

Child and Adult Care Food Program (CACFP)



Guide to Meal Modifications in CACFP Child Care Programs

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

Program Year 2023-24



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Bureau of Child Nutrition Programs
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Guide to Meal Modifications in CACFP Child Care Programs

Connecticut State Department of Education

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About This Guide

The Connecticut State Department of Education's (CSDE) *Guide to Meal Modifications in CACFP Child Care Programs* addresses the requirements for modifying meals and snacks for children with special dietary needs in child care facilities that participate in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). CACFP child care facilities include child care centers, Head Start centers, at-risk afterschool care centers, emergency shelters, and family day care homes.

The requirements for meal modifications are different for children whose disability restricts their diet and children whose dietary needs do not constitute a disability. This guide:

- explains the federal nondiscrimination laws and USDA regulations and policies for meal modifications; and
- provides guidance for CACFP facilities on how to meet these requirements.

Due to the complicated nature of some issues regarding feeding children with special dietary needs, CACFP facilities are encouraged to contact the CSDE's CACFP staff for assistance (refer to "[CSDE Contact Information](#)" on the next page).

The contents of this guide are subject to change. The CSDE will update this guide as the USDA issues additional policies and guidance. Please check the CSDE's [Special Diets in CACFP Child Care Programs](#) webpage for the most current version. For more information, contact Susan S. Fiore, M.S., R.D., Nutrition Education Coordinator, at susan.fiore@ct.gov or 860-807-2075.

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


CSDE Contact Information

For questions regarding meal modifications in the CACFP, please contact the CACFP staff in the CSDE’s Bureau of Child Nutrition Programs. Guidance on the CACFP is available on the CSDE’s [Child and Adult Care Food Program \(CACFP\)](#) webpage.

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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
CDC	Centers for Disease Control and Prevention
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
FALCPA	Food Allergen Labeling and Consumer Protection Act of 2004
FARE	Food Allergy Research & Education
FASTER	Food Allergy Safety, Treatment, Education and Research Act of 2021
FDA	Food and Drug Administration
FNS	Food and Nutrition Service, U.S. Department of Agriculture
ICN	Institute of Child Nutrition
IEP	Individualized Education Program
IDEA	Individuals with Disabilities Education Act
IHCP	Individualized Health Care Plan



NSLP	National School Lunch Program
OHI	other health impaired
PHC	Public Health Code
PPT	Planning and Placement Team
PKU	phenylketonuria
RD	registered dietitian
RDN	registered dietitian nutritionist
SOP	standard operating procedure
USDA	U.S. Department of Agriculture
WGR	whole grain-rich

1 — Overview

Each child care facility that participates in the Child and Adult Care Food Program (CACFP) must comply with the U.S. Department of Agriculture’s (USDA) nondiscrimination regulations ([7 CFR 15b](#)) and CACFP regulations ([7 CFR 226.20\(g\)](#)) for meal modifications for children with special dietary needs. CACFP child care facilities include child care centers, Head Start centers, at-risk afterschool care centers, emergency shelters, and family day care homes.

The federal regulations for meal modifications 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 requirements for meal modifications are different for children whose disability restricts their diet and children whose dietary needs do not constitute a disability. This guide explains the federal nondiscrimination laws and the USDA regulations and policies for meal modifications, and provides guidance on how to meet these requirements based on [USDA Memo CACFP 14-2017 and 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 (refer to “[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's nondiscrimination regulations ([7 CFR 15b](#)).

The USDA CACFP regulations ([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 the child's disabling condition. For guidance on what constitutes a disability and the requirements for meal modifications for children with disabilities, refer to [section 2](#).

Federal legislation

Section 504, the IDEA, the ADA, and the ADA Amendments Act are laws that protect individuals with disabilities from discrimination. A summary of each law is below.

- Section 504 prohibits discrimination against children and adults with disabilities in programs and activities that receive federal financial assistance, such as the USDA 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’s nondiscrimination regulations (7 CFR 15b.26(d)) prohibit discrimination against children with disabilities in any USDA program or activity. These regulations require recipients of federal financial assistance (such as CACFP sponsors, centers, and family day care homes) to serve modified meals and snacks at no extra charge to participants whose disability restricts their diet.

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

State legislation for life-threatening food allergies

The Connecticut General Statutes (C.G.S.) address requirements that apply to all children (with or without disabilities) in public schools. Section 10-212c of the Connecticut General Statutes (C.G.S.) requires a management plan for students with life-threatening food allergies (C.G.S. 10-212c). This statute also applies to child care programs that operate in public schools.

- **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.

1 | Overview

(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 C.G.S. Section 10-212c, the CSDE developed the publication, *Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools*. For more information, refer to “Food Allergy Management Plan” in section 5.



Requirements for Meal Modifications

The CACFP regulations require that all meals and snacks 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 meet any of the following criteria:

- 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, substitutions, texture changes (such as pureed, ground, or chopped foods, or thickened liquids), increased or decreased calories, and tube feedings. Modifications to the meal service may also involve ensuring that 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, such as tracking carbohydrate intake for children with diabetes.

[Table 1](#) helps CACFP facilities determine when meal modifications are required. For a summary chart of the requirements for meal modifications, refer to the CSDE’s resource, *Summary of Requirements for Meal Modifications in CACFP Child Care Programs*.

