition to meeting the CACFP meal patterns, any lactose-reduced and lactose-free milk served as part of reimbursable CACFP meals in child care programs located in public schools must meet the state beverage requirements of C.G.S. [Section 10-221q](#). Milk cannot contain more than 4 grams of sugar per ounce and cannot contain artificial sweeteners. Lactose-reduced and lactose-free milk that does not meet the USDA and state standards cannot be

served as part of reimbursable CACFP meals and snacks or sold separately from reimbursable CACFP meals and snacks.

Lactose-reduced and lactose-free milk credit as the milk component in the CACFP meal patterns. CACFP facilities can substitute lactose-reduced and lactose-free milk (with the appropriate fat content for each age group) for regular milk, without a written statement from a parent or guardian. The CSDE encourages CACFP facilities to make lactose-reduced or lactose-free milk available to children as needed.

Nondairy Milk Substitutes

The USDA regulations allow CACFP facilities to offer nondairy milk substitutes that meet the USDA's nutrition standards for fluid milk substitutes. The USDA does not provide additional reimbursement for CACFP facilities that choose to provide these substitutions.

The USDA nutrition standards require that milk substitutes must be nutritionally equivalent to fluid milk and provide specific levels of calcium, protein, vitamins A and D, magnesium, phosphorus, potassium, riboflavin, and vitamin B₁₂. This ensures that children without disabilities who require a substitute for cow's milk for cultural, ethnic, religious, or medical reasons receive the important nutrients found in milk.

Table 5 summarizes the USDA nutrition standards for fluid milk substitutes. Certain brands of soy milk are the only available nondairy milk products that currently meet the USDA nutrition standards for fluid milk substitutes. Almond milk, rice milk, and other nondairy milk products do not currently meet these standards.

Nondairy milk substitutes must be unflavored for ages 1-5. Flavored nondairy milk substitutes can be served to ages 6 and older, but the USDA's *CACFP Best Practices* recommends serving only unflavored milk.

In addition to meeting the USDA nutrition standards, any nondairy milk substitutes served as part of reimbursable CACFP meals in child care programs located in public schools must meet the state beverage requirements of C.G.S. [Section 10-221q](#). Nondairy milk substitutes may be flavored but cannot contain artificial sweeteners, and must be no more than 4 grams of sugar per ounce, no more than 35 percent of calories from fat, and no more than 10 percent of calories from saturated fat. For children without disabilities, CACFP facilities cannot serve nondairy beverages that do not comply with the USDA nutrition standards for fluid milk substitutes and C.G.S. [Section 10-221q](#), even if the parent or guardian provides a medical statement signed by a recognized medical authority. Products that meet both federal and state requirements are included in the CSDE's *List of Acceptable Foods and Beverages* (List 17).

Identifying Acceptable Milk Substitutes

The Nutrition Facts label does not usually include all of the nutrients required to identify a product's compliance with the USDA nutrition standards for fluid milk substitutes. If any nutrients are missing, CACFP facilities must contact the manufacturer to obtain a product specification sheet that documents the product's compliance with each nutrient in the USDA nutrition standards for milk substitutes.

Menu planners can use the USDA protein standard to screen nondairy milk products and determine whether they might meet the USDA nutrition standards. The USDA requires that fluid milk substitutes contain 8 grams of protein per cup (8 fluid ounces). If the product’s Nutrition Facts label lists less than 8 grams of protein per 1-cup serving, the product does not meet the USDA’s nutrition standards.

If the product’s Nutrition Facts label lists at least 8 grams of protein per 1-cup serving, the product *might* comply with the USDA’s nutrition standards. CACFP facilities must obtain additional information from the manufacturer to determine if the product also meets the standards for calcium, vitamin A, vitamin D, magnesium, phosphorus, potassium, riboflavin, and vitamin B12 (see [table 5](#)).

The CSDE’s handout, *Allowable Milk Substitutes for Children without Disabilities in the CACFP*, contains a list of allowable milk substitutes. CACFP facilities are encouraged to submit product nutrition information to the CSDE so that new acceptable milk substitutes can be added to the list.

Table 5. USDA Nutrition Standards for Fluid Milk Substitutes	
Minimum Nutrients per Cup (8 fluid ounces)	
Calcium	276 milligrams (mg) or 30% Daily Value (DV) ¹
Protein	8 grams (g)
Vitamin A	500 international units (IU) or 10% DV
Vitamin D	100 IU or 25% DV
Magnesium	24 mg or 6% DV
Phosphorus	222 mg or 20% DV ¹
Potassium	349 mg or 10% DV ¹
Riboflavin	0.44 mg or 25% DV ^{1*}
Vitamin B-12	1.1 micrograms (mcg) or 20% DV ¹
¹ The FDA labeling laws require manufacturers to round nutrition values to the nearest five percent. The actual minimum DV is 27.6% for calcium, 22.2% for phosphorus, 9.97% for potassium, 25.88% for riboflavin, and 18.33% for vitamin B12.	

Required Documentation for Milk Substitutes

Parents or guardians may request a nondairy milk substitute in writing without providing a medical statement signed by a recognized medical authority. For example, a parent of a vegetarian child can submit a written request asking the CACFP facility to substitute an allowable brand of soy milk for cow’s milk. The written request must identify the medical or other special dietary need that restricts the child’s diet. **Note:** Any other menu substitutions for vegetarian diets must meet the CACFP meal patterns. For more information, see “[Vegetarians](#)” in section 4.

The soy milk offered by the CACFP facility must meet the USDA nutrition standards for fluid milk substitutes (see [table 5](#)). Parent or guardian requests for milk substitutes must be

maintained on file with children’s medical records. For more information, see “[Storage and Updates of Medical Statements](#)” in section 2.

The provision allowing a statement from parents or guardians applies only to milk substitutes for children *without* disabilities. It does not apply to any other substitutions of foods or beverages in CACFP meals for children without disabilities. For information on milk substitutes for children with disabilities, see “[Milk Substitutes for Disabilities](#)” in section 2.

Variety of Milk Substitutes

CACFP facilities may choose how many types of milk substitutes to offer to children without disabilities. If more than one substitute is offered, the CACFP facility must inform all parents or guardians of the options and allow all parents or guardians to choose one. For a reimbursable meal, all milk substitute options offered by the CACFP facility must be:

- lactose-reduced or lactose-free milk with the appropriate fat content for each age group (see “[Lactose-reduced and Lactose-free Milk](#)” in this section); or
- a nondairy beverage that meets the USDA nutrition standards for fluid milk substitutes (see [table 5](#)).

Availability of Milk Substitutes

If a CACFP facility chooses to make allowable milk substitutes available, they must be available for all children when requested by a parent or guardian. If the CACFP facility grants a parent’s request for any substitute, then all requests for that substitute must be granted. For example, if the CACFP facility chooses to provide an allowable brand of soy milk at a parent’s request, then an allowable brand of soy milk must be available to all children whose parents or guardians make any request for fluid milk substitutes. All soy milk products must meet the USDA’s nutrition standards for fluid milk substitutes (see [table 5](#)).

Juice and Water

CACFP facilities can never offer juice or water as milk substitutes for children without disabilities, even with a medical statement signed by a recognized medical authority. If a CACFP facility chooses to make milk substitutes available, they must include at least one choice of either lactose-free or lactose-reduced milk with the appropriate fat content for each age group, or a nondairy beverage that meets the USDA nutrition standards for milk substitutes (see [table 5](#)). These are the only options allowed for milk substitutes for children without disabilities. Meals that contain juice or water in place of milk are only reimbursable for children whose medically documented disability requires juice or water.



Tables 6 and 7 show examples of whether milk substitutes are allowable for children without disabilities.