Children with disabilities

The USDA’s 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. “Case-by-case basis” means that the meal modifications are specific to the individual medical condition and dietary needs of each child. A recognized medical authority is a state-licensed healthcare professional who is authorized to write medical prescriptions under state law. In Connecticut, this includes physicians, physician assistants and certified physician assistants, doctors of osteopathy, and advanced practice registered nurses.

The USDA defines a “reasonable modification” as 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

a reasonable modification 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 recognized medical authority.

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

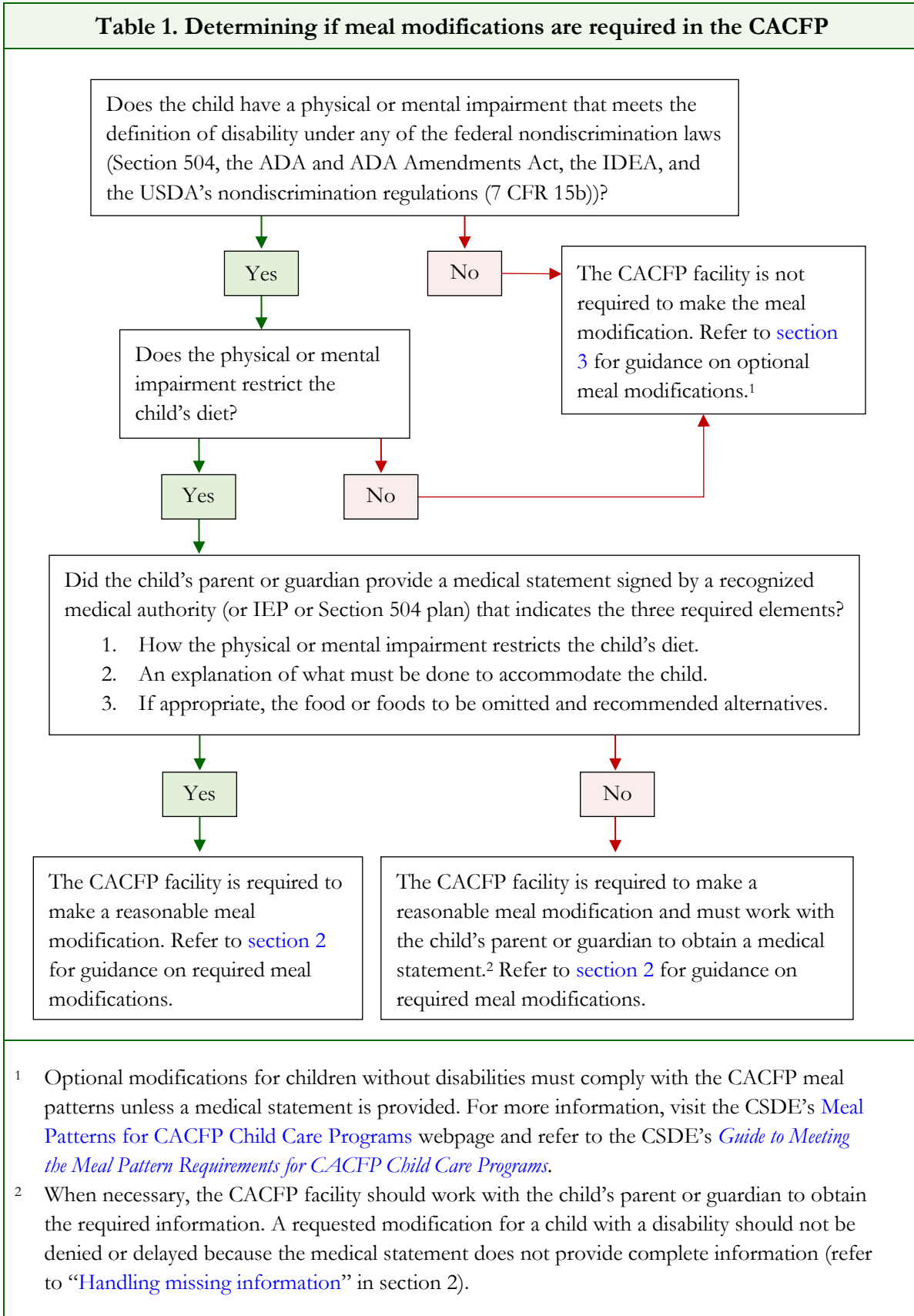
Children without disabilities

The CACFP regulations ([7 CFR 226.20\(g\)\(2\)](#)) allow meal modifications for children whose dietary needs do not constitute a disability. CACFP facilities may choose to make these optional modifications on a case-by-case basis. Examples of optional meal modifications include requests related to religious or moral convictions, general health concerns, and personal food preferences, such as a family’s preference that their children eat a gluten-free diet or organic foods because they believe it is healthier. The requirements for these optional meal modifications depend on whether they are within or outside the meal patterns.

- **Modifications within the meal patterns:** Meal modifications do not require a medical statement when they are within the meal patterns. An example is substituting a different food within the same food component, e.g., a banana instead of strawberries. However, the CSDE recommends obtaining a medical statement to ensure clear communication between parents or guardians and the CACFP facility about the appropriate meal modifications for the child. For guidance on the CACFP meal patterns for children, visit the CSDE’s [Meal Patterns for CACFP Child Care Programs](#) webpage and refer to the CSDE’s [Guide to Meeting the Meal Pattern Requirements for CACFP Child Care Programs](#).
- **Modifications outside the meal patterns:** Meal modifications outside the meal patterns require a medical statement signed by a recognized medical authority (refer to [“Medical Statement Requirements”](#) in section 3).

Modifications that meet these requirements are reimbursable. For detailed guidance on optional meal modifications for children without a disability, refer to [section 3](#).

Table 1. Determining if meal modifications are required in the CACFP



¹ Optional modifications for children without disabilities must comply with the CACFP meal patterns unless a medical statement is provided. For more information, visit the CSDE’s [Meal Patterns for CACFP Child Care Programs](#) webpage and refer to the CSDE’s [Guide to Meeting the 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. A requested modification for a child with a disability should not be denied or delayed because the medical statement does not provide complete information (refer to “[Handling missing information](#)” in section 2).

Meal Pattern Compliance

The CACFP meal patterns do not apply to modified meals and snacks for children whose disability restricts their diet when the need for the modification is documented by a recognized medical authority. However, meals and snacks that consist only of texture modifications, such as chopped, ground, or pureed foods, must comply with the CACFP meal patterns.

Optional meal modifications for children whose dietary need does not constitute a disability must comply with the CACFP meal patterns unless a medical statement is provided (refer to “[Modifications Outside the Meal Patterns](#)” in section 3).

For information on the CACFP meal patterns, visit the CSDE’s [Meal Patterns for CACFP Child Care Programs](#) webpage and refer to the CSDE’s [Guide to Meeting the Meal Pattern Requirements for CACFP Child Care Programs](#). For guidance on optional meal modifications for children without disabilities, refer to [section 3](#)

Meal Reimbursement and Cost

CACFP facilities cannot charge more for modified meals and snacks 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 and snacks at the same rate.

Allowable costs

For most modified meals, the costs of special food and food preparation equipment are allowable CACFP costs and food service or other applicable staff 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.

CACFP facilities can make most meal modifications 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. Examples

include 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 and snacks for children with disabilities should be as inclusive as possible. It is essential that the CACFP facility works with the 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 meal modifications for children with disabilities. Developing a team that includes individuals from the sponsoring organization, center or family day care home, and the disability coordinator, e.g., 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. For example, licensed child care centers should include their health consultant and registered dietitian. Any request for modifications related to the meal or meal service should be reviewed by the team and forwarded to the disability coordinator (if available). Any medical information obtained by the team must be kept confidential.

The team will work with the child's parent 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 information on developing policies, refer to [section 5](#).

Communicating with parents and guardians

Ongoing communication between CACFP facilities and parents and guardians is essential to ensure that meal modifications meet each child's individual dietary needs. The CSDE encourages CACFP facilities to develop procedures for regularly communicating with parents and guardians regarding meal modifications for children. Topics to communicate include:

- the CACFP facility's policy and standard operating procedures (SOPs) for managing meal modifications for children whose disability restricts their diet (refer to "[Policy for Meal Modifications](#)" in section 5);

- procedures for parents and guardians to request meal modifications for children whose disability restricts their diet, including how to complete the medical statement (refer to “[Medical Statement Requirements](#)” in section 2);
- procedures for obtaining nutrition information for CACFP meals and snacks (refer to “[Nutrition Information](#)” in section 2); and
- procedural rights of parents and guardians for grievance procedures (refer to “[Procedural Safeguards](#)” in section 5).

The policy and SOPs for meal modifications should be posted on the CACFP facility’s website and shared with parents and guardians in other ways. Some examples include parent handbooks, newsletters, emails, handouts, menu backs, bulletin boards and displays, meetings, child care program events, and public service announcements.

The USDA’s nondiscrimination regulations require CACFP facilities to notify program participants 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 must submit supporting documentation for their child’s meal modification request. To receive reimbursement for meal modifications that are outside the CACFP meal patterns, CACFP facilities must have a medical statement signed by a recognized medical authority (or IEP or 504 plan, if applicable). For more information, refer to “[Medical Statement Requirements](#)” in section 2 and “[Modifications Outside the Meal Patterns](#)” in section 3.

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

Communicating with food service personnel

CACFP facilities must establish procedures for identifying children with special dietary needs and providing this information to the staff responsible for planning, preparing, and serving CACFP meals and snacks. Food service personnel and other applicable staff should have access to the applicable information in children’s medical statements to allow appropriate meal modifications. 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. For more information, refer to “[Sharing medical statements with food service staff](#)” in section 2.

For some medical 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 their 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.

CACFP facilities must protect the privacy of children who have a disability and must maintain the confidentiality of each child’s medical condition. CACFP facilities cannot implement policies or practices that outwardly identify children whose disability requires a meal modification.

Lists used to identify children and their food restrictions must be in locations that are only visible to appropriate staff, such as food service staff and the child care staff supervising CACFP meals and snacks. For more information, refer to “[Identifying Children](#)” in section 2.

Summary of CACFP Responsibilities

CACFP facilities are responsible for providing meals and snacks to all children, including children with disabilities. The responsibilities of child care staff for meal modifications in the CACFP are summarized below.

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. The USDA does not require CACFP facilities to obtain a medical statement for modifications that are within the CACFP meal patterns. For example, if a child has an allergy to strawberries, the CACFP facility may substitute another fruit that is safe for the child to eat. This substitution meets the CACFP meal patterns because both food items are from the fruits component. However, the USDA strongly recommends that CACFP facilities keep documentation on file acknowledging the child's disability. Refer to [section 2](#) for guidance on meal modifications for children with a disability.
- CACFP facilities are encouraged, but not required, to provide optional meal modifications on a case-by-case basis for children whose dietary needs do not constitute a disability. Optional meal modifications for children without disabilities must comply with the CACFP meal patterns unless they are supported by a medical statement signed by a recognized medical authority. The USDA does not require CACFP facilities to obtain a medical statement for modified meals and snacks that meet the CACFP meal patterns. Refer to [section 3](#) for guidance on meal modifications for children without a disability.