Table 6. Milk Substitutes for Children Age 1 without Disabilities

Milk Substitute	Allowable?
Unflavored reduced-fat (2%) milk	No. The CACFP meal patterns require unflavored whole milk for age 1 (12 through 23 months).
Lactose-free or lactose-reduced milk, unflavored reduced-fat (2%)	No. The CACFP meal patterns require unflavored whole milk for age 1 (12 through 23 months).
Lactose-free or lactose-reduced milk, unflavored whole	Yes.
Lactose-free or lactose-reduced milk, unflavored low-fat	No. The CACFP meal patterns require unflavored whole milk for age 1.
Lactose-free or lactose-reduced milk, flavored low-fat	No. The CACFP meal patterns require unflavored whole milk for age 1.
Lactose-free or lactose-reduced milk, unflavored fat-free	No. The CACFP meal patterns require unflavored whole milk for age 1.
Lactose-free or lactose-reduced milk, flavored fat-free	No. The CACFP meal patterns require unflavored whole milk for age 1.
An unflavored nondairy milk substitute (such as rice or almond milk) that does not meet the USDA nutrition standards	No. All nondairy milk substitutes must meet the USDA nutrition standards (see table 5).
An unflavored nondairy milk substitute (such as soy milk) that meets the USDA nutrition standards	Yes.
A flavored nondairy milk substitute (such as soy milk) that meets the USDA nutrition standards	No. Flavored milk substitutes can only be served to ages 6 and older.
A nondairy milk substitute (such as soy milk) that does not meet the beverage requirements of state statute (C.G.S. Section 10-221q)	Yes, except for child care centers located in public schools. Nondairy milk substitutes in public schools must meet the USDA nutrition standards (see table 5) and the beverage requirements of C.G.S. Section 10-221q. *
Juice	No. CACFP facilities can never offer juice as a milk substitute for children without disabilities.
Water	No. CACFP facilities can never offer water as a milk substitute for children without disabilities.

Table 7. Milk Substitutes for Children Ages 2 and Older without Disabilities

Milk Substitute	Allowable?
Unflavored whole milk	No. The CACFP meal patterns require unflavored low-fat or unflavored fat-free milk for ages 2-5; and unflavored low-fat, unflavored fat-free, or flavored fat-free milk for ages 6 and older. ¹
Unflavored reduced-fat (2%) milk	No. The CACFP meal patterns require unflavored low-fat or unflavored fat-free milk for ages 2-5; and unflavored low-fat, unflavored fat-free, or flavored fat-free milk for ages 6 and older. ¹
Lactose-free or lactose-reduced milk, unflavored low-fat	Yes.
Lactose-free or lactose-reduced milk, flavored low-fat	No. The CACFP meal patterns require unflavored low-fat or unflavored fat-free milk for ages 2-5; and unflavored low-fat, unflavored fat-free, or flavored fat-free milk for ages 6 and older.
Lactose-free or lactose-reduced milk, unflavored fat-free	Yes.
Lactose-free or lactose-reduced milk, flavored fat-free	Yes, but only for ages 6 and older. The CACFP meal patterns for ages 2-5 require that fat-free milk must be unflavored , including lactose-free and lactose-reduced milk.
An unflavored nondairy milk substitute (such as rice or almond milk) that does not meet the USDA nutrition standards	No. All nondairy milk substitutes must meet the USDA nutrition standards (see table 5).
An unflavored nondairy milk substitute (such as soy milk) that meets the USDA nutrition standards	Yes.
A flavored nondairy milk substitute (such as soy milk) that meets the USDA nutrition standards	No. Flavored milk substitutes can only be served to ages 6 and older.
A nondairy milk substitute (such as soy milk) that does not meet the beverage requirements of state statute (C.G.S. Section 10-221q)	Yes, except for child care centers located in public schools. Nondairy milk substitutes in public schools must meet the USDA nutrition standards (see table 5) and the beverage requirements of C.G.S. Section 10-221q. *
Juice	No. CACFP facilities can never offer juice as a milk substitute for children without disabilities.
Water	No. CACFP facilities can never offer water as a milk substitute for children without disabilities.
¹ Unflavored whole or reduced-fat milk can only be served during a one-month transition period when switching a 24-month-old child from whole milk to low-fat or fat-free milk.	



4 — MODIFICATIONS FOR OTHER REASONS

This section addresses meal modifications for reasons other than medical needs, including religion and personal food preferences. With the exception of sponsors of Jewish and Seventh-day Adventist institutions, the USDA regulations do not require CACFP facilities to make meal modifications for individual food preferences such as vegetarianism religious, ethnic, moral, or other reasons. However, the USDA encourages CACFP facilities to provide a variety of foods that children can select, which helps to accommodate individual food preferences.

RELIGIOUS REASONS

The USDA has granted institutions exemptions from the CACFP meal patterns when evidence shows that the variations are nutritionally sound and necessary to meet ethnic, religious, economic, or physical needs. USDA exemptions include sponsors of Jewish and Seventh-day Adventist institutions.

The USDA grants these exemptions for entities (schools, institutions, and sponsors) not individuals. CACFP facilities may choose to address the needs of individuals by substituting different food items within the same meal pattern component. For example, a child who does not eat pork for religious reasons could be served another meat/meat alternate (such as cheese, yogurt, or peanut butter), and still be provided a reimbursable meal.



A summary of the USDA provisions for Jewish and Seventh-day Adventist institutions follows.

Jewish Sponsors

[FNS Instruction 783-13 \(Rev. 3\)](#) summarizes the requirements for variations in meal patterns for Jewish schools, institutions, and sponsors. During the religious observance of Passover, Jewish institutions are exempt from the whole grain-rich (WGR) requirement of USDA regulations. Jewish institutions may substitute unenriched matzo for WGR products only during that period. At all other times of the year, matzo served as a grain component must be WGR or whole grain.

The USDA also allows flexibilities for Jewish institutions regarding the meal pattern requirement to offer milk with all meals. Jewish institutions may choose from four alternative options. These options apply only to meals containing meat or poultry when children do not have the opportunity to refuse milk or meat/poultry through OVS.

1. Serve an equal amount of nondairy milk substitute (for medical or special dietary needs) that is nutritionally equivalent to fluid milk. For information on the USDA nutrition standards for milk substitutes, see [table 5](#) in section 3.

4 | OTHER MODIFICATIONS

2. Serve an equal amount of full-strength juice in place of milk with lunch or supper. When substituting juice for milk, juice cannot contribute to the requirements for fruits or vegetables.
 - CACFP facilities operating five days per week may substitute juice for milk twice per week for lunches and twice per week for suppers, but no more than once each day.
 - CACFP facilities operating seven days per week may make three substitutions per week for lunches and three substitutions per week for suppers, but no more than once each day.
3. Serve milk at an appropriate time before or after the meal service period, in accordance with applicable Jewish Dietary Laws.
4. If applicable, serve the snack's juice component at breakfast, lunch, or supper, and serve the corresponding meal's milk component as part of the snack.



Milk must be offered or served in all other meals according to regulations, since Jewish Dietary Laws allow other meat alternates (such as fish, egg, beans and peas, nuts, seeds, and nut/seed butters) to be consumed with milk at the same meal.

Jewish institutions have the discretion to select one of the above options as an alternative to standard regulatory meal requirements. For review and audit purposes, institutions electing to use these options must inform the CSDE in writing prior to implementation, and must maintain a record of which option they have chosen. For information on contacting the CSDE, see “[CSDE Contact Information](#)” at the beginning of this guide.

Jewish Dietary Laws also pose challenges to serving the dark green vegetable subgroup required in the NSLP. Jewish institutions facing this challenge may be exempt from the requirement to serve the dark green vegetable subgroup, but must serve the same total amount of vegetables. Vegetables served in place of dark green vegetables must come from the red/orange or beans/peas subgroups. The *Dietary Guidelines for Americans* indicates that the American diet does not include a sufficient amount of these two subgroups.

Seventh-day Adventist Sponsors

Seventh-day Adventist institutions, like all other schools and institutions, may use alternate protein products (APP) such as vegetable burgers and other meatless entree items to meet the requirements for the meat/meat alternates component. The USDA allows the use of APP to provide more flexibility in menu planning.