The CSDE recommends obtaining a medical statement for all modified meals that meet the CACFP meal patterns, including required meal modifications for children whose disability restricts their diet and optional meal modifications for children without a disability. This practice ensures clear communication between parents or guardians and the CACFP facility about the appropriate meal modifications for the child. It also serves as a precaution to ensure that children receive safe and appropriate meals, protect the CACFP facility, and minimize misunderstandings.

- CACFP facilities must have documentation on file for all meal modifications that do not comply with the meal patterns. The USDA specifies that CACFP facilities should not deny or delay a requested modification for a child with a disability because the medical statement does not provide complete information or needs clarification. CACFP staff

should work with parents and guardians to obtain additional information from the recognized medical authority. For more information, refer to “[Handling missing information](#)” and “[Storage of medical statements](#)” in section 2.

- Under no circumstances should food service personnel revise or change a diet prescription or medical order. CACFP facilities must make a reasonable modification based on 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 reasonable meal modifications, refer to [table 1](#) and “[Requirements for Meal Modifications](#)” this section.

Accessibility

The USDA’s 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 (refer to “[Allowable costs](#)” in this section).

The USDA’s nondiscrimination regulations also require that CACFP facilities provide food services in the most integrated setting appropriate to the needs of children with disabilities (refer to “[Appropriate Eating Areas](#)” in section 2).

Cooperation

CACFP food service personnel should work closely with parents or guardians 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 participation in the meal service. This cooperation is particularly important when accommodating children whose disabilities require significant modifications or personal assistance. For more information, refer to “[Team approach](#)” and “[Communicating with parents and guardians](#)” in this section.



2 — Modifications for Children with Disabilities

The USDA’s 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 child’s disability or limitations caused by the disability, and require a medical statement signed by a recognized medical authority.

- 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 a reasonable modification is that children with disabilities must be able to participate in and receive benefits from programs that are available to children without disabilities.
- **Case-by-case basis** means that the meal modifications are specific to the individual medical condition and dietary needs of each child. This is based on the specific information provided by the recognized medical authority in the child’s medical statement or if applicable, the child’s Section 504 plan or IEP.
- The Connecticut State Department of Public Health (DPH) defines a **recognized medical authority** as a state-licensed healthcare professional who is authorized to write medical prescriptions under state law. This includes physicians (MD), physician assistants (PA) and certified physician assistants (PAC), doctors of osteopathy (DO), and advanced practice registered nurses (APRN). These are the only medical professionals who are authorized to sign a child’s medical statement for meal modifications. CACFP facilities cannot accept medical statements signed by any other individuals.

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;

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- heart disease;
- metabolic disorders;
- phenylketonuria (PKU);
- seizure disorder;
- severe obesity; and
- certain temporary disabilities (refer to “[Temporary Disabilities](#)” in this section).

These examples of medical conditions are not all-inclusive and might not require meal modifications for all children. All disability considerations must be reviewed on a case-by-case basis.

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’s 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 “**mitigating measures**” from being used to deny an individual with a disability protection under Section 504. Mitigating measures are things like medications, prosthetic devices, assistive devices, or learned behavioral or adaptive neurological modifications that an individual may use to eliminate or reduce the effects of an impairment. For example, if a child’s diabetes can be controlled through insulin and diet, the child may still qualify for protection because the mitigating measure (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;

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- 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).

Section 619 of Part B of the IDEA defines the preschool program, which guarantees a free appropriate public education to children ages 3-5 with disabilities. Preschool children who have disabilities are entitled to a free and appropriate education that includes special education and related services in the least restrictive environment. Eligible local educational agencies (LEAs) identify young children who meet any of the IDEA disability conditions and require specialized instruction to access their education are eligible to receive services under Section 619 Part B of IDEA.

Each child who is identified in one of the 13 federal disability categories, or has a developmental delay per [C.G.S. Section 10-76 \(a\)\(5\)\(c\)](#) and requires specialized instruction and related services to access their education, must have an individual education program (IEP) developed through the Planning and Placement Team (PPT) process. For more information, refer to “[IDEA considerations](#)” in this section.

For eligible children, the LEA may choose to offer services either in a LEA program or may choose to send services into the community (itinerant services). There are some LEAs that provide itinerant services in community-based programs, such as child care centers and Head Start. The LEA can use their discretion to provide services in any community settings.

USDA's nondiscrimination regulations

While the USDA's nondiscrimination regulations (7 CFR 15b) 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's nondiscrimination regulations 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's nondiscrimination 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’s 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 nondiscrimination laws (Section 504, the IDEA, the ADA and ADA Amendments Act, and the USDA’s nondiscrimination regulations) and a recognized medical authority’s diagnosis of the child’s medical condition. The medical statement indicates if the child has a disability (physical or mental impairment) that restricts their diet. Alternatively, this may be indicated in the child’s Section 504 plan or IEP, if applicable.

The USDA requires that the medical statement requesting meal modifications (or the Section 504 plan or IEP, if applicable) must include the three elements below.

1. 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.
2. An explanation of what must be done to accommodate the child’s disability.
3. If appropriate, the food or foods to be omitted and recommended alternatives.