APPs are food ingredients that may be used alone or in combination with meat, poultry, or seafood. They are processed from soy or other vegetable protein sources and may be dehydrated granules, particles, or flakes. Some examples include soy flours, soy concentrates, soy isolates, whey protein concentrate, whey protein isolates, and casein. APPs may be used in the dry (nonhydrated), partially hydrated, or fully hydrated form.

[Appendix A](#) of the CACFP regulations (7 CFR 226) requires that APP must comply with specific criteria to credit toward the meat/meat alternates component of the CACFP meal patterns. Table 8 summarizes the APP requirements.

Table 8. USDA APP Requirements ¹

1. The APP is processed so that some portion of the nonprotein constituents of the food is removed. (This refers to the manufacturing process for APP.) AAP must be safe and suitable edible products produced from plant or animal sources.
2. The biological quality of the protein in the APP must be at least 80 percent that of casein (milk protein), determined by performing a Protein Digestibility Corrected Amino Acid Score (PDCAAS).
3. The APP contains at least 18 percent protein by weight when fully hydrated or formulated. (“When hydrated or formulated” refers to a dry APP and the amount of water, fat, oil, colors, flavors or any other substances that have been added.)

¹ The APP requirements are defined by [Appendix A](#) of the CACFP regulations (7 CFR 226).

Menu planners cannot determine this information by reading the product’s label. The USDA’s Food Safety Inspection Service (FSIS) and the Food and Drug Administration’s (FDA) labeling laws require manufacturers to list product ingredients, but percent labeling is voluntary. For example, the ingredients may list whey protein concentrate and hydrolyzed soy protein but will not indicate the percentage of these protein ingredients by weight. Consequently, CACFP facilities are responsible for obtaining documentation from the manufacturer for any APP used to meet the requirements of the meat/meat alternates component.

The manufacturer can provide documentation of the above criteria in a variety of forms, such as a product specification sheet or a letter signed by a company official attesting the product meets the USDA requirements. Products that have Child Nutrition (CN) labels provide information on how to credit APP foods toward the USDA meal patterns.

For more information on crediting APP, see the CSDE’s guide, [Meal Pattern Requirements for CACFP Child Care Programs](#). For information on CN labels, see the CSDE’s handout, [Using Child Nutrition \(CN\) Labels in the CACFP](#).

VEGETARIANS

With the exception of Seventh-day Adventist sponsors, vegetarianism does not qualify for meal modifications. To receive USDA reimbursement, meals and snacks served to vegetarian children must include the required CACFP meal pattern components. The CACFP facility must provide these components. Meals and snacks containing parent-provided components are not reimbursable, unless they are for a documented medical need and the CSDE has preapproved them. For more information, see “[Family-provided Foods](#)” in this section.

CACFP facilities are encouraged to work with families to identify foods that children can eat, while considering cost constraints and program logistics such as food service production capabilities. CACFP facilities can offer a variety of vegetarian choices each week, such as macaroni and cheese, spaghetti with tomato sauce and cheese wedge, cheese pizza, vegetable bean soup, chili, grilled cheese sandwiches, meatless lasagna, bean tacos, and bean burritos.



CACFP facilities may also incorporate a variety of vegetable-based entree products in CACFP menus, such as meatless hotdogs and vegetable burgers, if they meet the specified APP criteria. For more information, see “[Seventh-day Adventist Sponsors](#)” in this section, and the CSDE’s guide, *Crediting Foods in Child Care Programs*.

FOOD PREFERENCES

USDA regulations do not require CACFP facilities to make meal modifications based on food choices or personal preferences of a family or child. Personal food preferences, such as a preference that a child eats a gluten-free diet or organic foods because a parent believes it is healthier for the child, are not disabilities and do not require modifications.

CACFP facilities may choose to accommodate children’s personal food preferences on a case-by-case basis. Any meal modifications for personal food preferences must comply with the CACFP meal patterns.

Modified meals that meet the CACFP meal patterns are eligible for reimbursement regardless of whether the CACFP facility obtains a medical statement. However, the CSDE recommends obtaining a medical statement to ensure clear communication between families and CACFP facilities about the appropriate meal modifications for each child.

VENDED MEALS

CACFP facilities must always ensure that any benefits available to the general population are equally available to children with disabilities. Consequently, CACFP facilities must make accommodations for children with disabilities regardless of whether the CACFP facility operates the food service program or contracts with a food service management company (FSMC).

When a FSMC operates the CACFP food service or the child care facility obtains meals from a vendor, the child care facility must address the issue of meal modifications. The CSDE recommends that the contract developed with the FSMC or vendor specifies the CACFP facility's requirements for meal modifications. CACFP facilities that do not have any need for special dietary accommodations at the time a bid is prepared should still include sufficient information in the bid to ensure that the FSMC or vendor is aware that meal modifications may be required during the term of the contract.

The CACFP facility, not the FSMC or vendor, is ultimately responsible for complying with the USDA regulations for the CACFP, including meal modifications for children whose disability restricts their diet.

For detailed guidance on contracting with FSMCs, see [USDA Memo SP 40-2016 CACFP 12-2016 SFSP 14-2016: Updated Guidance: Contracting with Food Service Management Companies](#). For more information, visit the CACFP section of the CSDE's [Food Service Management Company Contracts](#) webpage.



FAMILY-PROVIDED FOODS

Situations may arise when families want to provide foods or beverages as a substitution for a CACFP meal component or an entire meal. **Family-provided components are not allowed for children with disabilities who have special dietary needs.** The CACFP facility must provide all meal modifications based on in the child’s medical statement signed by a recognized medical authority.



The basic premise for all USDA Child Nutrition Programs is to reimburse participating institutions for the costs associated with providing wholesome, nutritious meals to children. If the CACFP facility does not incur costs, the USDA does not pay reimbursement.

However, with specific documentation (i.e., a medical statement signed by a recognized medical authority), the USDA allows reimbursement for CACFP meals for children **without** disabilities when the family supplies a particular food or beverage item for medical reasons, if the child receives all required CACFP meal pattern components. For a meal to be claimed for reimbursement, the CACFP facility must:

- submit a specific written request to the CSDE (see “[CSDE Contact Information](#)” at the beginning of this guide);
- detail the child’s medical issue in the request and attach a copy of the medical statement signed by the child’s recognized medical authority; and
- outline the food or beverage item to be provided by the parent/guardian with a statement of assurance that the CACFP facility will serve all other menu items.

The CSDE will review the request and, if approved, will issue a written response for the acceptable family-provided meal component. The CACFP facility must maintain this approval on file with the child’s other medical records (see “[Storage and Updates of Medical Statements](#)” in section 2). Each approval may be used only for the child for whom the request has been granted. These procedures are summarized in [CSDE Operational Memorandum No. 03C-07 and 03H-07: Reimbursement for Meals Provided by Parents for Medical Reasons in the CACFP](#).

Some programs never allow parents to provide food from home because of food safety issues, and the liability that might arise if a child gets a foodborne illness. Connecticut’s Public Health Code 19-13-B42 applies to all foods served in child care centers and emergency shelters, regardless of whether they are prepared on site or brought from home. Child care programs must develop policies and procedures to ensure the safety of foods brought from home to be served in the child care environment.

Public Health Code 19-13-B42 does not apply to family day care homes. However, family day care homes must follow proper procedures to ensure the safety of meals served to children in the CACFP. For more information, see “[Public Health Code 19-13-B42](#)” on the next page, and the CSDE’s [Food Safety for Child Nutrition Programs](#) webpage.

Note: Effective October 1, 2017, the final rule allows CACFP facilities to claim reimbursement for meals that contain one family-provided meal component for children without disabilities who have medical or special dietary needs. The USDA will be developing additional policy guidance on the implementation requirements for this provision. As of the date of this publication, the USDA has not released this policy guidance. Until the USDA guidance is released, CACFP facilities cannot claim reimbursement for meals that contain a family-provided meal component for children without disabilities.