CACFP facilities can determine if a child requires a meal modification by reviewing question 10 in section B of the CSDE’s form, *Medical Statement for Meal Modifications in CACFP Child Care Programs*. 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 a reasonable meal modification. If the answer is “No,” the CACFP facility may choose, but is not required, to make the meal modification. For more information on medical statements, refer to “[Medical Statement Requirements](#)” in this section.

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, i.e., specific to the individual medical condition and dietary needs of each child.

The guidance below summarizes the considerations for what constitutes a disability under the federal laws.

- Under the ADA Amendments Act, a physical or mental impairment does not need to be life threatening to constitute a disability. Limiting a major life activity is sufficient. For example, food intolerance (such as lactose intolerance or gluten intolerance) may be a disability if it substantially limits digestion, a bodily function that is a major life activity. A child whose digestion is impaired by 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 parents who prefer that their children eat a gluten-free diet or organic foods because they believe it is healthier, 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 (refer to [table 4](#) in 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. For additional guidance, refer to [USDA Memo CACFP 14-2017](#) and [SFSP 10-2017: Modifications to Accommodate Disabilities in CACFP and SFSP](#).

Section 504 considerations

The determination of whether a child has a disability under Section 504 is through a Section 504 meeting, which anyone can initiate. 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 a reasonable modification based on the recognized medical authority's instructions 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.

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



Medical Statement Requirements

The USDA requires that the medical statement requesting meal modifications (or the Section 504 plan or IEP, if applicable) must include the three elements below.

1. 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.
2. An explanation of what must be done to accommodate the child’s disability.
3. 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 nutrition formula to accommodate a disability, the recognized medical authority should include this information in the medical statement.

CACFP facilities cannot request medical records or medical charts related to a child’s disability as part of the medical statement. A medical statement (or Section 504 plan or IEP, if applicable) that includes the three required elements above is the only document required for CACFP facilities to receive reimbursement for modified meals and snacks outside of the CACFP meal patterns. For more information, refer to “[Medical information in IEP or 504 Plan](#)” in this section.

Medical statements should provide sufficient information to allow the CACFP facility to provide meals and snacks that are appropriate and safe for each child and comply with the USDA’s 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 (refer to “[Handling missing information](#)” in section 2).

Modified meals within the CACFP meal patterns

The USDA does not require a medical statement if the modified meals and snacks meet the CACFP meal patterns. Some examples include meals modified for texture (e.g., chopped, ground, or pureed foods) and meals that substitute food items from the same component, such as substituting a banana for strawberries (fruits component) or chicken for cheese (meat/meat alternates component). However, the CSDE recommends obtaining a medical statement to ensure clear communication between parents or guardians and the CACFP facility. This serves as a precaution to ensure clear communication about safe and appropriate meals and snacks for the child, protect the CACFP facility, and minimize misunderstandings.

CSDE's medical statement form

The CSDE's medical statement form and instructions assist CACFP facilities with obtaining the three elements required by the USDA (refer to “[Medical Statement Requirements](#)” in this section). These documents are available in English and Spanish in the “[Documents/Forms](#)” section of the CSDE's Special Diets in CACFP Child Care Programs webpage.

- Medical Statement for Meal Modifications in CACFP Child Care Programs (English):
https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Medical_Statement_CACFP.pdf
- Medical Statement for Meal Modifications in CACFP Child Care Programs (Spanish):
https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Medical_Statement_CACFP_Spanish.pdf
- Guidance and Instructions for the Medical Statement for Meal Modifications in CACFP Child Care Programs (English):
https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Medical_Statement_CACFP_Instructions.pdf
- Guidance and Instructions for the Medical Statement for Meal Modifications in CACFP Child Care Programs (Spanish):
https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Medical_Statement_CACFP_Spanish_Instructions.pdf

CACFP facilities that use an alternate form must include the three required elements.

To protect children's privacy and confidentiality, the medical statement cannot require a specific diagnosis by name or use the terms “disabled” or “disability.”

Medical information in IEP or 504 plan

The CACFP facility does not need to obtain a separate medical statement if the child has an IEP or 504 plan that includes USDA’s three required elements (refer to “[Medical Statement Requirements](#)” in this section) or if the required information is obtained during the development or review of the IEP or 504 plan. Using a team approach can help CACFP facilities to ensure that 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 parents and guardians, food service personnel, and child care staff working to accommodate children with disabilities in the child care setting.

Medical information in doctor’s note

The CACFP facility does not need to obtain a separate medical statement if the child has a written statement (such as a doctor’s note) that is signed by a recognized medical authority and includes the USDA’s three required elements (refer to “[Medical Statement Requirements](#)” in this section). Any written statement from a state licensed healthcare professional is acceptable if it includes the three required elements and is signed by a recognized medical authority. CACFP facilities may request that families use the CSDE’s medical statement form but cannot reject any written statement signed by a recognized medical authority that contains the required information.

Handling missing information

CACFP facilities should not deny or delay a requested meal modification because the medical statement does not provide sufficient information. An example is a medical statement that 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 to ensure that the child receives safe meals and snacks. When necessary, the CACFP facility should work with the child’s parent or guardian to obtain an amended medical statement.

While waiting to obtain additional information, the CACFP facility must follow (to the greatest extent possible) the portion of the medical statement that is clear and unambiguous. An example is a medical statement that indicates a child experiences respiratory distress when consuming eggs but does not identify recommended substitutes. In this case, the CACFP facility should not serve eggs to the child, while waiting for additional information regarding the specific substitutions. Clarification of the medical statement should not delay the CACFP facility from providing a reasonable meal modification for the child.

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While waiting for the parent or guardian to submit additional information or a revised medical statement, the USDA allows CACFP facilities to claim reimbursement for modified meals that do not comply with the meal patterns. In this situation, CACFP officials must follow the procedures below.

1. Document the initial conversation with the parent or guardian when the CACFP official first learned of the child’s need for a meal modification.
2. Follow up with the parents or guardians if the CACFP facility does not receive the requested medical statement as anticipated. Maintain a record of this contact.
3. Diligently continue to follow up with the parents or guardians until the CACFP facility obtains a medical statement or the parent or guardian rescinds the meal modification request.

Maintain this documentation on file.

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, such as a specific brand of food or nutrition supplement, unless it is medically necessary. 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, a child with an allergy to a specific ingredient found in a menu item might have a medical statement that requests a specific brand-name version as a substitute. Generally, the CACFP facility is not required to provide the identified brand-name food but must offer a substitute (any brand or type of food) that does not contain the specific allergen that affects the child (refer to “[Specific Brands of Food](#)” in this section).

The CACFP facility is responsible for serving the child a safe meal that accommodates the disability but is not responsible for serving the same meal and is generally not required to provide specific brands of food.

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, while 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 child's 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. Generally, the emphasis should be working collaboratively with parents or guardians to develop an effective approach for the child.

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 CACFP (refer to "[Assessing requests](#)" in this section). 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.

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 parent or guardian in writing. For more information, refer to "[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 to rescind the original medical order prior to ending a meal modification. However, the USDA recommends that CACFP facilities maintain documentation when ending a child's meal modification. For example, before ending the meal modification, the CACFP facility could ask the child's parent or guardian to sign a statement or send an email indicating their child no longer needs the meal modification.

Storing medical statements

The CACFP facility should maintain all medical statements in a confidential manner with each child's medical records, such as physical forms. The CACFP facility may share copies of medical statements with food service personnel for the purposes of making appropriate meal modifications for each child.

For CACFP preschool programs operated by the board of education in the school setting, the CSDE recommends storing medical statements in the student's Cumulative Health Record (CHR) maintained by the school nurse. The CHR serves as the official student health record in Connecticut schools. It is recognized as a formal part of an educational record and must be maintained as such. The CHR provides a systematic way to organize the collection of student health information.

Updating medical statements

The USDA regulations do not specify time limits on medical statements or require CACFP facilities to obtain updated medical statements on a regular basis. However, when parents or guardians provide updated medical information, CACFP facilities must ensure that the medical statements on file reflect children's current dietary needs. Changes to diet orders must be written on a medical statement signed by a recognized medical authority (or updated in the child's IEP or Section 504 plan, if applicable).

Since a child's 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 site or program, requires a new meal modification, or requires a change to an existing meal modification. CACFP facilities may require updates as necessary to meet their responsibilities. When establishing these requirements, the USDA recommends carefully considering if obtaining additional medical statements could create a burden for parents or guardians.

Conflicting information

The CACFP facility should request a revised medical statement if there is a conflict between the information in the child's medical statement and information provided either verbally or in writing by the child's parent or guardian. An example is a medical statement that indicates a child has a disability that requires avoiding all foods containing lactose, but the parent tells a preschool teacher that her child can eat yogurt and cheese. In this situation, the CACFP facility should request a request a revised medical statement that clarifies the change in the meal modification and is signed by the child's recognized medical authority. This ensures clear communication between parents or guardians and the CACFP facility regarding the appropriate meal modification for the child.

Updated information is important because the USDA requires that the CACFP facility must make a reasonable meal modification based on the instructions in the child's medical statement. The USDA does not allow CACFP personnel to diagnose health conditions, perform nutritional assessment, prescribe nutritional requirements, or interpret, revise, or change a diet order from a recognized medical authority.

Sharing medical statements with food service staff

The HIPAA permits the disclosure of personal health information needed for patient care and other important purposes. CACFP facilities may share copies of children's medical statements with food service personnel and other appropriate staff for the purposes of meal modifications for children with special dietary needs. The CSDE recommends that CACFP facilities inform parents and guardians about this sharing of information.

For CACFP preschool programs operated by the board of education in the school setting, the school nurse may share copies of student medical statements with school food service personnel for the purposes of meal modifications for special dietary needs. The Family Educational Rights and Privacy Act (FERPA) allows the sharing of confidential student information when there is a legitimate educational interest, such as making meal modifications for special dietary needs. The school food service department should have access to this information to allow food service personnel to make appropriate meal modifications for each child.

Episodic Disabilities

The requirements for providing meal modifications for children with disabilities apply regardless of the duration of the disability. If a child's disability is episodic and substantially limits a major life activity when active, the CACFP facility must provide a reasonable modification based on the child's medical statement signed by a recognized medical authority. Examples of episodic disabilities include mental illness, multiple sclerosis, Crohn's colitis, and some forms of cancer.

Temporary Disabilities

CACFP facilities must provide meal modifications for children whose disability restricts their diet, regardless of whether the disability is permanent or temporary. The determination of whether a temporary impairment is a disability must be on a case-by-case basis, taking into consideration both the duration (or expected duration) of the impairment and the extent to which it limits a major life activity of the affected individual. If a child's condition is temporary, but severe and lasts for a significant duration, the CACFP facility must provide a reasonable modification for the duration of the condition. Examples of a temporary disability include:

- a child who had major oral surgery due to an accident and is unable to consume food for a significant period unless the texture is modified;
- a child who is on medication for several months, and the medication requires avoidance of certain foods; and
- a child who had knee surgery and uses crutches so they are unable to carry a lunch tray.