Public Health Code 19-13-B42

The regulations of [Connecticut Public Health Code \(PHC\) 19-13-B42](#) for food service establishments require that all foods and beverages must be from an **approved source**. Public Health Code 19-13-B42 does not apply to family day care homes.

The Connecticut State Department of Public Health (DPH) has advised local health departments that all foods in food service establishments, including child care centers and emergency shelters, must originate from inspected, regulated sources and be transported properly at required temperatures. Foods sent into the child care facility from a private home have not originated from an approved source.

The food service department cannot ensure the safety of food brought from home from either potential food allergens or microbial contamination. CACFP facilities face potential liability issues if they serve foods to children that have not been:

- directly received from a regulated source, such as an approved food service vendor; or
- stored, cooked and served by trained food service personnel under the direction of a qualified food operator (QFO).

Connecticut PHC Section 19-13-B42(s)(4) requires at least one QFO, who is in a supervisory position, and a designated alternate person to be in charge at all times when the QFO cannot be present, in each food service establishment that prepares and/or serves exposed potentially hazardous foods prepared using hot processes. Each local health jurisdiction is responsible for classifying its local food service establishments.

A QFO is a food service professional in a full-time supervisory capacity on site who has demonstrated knowledge in the safe preparation and service of food, as defined by DPH regulations. The QFO's responsibilities include operating the food service establishment in compliance with all the provisions of Public Health Code 19-13-B42; training food preparation personnel in safe food preparation practices; maintaining written documentation of training; and directing and inspecting the performance of food service workers. For more information, see the CSDE's handout, [Qualified Food Operator \(QFO\) Responsibilities for Connecticut Child Nutrition Programs](#).



5 — POLICIES AND PROCEDURES

CACFP facilities must comply with federal and state laws for developing and implementing written policies and procedures for special diets. USDA regulations require CACFP facilities to provide notice of nondiscrimination and accessible services. They also require CACFP facilities with 15 or more employees to designate at least one person to coordinate compliance with disability requirements. State law requires public schools to develop and implement a plan to manage students with life-threatening food allergies. The CSDE recommends that CACFP facilities also develop a written policy addressing meal modifications in the CACFP. This section summarizes these requirements and recommendations.

PROCEDURAL SAFEGUARDS

The USDA encourages CACFP facilities to implement procedures for parents or guardians to request modifications to the meal service for children with disabilities and resolve grievances. These procedures should include providing a written final decision on each request.

CACFP facilities should notify parents or guardians of the procedure for requesting meal modifications. At a minimum, CACFP facilities must provide notice of nondiscrimination and accessible services, as outlined in the USDA nondiscrimination regulations ([7 CFR 15b.7](#)). CACFP facilities and sponsors should also ensure that center or family day care home staff understands the procedures for handling requests for meal modifications.

CACFP Facilities with 15 or More Employees

CACFP facilities that employ 15 or more individuals must designate at least one person to coordinate compliance with disability requirements, as required by the USDA nondiscrimination regulations ([7 CFR 15b.6](#)). This position is often referred to as the Section 504 Coordinator.

The Section 504 Coordinator, who is responsible for addressing requests for accommodations in the center or family day care home, may also be responsible for ensuring compliance with disability requirements related to meals and the meal service. The USDA does not require a separate Section 504 Coordinator who is only responsible for meal modifications. The USDA recommends that CACFP facilities employing less than 15 individuals have someone on staff who can provide technical assistance to centers and family day care homes when they are making meal modifications for children with disabilities.

CACFP facilities that employ 15 or more individuals must also establish grievance procedures that incorporate appropriate due process standards and that provide for the prompt and equitable resolution of complaints, as required by the USDA nondiscrimination regulations ([7 CFR 15b.6](#)). The USDA recommended procedures include:

- allowing participants or their representatives to submit a grievance (complaint with any supporting documentation) for consideration by the CACFP facility;
- providing that a prompt decision by the CACFP facility be rendered to the participant or the participant's representative regarding the grievance; and

- ensuring that the decision includes the official USDA nondiscrimination statement, which advises the participant how to file a complaint with the USDA's Food and Nutrition Service (FNS). The CSDE's document, *CACFP Civil Rights Requirements*, contains the official USDA nondiscrimination statement.

FOOD ALLERGY MANAGEMENT PLAN

Section 10-212c of the Connecticut General Statutes requires that public schools develop and implement a plan to manage students with life-threatening food allergies. The statute also specifies that schools should base the plan on the CSDE's *Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools*, and include the development of an IHCP for every student with life-threatening food allergies, regardless of the child's age.

Policies for school-based programs, such as a Head Start center located in a school, should be integrated with the district's food allergy management plan, and developed in collaboration with school health services and school administration. CACFP staff in public schools should be familiar with their district's food allergy management plan and implement procedures that are consistent with that plan.

POLICIES FOR MEAL MODIFICATIONS

In addition to the requirements for procedural safeguards and food allergy management plans, the CDSE strongly encourages CACFP facilities to develop a written policy addressing meal modifications in the CACFP. The policy should be integrated with all applicable child care policies, such as the procedural safeguards process and food allergy management plan, and developed in collaboration with the local team (see "Team Approach" in section 1).

Written policies are important because they:

- provide clear guidelines for children, families, and staff;
- ensure consistent practices at all sites and among all staff members;
- document compliance with federal and state requirements and best practices;
- educate families regarding the child care program's practices and procedures;
- provide a basis to evaluate program activities and staff members; and
- demonstrate the child care program's commitment to children's health and well-being.

Policies are an important tool to notify the child care community (including families, program staff and administrators) of the availability of meal accommodations, and explain applicable requirements and procedures, including:

- federal requirements to ensure that modified meals are reimbursable;
- the process for families to request special dietary accommodations;
- required information for making accommodations, e.g., submission of medical statement and supporting documentation, such as diet plans;
- standard operating procedures (SOPs) for accommodating special diets, e.g., preparing foods for different types of special diets and cleaning procedures to prevent food allergen contamination;

- communication procedures between food service personnel, child care staff, and families; and
- monitoring to ensure that meal modifications are appropriate and meet individual dietary needs.

SOPs are detailed explanations of how to implement a policy through specific practices or tasks. They standardize the process and provide step-by-step instructions that enable everyone to perform the task in a consistent manner. This ensures that all CACFP personnel follow the same procedures each time. SOPs for special diets might include:

- procedures for preparing foods for different types of special diets, such as texture modifications;
- cleaning procedures for preventing food allergen contamination; and
- training procedures for all staff including substitutes.

Since meal modifications are only required for children with disabilities, CACFP facilities will make decisions regarding meal modifications for children without disabilities. The written policy should address how the CACFP facility will handle these meal modifications and identify any local procedures.

Strategies for Policy Development

The strategies below can assist CACFP facilities with developing policies for accommodating special diets. Priority areas include assessing current operations, developing SOPs, providing staff training, and ensuring consistent communication.

- Identify the personnel and resources needed for planning, developing, implementing, and evaluating the policy and SOPs.
- Conduct a self-assessment of current policies, practices, and procedures for CACFP meal modifications. Child care programs can use school-based resources as a guide, such as the CSDE's *Self-assessment of Local Practices for Special Diets in School Nutrition Programs* and the Institute of Child Nutrition's *NFSMI Best Practices for Serving Students with Special Food and/or Nutrition Needs in School Nutrition Programs*.
- Identify the essential practices to implement in food services and health services, and determine where SOPs are necessary.
- Develop an action plan to address the practices needing attention, as identified by the self-assessment. When developing action plans for SOPs, start with the most important practices. The CSDE's action planning form and sample action plans can assist with this process:
 - *Action Planning Form*;
 - *Sample Action Plan: Policy Development*; and

- *Sample Action Plan: Policy Promotion.*
- Develop SOPs by writing down the actual steps taken when performing the specific task. When using sample SOPs from organizations or other child care programs, customize the information so it is specific to the local child care program. The resources below provide examples of SOPs:
 - *Preparation of Foods with Potential to Cause Allergic Reaction: Standard Operating Procedure* (Wisconsin Department of Public Instruction);
 - *Standard Operating Procedure: Handling Students Identified with Severe Food Allergy or Anaphylaxis* (South Windsor Public Schools);
 - *Food Safety SOPs* (Institute of Child Nutrition); and
 - “Standard Operating Procedures” in the CSDE’s [Food Safety](#) resource list.
- Identify the training needs of child care personnel regarding meal modifications for children with special dietary needs. Provide professional development on special diets at least annually for food service staff, health services, and other child care staff, as appropriate.
- Determine effective communication strategies between the food service staff, health consultant, teachers, child care staff, administrators, and families.