If a child has a temporary disability, the CACFP facility must make the requested meal modification, even though the child is not "permanently" disabled. However, temporary illness or injury, such as a cold, the flu, or a minor broken bone, are generally not considered to be conditions that require reasonable meal modifications.

Same Meal

CACFP facilities are responsible for providing a reasonable meal modification that safely accommodates the child's disability but are not required to provide a modified meal that is the same as the meal offered on the regular CACFP menu. For example, if the regular lunch entree item is whole grain-rich (WGR) pasta with cheese, the CACFP facility is not required to prepare WGR pasta with lactose-free cheese for a child with lactose intolerance. The CACFP facility could meet the requirement for a reasonable modification by serving a different entree that meets the child's dietary need to avoid lactose, such as a turkey sandwich on WGR bread.

Specific Brands of Food

CACFP facilities may consider expense and efficiency in choosing an appropriate approach to accommodate a child's disability. CACFP facilities must offer a reasonable modification that effectively accommodates the child's disability and provides equal opportunity to participate in or benefit from the CACFP.

In general, 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 or nutrition supplement) unless it is medically necessary. In most cases, a generic brand is sufficient. For more information, refer to "[Assessing requests](#)" in this section.

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 specific dietary needs.

When the requested substitute is very expensive or difficult to procure or obtain, it is reasonable for the CACFP facility to follow up with the parent or guardian to see if a different substitute would be safe and appropriate for the child. For example, if the medical statement lists a specific brand of gluten-free chicken patty, the CACFP facility could check with the child's parent or guardian to see if it would be safe and appropriate to provide a different gluten-free brand or a different gluten-free food item. For example, appropriate substitutes might include any of the following:

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

In this instance, the parent or guardian could affirm that the change meets the child's dietary needs.

Number of Alternate Meals

The USDA does not require a specific number of alternate meals or snacks 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 for the individual child, including the number of alternate meals and snacks.

In certain cases, a child may have a restricted diet that requires the same modified meal or snack each day. However, most children will be able to eat a variety of modified meals and snacks 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 and snack that meets the child's specific dietary needs each time the child eats CACFP meals and snacks; or
- offering a cycle menu of modified meals and snacks 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.

Develop cycle menus for special diets

To improve nutrition and increase variety, the CSDE encourages CACFP facilities to develop cycle menus 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 each child's parents or guardians to ensure that the modified meals meet their child's specific dietary requirements.

Different Portion Sizes

If a child with a disability has a medical statement that requires different portion sizes from the minimum quantity requirements in the CACFP meal patterns, the CACFP facility must provide the specified portions. Some examples are below.

- The medical statement requires an additional amount of a specific meal pattern component in the meal, such as a second serving of the meat/meat alternates component or grains component.
- The medical statement requires a smaller amount of food than the minimum portion size required in the CACFP meal patterns for each age group, such as 1 ounce of the meat/meat alternates component for ages 3-5 at lunch instead of the required 1½ ounces of the meat/meat alternates component.
- The medical statement requires that a child receives two of the same meal, such as two lunches. **Note:** While the CACFP facility must provide the two meals prescribed by the recognized medical authority, the USDA regulations do not allow CACFP facilities to claim more than one lunch per child per day.

The child's medical statement (or Section 504 plan or IEP, if applicable) must specify any requirements for different portion sizes.

Texture Modifications

Unless otherwise specified by the recognized medical authority, meals and snacks modified for texture (such as chopped, ground, or pureed) should consist of the same food items and quantities specified in the regular CACFP menus. CACFP facilities should work with appropriate staff (such as the health consultant or registered dietitian consultant for licensed child care centers or the sponsoring organization for family day care homes) to provide center staff and family day care providers with proper training on pureeing foods and any additional auxiliary aids or services (including necessary equipment) to implement texture modifications.

CACFP facilities cannot make changes or substitutions to the original texture modification request in a child's medical statement without consulting the child's parent or guardian. For example, if the medical statement for a preschooler with a disability requests pureed food, the CACFP facility cannot substitute baby food unless it is appropriate for the child and effectively accommodates the child's specific dietary needs. In this example, the CACFP facility cannot serve baby food as an alternative to pureeing the regular CACFP menu unless the parent or guardian agrees, and a revised medical statement confirms that baby food is an appropriate modification to meet the child's specific dietary needs.

2 | Children with Disabilities

As with all meal modifications, continued communication between the CACFP facility and the child’s parent or guardian is essential to ensure that children with a disability receive an appropriate texture modification. All texture modifications for children whose disability restricts their diet must be made on a case-by-case basis, i.e., specific to the individual medical condition and dietary needs of each child. An appropriate texture modification for one child might not be appropriate for another child.

Meals and snacks that consist only of texture modifications must meet the CACFP meal patterns.

Medical statements are not required when texture is the only meal modification. CACFP facilities may apply stricter guidelines and require that a medical statement must be on file concerning the needed texture modifications. The CSDE recommends obtaining a medical statement to ensure clear communication about safe and appropriate meals and snacks for the child, protect the CACFP facility, and minimize misunderstandings.

As with other dietary substitutions, the USDA does not provide additional reimbursement for texture-modified meals and snacks. If a child must have a pureed meal or snack, 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, refer to the CSDE’s *Guidelines for Feeding and Swallowing Programs in Schools*.