SOPs for food safety practices in school meals provide a good template to assist child care programs with adapting the content to address special diets.

6 — Resources

This section includes links to federal and state regulations, policy memoranda, websites and the CSDE’s guides, resource lists, forms, and handouts.

CSDE FORMS AND HANDOUTS

Allowable Milk Substitutes for Children without Disabilities in the Child and Adult Care Food Program
<http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/CACFPmilksub.pdf>

Medical Statement for Meal Modifications in CACFP Child Care Programs:
<http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/MedicalCACFP.pdf>

Guidance and Instructions: Medical Statement for Meal Modifications in CACFP Child Care Programs:
<http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/MedicalCACFPinstr.pdf>

Qualified Food Operator (QFO) Responsibilities for Connecticut Child Nutrition Programs
www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/fs/qfo.pdf

Summary of Requirements for Accommodating Special Diets in CACFP Child Care Programs:
<http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/spdietchartcacfp.pdf?la=en>

All forms and handouts are available on the CSDE’s [Special Diets in CACFP Child Care Programs](#) webpage.

CSDE GUIDES

Accommodating Special Diets in CACFP Child Care Programs
<http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/NPGspdiet.pdf>

Action Guide for Child Care Nutrition and Physical Activity Policies
<http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/CCPolicy/CCAG.pdf>

Crediting Foods in CACFP Child Care Programs <http://portal.ct.gov/SDE/Nutrition/Crediting-Foods-in-CACFP-Child-Care-Programs>

Feeding Infants in CACFP Child Care Programs
<http://portal.ct.gov/SDE/Nutrition/Feeding-Infants-in-CACFP-Child-Care-Programs/Documents>

Guidelines for Feeding and Swallowing Programs in Schools:
http://portal.ct.gov/-/media/SDE/Special-Education/feeding_and_swallowing.pdf

Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools:
<http://portal.ct.gov/SDE/Publications/Managing-Life-Threatening-Food-Allergies-in-Connecticut-Schools>

Meal Pattern Requirements for CACFP Child Care Programs

<http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/MealPattern/NPGmp.pdf>

Planning Healthy Meals in CACFP Child Care Programs

<http://portal.ct.gov/SDE/Nutrition/Planning-Healthy-Meals-CACFP-Child-Care-Programs>

CSDE RESOURCE LISTS

The CSDE resource lists are available on the CSDE's Resources for Child Nutrition Programs webpage at <http://portal.ct.gov/SDE/Nutrition/Resources-for-Child-Nutrition-Programs>.



Child Nutrition Programs:

<http://portal.ct.gov/-/media/SDE/Nutrition/Resources/ResourcesCNP.pdf>

Competitive Foods:

<http://portal.ct.gov/-/media/SDE/Nutrition/Resources/ResourcesSCHOOLFD.pdf>

Dietary Guidelines and Nutrition Information:

<http://portal.ct.gov/-/media/SDE/Nutrition/Resources/ResourcesDG.pdf>

Food Safety:

<http://portal.ct.gov/-/media/SDE/Nutrition/Resources/ResourcesFDSAFE.pdf>

Health and Achievement:

<http://portal.ct.gov/-/media/SDE/Nutrition/Resources/ResourcesACHIEVE.pdf>

Menu Planning and Food Production:

<http://portal.ct.gov/-/media/SDE/Nutrition/Resources/ResourcesMP.pdf>

Nutrition Education:

<http://portal.ct.gov/-/media/SDE/Nutrition/Resources/ResourcesNUTRED.pdf>

Physical Activity and Physical Education:

<http://portal.ct.gov/-/media/SDE/Nutrition/Resources/ResourcesPA.pdf>

Promoting Healthy Weight:

<http://portal.ct.gov/-/media/SDE/Nutrition/Resources/ResourcesOB.pdf>

Special Diets:

<http://portal.ct.gov/-/media/SDE/Nutrition/Resources/ResourcesSPDIET.pdf>

Wellness Policies for Schools and Child Care:

<http://portal.ct.gov/-/media/SDE/Nutrition/Resources/ResourcesWP.pdf>

NONDISCRIMINATION LEGISLATION

ADA: <https://www.ada.gov/>

ADA Amendments Act of 2008 (P.L. 110-325):
<http://www.ada.gov/pubs/ada.htm>

ADA Amendments Act of 2008 Final rule: Amendment of Americans with Disabilities Act Title II and Title III Regulations to Implement ADA Amendments Act of 2008 (28 CFR Parts 35 and 36): <https://www.ada.gov/regs2016/adaaa.html>

ADA Final Rule: *Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities* (28 CFR Part 36) (Implementing regulation for Title III of the Americans with Disabilities Act (ADA)):
https://www.ada.gov/regs2010/titleIII_2010/titleIII_2010_regulations.pdf

ADA: The Americans with Disabilities Act of 1990 and Revised ADA Regulations Implementing Title II and Title III (U.S. Department of Justice website):
https://www.ada.gov/2010_regs.htm

Americans with Disabilities Act of 1990 (ADA) and the ADA Amendments Act of 2008 (Public Law 110-325): <https://www.ada.gov/pubs/ada.htm>

Civil Rights (U.S. Department of Health & Human Services, Office for Civil Rights):
<https://www.hhs.gov/civil-rights/for-individuals/disability/index.html>

Code of Federal Regulations 7CFR15b.3 Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving Federal Financial Assistance (USDA):
http://edocket.access.gpo.gov/cfr_2003/7cfr15b.3.htm

CSDE Circular Letter C-9: *Section 504 of the Rehabilitation Act of 1975: Procedural Safeguards*:
<http://portal.ct.gov/-/media/SDE/Circular-Letters/circ00-01/c9.pdf>

Family Educational Rights and Privacy Act (FERPA) (U.S. Department of Education):
<http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

Individuals with Disabilities Education Act (IDEA): http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108_cong_public_laws&docid=f:publ446.108

Know the Rights That Protect Individuals with Disabilities from Discrimination (U.S. Department of Health & Human Services Office for Civil Rights):
<https://www.hhs.gov/sites/default/files/knownyourrights504adafactsheet.pdf>

Section 504 of the Rehabilitation Act of 1973:
<https://www.hhs.gov/sites/default/files/knownyourrights504adafactsheet.pdf>

Individuals with Disabilities Education Act (U.S. Department of Education):
<https://sites.ed.gov/idea/>

Individuals with Disabilities Education Act (IDEA):
http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108_cong_public_laws&docid=f:publ446.108

USDA Nondiscrimination Regulations (7 CFR 15b: *Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance*):
<https://www.gpo.gov/fdsys/granule/CFR-2010-title7-vol1/CFR-2010-title7-vol1-part15b>

U.S. Department of Education Office of Special Education Programs:

<https://www2.ed.gov/about/offices/list/osers/osep/index.html>

Your Rights Under Section 504 of the Rehabilitation Act (U.S. Department of Health & Human Services, Office for Civil Rights):

<https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/factsheets/504.pdf>

CACFP

CACFP (CSDE):

<http://portal.ct.gov/SDE/Nutrition/Child-and-Adult-Care-Food-Program>

Child Nutrition (CN) Labeling (USDA):

<https://www.fns.usda.gov/cnlabeling/child-nutrition-cn-labeling-program>

Child Nutrition Programs (CSDE):

<http://portal.ct.gov/SDE/Nutrition/Child-Nutrition-Programs>

Connecticut Department of Public Health Food Protection Program:

<http://portal.ct.gov/DPH/Food-Protection-Program/Main-Page>

Crediting Foods in CACFP Child Care Programs (CSDE):

<http://portal.ct.gov/SDE/Nutrition/Crediting-Foods-in-CACFP-Child-Care-Programs>

FNS Instructions for Child Nutrition Programs (CSDE):

<http://portal.ct.gov/SDE/Nutrition/FNS-Instructions-for-Child-Nutrition-Programs>

Feeding Infants in CACFP Child Care Programs (CSDE):

<http://portal.ct.gov/SDE/Nutrition/Feeding-Infants-in-CACFP-Child-Care-Programs>

Food Safety for Child Nutrition Programs (CSDE):

<http://portal.ct.gov/SDE/Nutrition/Food-Safety-for-Child-Nutrition-Programs>

Forms for CACFP Child Care Centers (CSDE):

<http://portal.ct.gov/SDE/Lists/Forms-CACFP-Child-Care-Centers>

Forms for CACFP Homes (CSDE):

<http://portal.ct.gov/SDE/Lists/Forms-for-CACFP-Family-Day-Care-Homes>

Laws and Regulations for Child Nutrition Programs (CSDE):

<http://portal.ct.gov/SDE/Nutrition/Laws-and-Regulations-for-Child-Nutrition-Programs>

Manuals and Guides for Child Nutrition Programs (CSDE):

<http://portal.ct.gov/SDE/Nutrition/Manuals-and-Guides-for-Child-Nutrition-Programs>

Meal Patterns for CACFP Child Care Programs (CSDE):

<http://portal.ct.gov/SDE/Nutrition/Meal-Patterns-CACFP-Child-Care-Programs>

Menu Planning for Child Nutrition Programs (CSDE):

<http://portal.ct.gov/SDE/Nutrition/Menu-Planning>

Operational Memoranda for the CACFP (CSDE):

<http://portal.ct.gov/SDE/Lists/Operational-Memoranda-for-the-CACFP>

Program Guidance for CACFP Child Care Programs (CSDE):

<http://portal.ct.gov/SDE/Nutrition/Program-Guidance-CACFP-Child>

Resources for Child Nutrition Programs (CSDE):

<http://portal.ct.gov/SDE/Nutrition/Resources-for-Child-Nutrition-Programs>

Special Diets in CACFP Child Care Programs (CSDE):

<http://portal.ct.gov/SDE/Nutrition/Special-Diets-in-CACFP-Child-Care-Programs>

REGULATIONS AND POLICY

Accommodating Children with Disabilities in the School Meal Programs: Guidance for School Food Service Professionals (USDA):

<http://portal.ct.gov/-/media/SDE/Nutrition/NSLP/SpecDiet/USDAspdietguide.pdf>

CACFP Policy Memos (USDA):

<https://www.fns.usda.gov/cacfp/policy>

CACFP Regulations (USDA):

<https://www.fns.usda.gov/cacfp/regulations>

Connecticut General Statutes Section 10-221q (Sale of Beverages):

https://www.cga.ct.gov/current/pub/chap_170.htm#sec_10-221q

Connecticut Public Health Code 19-13-B42: Sanitation of Places Dispensing Foods or Beverages (DPH):

<https://eregulations.ct.gov/eRegsPortal/Browse/getDocument?guid=%7BF2EAB579-78B9-43A1-8B73-7ACE5B2DC9DD%7D>

Child and Adult Care Food Program: Meal Pattern Revisions Related to the Healthy, Hunger-Free Kids Act of 2010 (81 FR 24348), April 25, 2016.

<https://www.gpo.gov/fdsys/pkg/FR-2016-04-25/pdf/2016-09412.pdf>

Code of Federal Regulations 7CFR15b.3 Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving Federal Financial Assistance. Revised January 1, 2003.

http://edocket.access.gpo.gov/cfr_2003/7cfr15b.3.htm

CSDE Operational Memorandum No. 2C-18 and 2H-18: *Requirements for Meal Modifications in CACFP Child Care Programs*: http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/Memos/OM2018/OM02C18_02H18.pdf

CSDE Operational Memorandum No. 4A-16, 5C-16 and 5H-16: *New Meal Pattern Requirements for the Child and Adult Care Food Program (CACFP)*: http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/Memos/OM2016/OM04A16_05C16_05H16.pdf

CSDE Operational Memorandum No. 3A-16, 4C-16 and 4H-16: *Statements Supporting Accommodations for Participants with Disabilities in the Child Nutrition Programs*:

http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/Memos/OM2016/OM03A16_4C16_04H16.pdf

CSDE Operational Memorandum No. 3C-07 and 3H-07: *Reimbursement for Meals Provided by Parents for Medical Reasons in CACFP*: http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/Memos/OMEarlierYears/OM03C07_03H07.pdf

CSDE Operational Memorandum No. 11C-11 and 04H-11: *Fluid Milk and Milk Substitutions in the CACFP*: http://portal.ct.gov/-/media/SDE/Nutrition/CACFP/Memos/OMEarlierYears/OM11C11_14H11.pdf

FNS Instruction 783-13, Revision 3: *Variations in Meal Requirements for Religious Reasons: Jewish Schools, Institutions and Sponsors*. <http://portal.ct.gov/-/media/SDE/Nutrition/FNSinstruction/783-13.pdf>

FNS Instructions for Child Nutrition Programs (CSDE):
<http://portal.ct.gov/SDE/Nutrition/FNS-Instructions-for-Child-Nutrition-Programs>

Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296):
<https://www.fns.usda.gov/school-meals/healthy-hunger-free-kids-act>

How to Determine if a Soy-Based Beverage Meets the Nutrient Requirements to Qualify as an Authorized Milk Substitute in WIC (USDA):
https://wicworks.fns.usda.gov/wicworks/Learning_Center/FP/soybeverage.pdf

Nutrition Standards for CACFP Meals and Snacks (USDA):
<https://www.fns.usda.gov/cacfp/meals-and-snacks>

USDA Memo CACFP 14-2017 SFSP 10-2017: *Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program*:
<https://www.fns.usda.gov/modifications-accommodate-disabilities-cacfp-and-sfsp>

USDA Memo CACFP 13-2015: *Statements Supporting Accommodations for Children with Disabilities in the Child Nutrition Programs*: <http://www.fns.usda.gov/statements-supporting-accommodations-children-disabilities-cnp>

USDA Memo CACFP 21-2011-REVISED: *Child Nutrition Reauthorization 2010: Nutrition Requirements for Fluid Milk and Fluid Milk Substitutions in the Child and Adult Care Food Program, Questions and Answers*: <https://www.fns.usda.gov/cacfp-21-2011-revised-child-nutrition-reauthorization-2010-nutrition-requirements-fluid-milk-and>

USDA Memo CACFP 04-2010: *Q&As: Milk Substitution for Children with Medical or Special Dietary Needs (Non-Disability)*: <http://www.fns.usda.gov/qas-milk-substitution-children-medical-or-special-dietary-needs-non-disability>

Glossary

Administrative Review: A periodic review of an institution’s operations by the Connecticut State Department of Education to monitor performance and assess compliance with all USDA regulations.

advanced practice registered nurse (APRN): An individual who performs advanced level nursing practice activities that, by virtue of post-basic specialized education and experience, are appropriate to and may be performed by this profession. The APRN performs acts of diagnosis and treatment of alterations in health status and collaborates with a physician (licensed to practice medicine in Connecticut) to prescribe, dispense and administer medical therapeutics and corrective measures. For more information, see [Section 20-87a](#) of the Connecticut General Statutes.

alternate protein products (APP): APPs are generally single ingredient powders that are added to foods. Some examples include soy flours, soy concentrates, soy isolates, whey protein concentrate, whey protein isolates, and casein. APPs include vegetable protein products. The USDA has specific requirements for the crediting of APP in Child Nutrition Programs. For more information, see “Seventh-day Adventist Sponsors” in section 4, and the CSDE’s handout, [Requirements for Alternate Protein Products in the CACFP](#).

anaphylaxis: A sudden, severe allergic reaction occurring in allergic individuals after exposure to an allergen such as food, an insect sting or latex. Anaphylaxis involves various areas of the body simultaneously or causes difficulty breathing and swelling of the throat and tongue. In extreme cases, anaphylaxis can cause death.

at-risk afterschool care centers: The at-risk afterschool meals component of the CACFP provides reimbursement for snacks and suppers served to children through age 18 who are participating in afterschool programs in eligible (at-risk) areas. The program provides funds to public and private nonprofit (federal tax-exempt) and for-profit organizations, and schools, for nutritious snacks and suppers served as part of organized programs of care, which are known to help reduce or prevent children’s involvement in high-risk behaviors. All snacks must meet the requirements of the CACFP meal pattern for children. For more information, see the USDA’s [CACFP Afterschool Programs](#) webpage.

body mass index: A number calculated from a child’s weight and height that is a reliable indicator of body fat for most children and teens. For children ages 2 through 19, the BMI number is plotted on the Centers for Disease Control and Prevention’s (CDC) BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. BMI ranges for children and teens are defined so that they take into account normal differences in body fat between boys and girls and differences in body fat at various ages. For more information, see the CDC’s [About Child and Teen BMI](#) webpage.

carbohydrates: A category of nutrients that includes sugars (simple carbohydrates), and starch and fiber (complex carbohydrates). Carbohydrates are easily converted by the body to energy (calories). Foods in the basic food groups that provide carbohydrates — fruits, vegetables, breads, cereals, grains, milk and dairy products — are important sources of many nutrients. However, foods containing large amounts of added sugars provide calories but few, if any, nutrients. For more information, see “added sugars,” “simple carbohydrates” and “complex carbohydrates” in this section.

celiac disease: An autoimmune digestive disease that damages the small intestine and interferes with absorption of nutrients from food. People who have celiac disease cannot tolerate gluten, a protein in wheat, rye and barley. For more information, see the [National Digestive Diseases Information Clearinghouse](#) website.

Child and Adult Care Food Program (CACFP): The USDA’s federally assisted meal program providing nutritious meals and snacks to children in child care centers, family day care homes and emergency shelters, and snacks and suppers to children participating in eligible at-risk afterschool care programs. The program also provides meals and snacks to adults who receive care in nonresidential adult day care centers. For more information, see the USDA’s [CACFP](#) webpage and the CSDE’s [CACFP](#) webpage.

CACFP facilities: Child care centers, family day care homes, emergency shelters, and at-risk afterschool care centers that participate in the USDA Child and Adult Care Food Program.

CACFP meal pattern for children: The required food components and minimum serving sizes that facilities participating in the CACFP must provide to children ages 1-12 to receive federal reimbursement for meals (breakfast, lunch, and supper) and snacks served to children. (Note: Emergency shelters can serve CACFP meals to residents ages 18 and younger and to children of any age who have disabilities. At-risk afterschool care centers can serve CACFP snacks to students ages 18 or younger.) For more information, see the [CACFP Meal Patterns for Children](#) and the CSDE’s [Meal Patterns for CACFP Child Care Programs](#) webpage.

CACFP meal pattern for infants: The required food components and minimum serving sizes that facilities participating in the CACFP must provide to infants from birth through 11 months to receive federal reimbursement for meals and snacks served to infants. For more information, see the [CACFP Infant Meal Pattern](#) and the CSDE’s guide, [Feeding Infants in CACFP Child Care Programs](#).

CACFP sponsor: A public or private nonprofit organization that is entirely responsible for the administration of the CACFP in one or more day care homes, child care centers, emergency shelters, or at-risk afterschool care centers. In some situations, for-profit institutions may also be eligible to participate in the CACFP. For more information, see Section 226.2 of the CACFP regulations ([7 CFR 226](#)).

Child Nutrition (CN) label: A statement that clearly identifies the contribution of a food product toward the meal pattern requirements, based on the USDA’s evaluation of the product’s formulation. Products eligible for CN labeling include main dish entrees that contribute to the meat/meat alternates component of the meal pattern requirements, e.g., beef patties, cheese or meat pizzas, meat or cheese and bean burritos, egg rolls, and breaded fish portions. The CN label will also indicate the contribution of other meal components that are part of these products. For more information, see the CSDE’s handout, [Using Child Nutrition \(CN\) Labels in the CACFP](#), and the USDA’s [Child Nutrition \(CN\) Labeling](#) webpage.

Child Nutrition Programs: The USDA’s federally funded programs that provide nutritious meals and snacks to children, including the National School Lunch Program (NSLP), School Breakfast Program (SBP), Afterschool Snack Program, Special Milk Program (SMP), Summer Food Service Program (SFSP), Seamless Summer Option (SSO) of the NSLP, Fresh Fruit and Vegetable Program (FFVP), and Child and Adult Care Food Program (CACFP). The CACFP also provides nutritious meals and snacks to the frail elderly in adult day care centers. For more information, see the CSDE’s [Child Nutrition Programs](#) webpage.

creditable food: A food or beverage that can be counted toward meeting the meal pattern requirements for a reimbursable meal or snack in the USDA Child Nutrition Programs. For more information, see the CSDE’s [Crediting Foods in CACFP Child Care Programs](#) webpage.

dietitian: See “registered dietitian” in this section.

disability: A condition in which a person has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

fluid milk substitutes: Nondairy beverages (such as soy milk) that can be used as a substitute for fluid milk in the USDA Child Nutrition Programs. For reimbursable meals and snacks, nondairy beverages served to children without disabilities must comply with the USDA nutrition standards for milk substitutes. For more information, see “nutrition standards for milk substitutes” in this section and [“Milk Substitutions for Children without Disabilities”](#) in section 3.

food allergy: An exaggerated response by the immune system to a food that the body mistakenly identifies as being harmful. The body’s reaction to the allergy-causing food can affect the respiratory system, gastrointestinal tract, skin, and cardiovascular system. In some people, a food allergy can cause severe symptoms or even a life-threatening reaction known as anaphylaxis. For more information, see “anaphylaxis” in this section.

food components: The five food groups that comprise reimbursable meals in the CACFP (milk, meat/meat alternates, vegetables, fruits, and grains). For more information on the individual food components, see the CSDE’s [Crediting Foods in CACFP Child Care Programs](#) webpage.

food intolerance: An adverse food-induced reaction that does not involve the body’s immune system, e.g., lactose intolerance. For more information, see “lactose intolerance” in this section.

food item: A specific food offered within the food components that comprise reimbursable meals in the USDA Child Nutrition Programs. In the CACFP meal pattern for children, a food item is one of the three required foods for breakfast, one of the five required foods for lunch and supper, or one of the two required foods for snack.

gluten sensitivity: A condition with symptoms similar to those of celiac disease that improve when gluten is eliminated from the diet. Individuals who have been diagnosed with gluten sensitivity do not experience the small intestine damage found in celiac disease. Gluten sensitivity is a diagnosis of exclusion that requires ruling out celiac disease and wheat/gluten allergy, followed by a period of dietary gluten exclusion to see if the patient gets better, then a gluten challenge to see how the patient reacts. For more information, see “[Gluten Sensitivity](#)” in section 2 and the [Celiac Disease Foundation](#) website.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): A federal law that protects personal health information. The HIPAA Privacy Rule provides federal protections for personal health information (electronic, written and oral) held by covered entities and gives patients an array of rights with respect to that information. It also permits the disclosure of personal health information needed for patient care and other important purposes. The Security Rule protects health information in electronic form. It requires entities covered by HIPAA to ensure that electronic protected health information is secure. For more information, see the [U.S. Department of Health and Human Services](#) website.

Individualized Education Program (IEP): A written statement for a child with a disability that is developed, reviewed and revised in accordance with the Individuals with Disabilities Education Act (IDEA) and its implementing regulations. The IEP is the foundation of the student’s educational program. It contains the program of special education and related services to be provided to the child with a disability covered by the IDEA.

Individualized Health Care Plan (IHCP): A written document developed for students with special health care needs or whose health needs require daily intervention. The IHCP describes how to meet an individual child’s daily health and safety needs in the school setting.

Individuals with Disabilities Education Act (IDEA): A federal law ensuring services to children with disabilities that governs how states and public agencies provide early intervention, special education and related services to eligible infants, toddlers, children, and youth with disabilities. The IDEA provides financial assistance to states in the provision of special education and related services for eligible children. For more information, see the [IDEA](#) website.

lactose intolerance: A reaction to a food that does not involve the immune system. Lactose-intolerant people lack an enzyme needed to digest milk sugar (lactose). When that person eats milk products, symptoms such as gas, bloating, and abdominal pain may occur.

licensed physician: A doctor of medicine or osteopathy.

meat alternates: Foods that provide similar protein content to meat. Meat alternates include alternate protein products, cheese, eggs, cooked dry beans or peas, nuts and seeds and their butters (except for acorn, chestnut and coconut), and yogurt (plain or flavored). For more information, see the CSDE’s [Crediting Foods in CACFP Child Care Programs](#) webpage.

medical statement: A document that identifies the specific medical conditions and appropriate dietary accommodations for children with special dietary needs. For information on medical statements for children with disabilities, see section 2. For information on medical statements for children without disabilities, see section 3.

menu item: Any planned main dish, vegetable, fruit, bread, grain or milk that is part of the reimbursable meal. Menu items consist of food items.

National School Lunch Program (NSLP): The USDA’s federally assisted meal program operating in public and nonprofit private schools, and residential child care institutions. The NSLP provides nutritionally balanced, low-cost or free lunches to children each school day. It was established under the National School Lunch Act, signed by President Harry Truman in 1946. For more information, see the CSDE’s [National School Lunch Program](#) webpage.

noncreditable foods: Foods and beverages that do not count toward any meal pattern components in the USDA Child Nutrition Programs. For more information, see the CSDE’s handout, *Noncreditable Foods in CACFP Child Care Programs*.

nutrient-dense foods: Foods and beverages that provide vitamins, minerals, and other substances that contribute to adequate nutrient intakes or may have positive health effects, with little or no solid fats and added sugars, refined starches, and sodium. Ideally, these foods and beverages are also in forms that retain naturally occurring components, such as dietary fiber. Examples include all vegetables, fruits, whole grains, seafood, eggs, beans, and peas, unsalted nuts and seeds, fat-free and low-fat dairy products, and lean meats and poultry (when prepared with little or no added solid fats, sugars, refined starches, and sodium). The term “nutrient dense” indicates the nutrients and other beneficial substances in a food have not been “diluted” by the addition of calories from added solid fats, sugars, or refined starches, or by the solid fats naturally present in the food.

nutrient-rich foods: See “nutrient-dense foods” in this section.

nutrition standards for fluid milk substitutes: The nutrition requirements for nondairy beverages (such as soy milk) used as fluid milk substitutes in the USDA Child Nutrition Programs. The USDA requires that any fluid milk substitutes are nutritionally equivalent to cow’s milk and meet the following nutrients based on a 1-cup serving (8 fluid ounces): 276 milligrams (mg) of calcium; 8 grams (g) of protein; 500 international units (IU) of vitamin A; 100 IU of vitamin D; 24 mg of magnesium; 222 mg of phosphorus; 349 mg of potassium; 0.44 mg of riboflavin; and 1.1 micrograms (mcg) of vitamin B-12. For more information, see [table 5](#) in section 3.

nutritionist: There is no accepted national definition for the title “nutritionist.” All registered dietitians are nutritionists but not all nutritionists are registered dietitians. Some state licensure boards have enacted legislation that regulates use of the title “nutritionist” and sets specific qualifications for holding the title. The definition is variable from state to state. Section 20-206n of the Connecticut General Statutes defines a licensed dietitian/nutritionist certification for registered dietitians. Other professionals can also apply if they have successfully passed a written examination prescribed by the Commissioner of Public Health and have a master’s degree or doctoral degree from an institution of higher education accredited by a regional accrediting agency recognized by the U.S. Department of Education, with a major course of study which focused primarily on human nutrition or dietetics. For more information on state licensing requirements, see the DPH’s [Dietitian/Nutritionist Certification](#) webpage.

obese (children): A body mass index (BMI) at or above the 95th percentile for children of the same age and sex. For more information, see “body mass index” in this section and the CDC’s [Defining Childhood Obesity](#) webpage.

overweight (children): A body mass index (BMI) at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex. For more information, see “body mass index” in this section and the CDC’s [Defining Childhood Obesity](#) webpage.

phenylketonuria: A rare genetic disorder in which an individual lacks an enzyme to break down the amino acid phenylalanine, which is present in protein foods. Without the enzyme, levels of phenylalanine build up in the body. This can harm the central nervous system and cause brain damage.

Planning and Placement Team: A group of certified or licensed professionals who represent each of the teaching, administrative and pupil personnel staffs, and who participate equally in the decision-making process to determine the specific educational needs of a child eligible for special education, and develop an individualized educational program for the child. These are people knowledgeable in the areas necessary to determine and review the appropriate educational program for a child eligible for special education.

product formulation statement (PFS): An information statement obtained from the manufacturer that provides specific information about how the product credits toward the USDA meal pattern requirements, and documents how this information is obtained citing Child Nutrition Program resources or regulations. All creditable ingredients in a PFS must match a description in the USDA’s [Food Buying Guide for Child Nutrition Programs](#). Unlike a CN label, a PFS does not provide any warranty against audit claims. If foods with a PFS will be used in a reimbursable meal, the CACFP sponsor must check the manufacturer’s crediting information for accuracy. For more information, see the CSDE’s handouts, [Using Product Formulation Statements in the CACFP](#) and [Accepting Processed Product Documentation in the CACFP](#).

product specification sheet: Manufacturer sales literature that provides various information about the company’s products. These materials do not provide the specific crediting information that is required on a product formulation statement and cannot be used to determine a product’s contribution toward the USDA meal pattern components.

reasonable modification: A change or alteration in policies, practices, and/or procedures to accommodate a disability that ensures children with disabilities have equal opportunity to participate in or benefit from a program. The general guideline in making accommodations is that children with disabilities must be able to participate in and receive benefits from programs that are available to children without disabilities.

recognized medical authority: A state-licensed health care professional who is authorized to write medical prescriptions under state law and is recognized by the State Department of Public Health. In Connecticut, recognized medical authorities include physicians, physician assistants, doctors of osteopathy, and advanced practice registered nurses (APRNs), i.e., nurse practitioners, clinical nurse specialists, and certified nurse anesthetists who are licensed as APRNs.

registered dietitian: The Commission on Dietetic Registration defines a registered dietitian (RD) as an individual who has: completed the minimum of a Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent; met current minimum academic requirements (Didactic Program in Dietetics) as approved by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics; completed a supervised practice program accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics; successfully completed the Registration Examination for Dietitians; remitted the annual registration fee; and complied with the Professional Development Portfolio (PDP) recertification requirement.

reimbursable meals: Meals and snacks that meet the meal pattern requirements of the CACFP regulations, and are eligible for USDA funds.

School Breakfast Program (SBP): The USDA's federally assisted meal program operating in public and nonprofit private schools, and residential child care institutions. The SBP provides nutritionally balanced, low-cost or free breakfasts to children each school day. The program was established under the Child Nutrition Act of 1966 to ensure that all children have access to a healthy breakfast at school to promote learning readiness and healthy eating behaviors. For more information, see the CSDE's [School Breakfast Program](#) webpage.

serving size or portion: The weight, measure, or number of pieces or slices of a food or beverage. CACFP facilities must provide the minimum serving sizes in the CACFP meal patterns for meals and snacks to be reimbursable.





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