Tube Feeding

If a child is determined under Section 504 to have a disability that requires tube feeding, the child's Section 504 plan will include feeding and swallowing as a component. Feeding and swallowing disorders are not a disability category in the IDEA. Therefore, if a child is determined to have a disability under the IDEA, the PPT will include feeding and swallowing as a related service of the child's IEP.

With appropriate documentation on the medical statement (or Section 504 plan or IEP, if applicable), CACFP facilities may use CACFP funds for the cost of tube feeding formulas that are required as meal substitutions. If the child has an IEP, special education funds may cover the cost of commercial tube feeding formulas and special personnel.

The USDA recommends using commercial nutrition formulas prescribed by a recognized medical authority and specially designed for tube feedings. Formula prepared on site may be subject to spoilage and might not always have the correct consistency or nutritional content. Proper administration of this type of feeding generally requires the skills of specially trained personnel, such as nurses or specially trained aides who regularly work with the child. For more information on tube feedings, refer to the CSDE's [*Guidelines for Feeding and Swallowing Programs in Schools*](#).

Administering Feedings

While CACFP facilities are responsible for providing modified meals and snacks for children with disabilities, food service personnel are not responsible for physically feeding the children. 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. CACFP facilities are 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.

However, if a child with a disability has an IEP that requires a meal that the CACFP facility does not provide, the CACFP facility must provide the meal service at no cost to the family and may charge the cost to the CACFP or other appropriate funding sources. The IDEA requires that any nutrition-related services included in a child's IEP that are deemed necessary for the child to receive a free appropriate public education must be provided at public expense, and at no cost to the child's family.

Special foods or nutrition supplements

If the medical statement (or Section 504 plan or IEP, if applicable) documents that special foods or nutrition supplements are medically necessary for a child with a disability, the CACFP facility is generally required to provide them as part of reimbursable meals and snacks. In some cases, other funding sources may be available to cover these costs. For more information, refer to "[Allowable Costs](#)" in section 1.

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. For more information, refer to "[Assessing requests](#)" in this section.

The CACFP facility is not required to pay for other servings of special foods or nutrition supplements throughout the day outside of reimbursable meals and snacks, unless the child has an IEP that requires them. If the IEP includes special foods or nutrition supplements outside of normal mealtimes, the CACFP facility must provide them at no cost to the family and may charge the cost to the CACFP or other appropriate funding sources.

Nutrition Information

The USDA considers providing nutrition information for foods served in CACFP meals and snacks to be part of reasonable meal modifications. CACFP facilities are responsible for making nutrition information for CACFP meals and snacks available to children (as age appropriate), families, medical personnel, and others as needed. This enables parents or guardians and appropriate medical personnel to determine which meals are safe for the child to eat, and which meals the CACFP facility must modify to meet the child's specific dietary requirements, such as preventing an allergic reaction.

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 and snacks. For more information on nutrition information for children with food allergies, refer to "[Read labels](#)" in this section.

How to provide nutrition information

CACFP facilities may provide nutrition information in a variety of ways. Examples include CACFP menus, the CACFP facility's website, and maintaining a binder of nutrition labels in the office that parents or guardians can review.

If a product's label does not provide adequate nutrition information, the CACFP facility is responsible for obtaining the necessary information to ensure a safe meal for the child. The CACFP facility should contact the product's supplier or manufacturer to obtain the required nutrition information.

It is important to have good communication between the CACFP facility and parents or guardians. When parents or guardians require nutrition information for CACFP meals and snacks, the CSDE recommends providing a monthly menu several weeks in advance. This enables parents or guardians to determine which meals and snacks their child will be eating. It also allows sufficient time for the CACFP facility to gather nutrition information to share with parents or guardians, and the CACFP staff who purchase, prepare, and serve food to children.

As a reminder, the best practice is to develop cycle menus for common special diets, such as gluten free, diabetic, and specific food allergies (refer to "[Develop cycle menus for special diets](#)" in this section).

Nutrition information for procured meals

When the CACFP facility obtains meals or snacks from a vendor or through a food service management company (FSMC) or board of education, the food service contract (vendor or FSMC) or school food agreement with a board of education should address the requirement for providing nutrition information for CACFP meals and snacks. Vendors must make nutrition information available as needed. For more information, refer to “[Procured Meals](#)” in section 4.

Carbohydrate Counts

CACFP facilities are responsible for providing a carbohydrate count to the parent or guardian of a diabetic child for each food item served in each daily reimbursable meal and snack. If the daily menu includes multiple meal or snack choices, CACFP facilities are not required to provide carbohydrate counts for each meal or snack option.

The CACFP food service program is responsible for providing information on the initial weights or measures of the planned food for the meal or snack. 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 designated medical personnel.

The CSDE encourages CACFP facilities to develop a diabetic cycle menu with carbohydrate counts, such as a one-week or two-week cycle menu (refer to “[Develop cycle menus for special diets](#)” in this section).

For resources on diabetes, visit the [American Diabetes Association](#) website and the “[Diabetes](#)” section of the CSDE’s Special Diets in CACFP Child Care Programs webpage.

Food Allergies

A food allergy is an adverse immune response to a food protein (allergen) that the body mistakenly identifies as being harmful. The resulting allergic reaction can be mild to severe and can affect the respiratory system, gastrointestinal tract, skin, and cardiovascular system.

Allergic reactions generally occur within minutes or up to two hours after eating the food. For some people, food allergies can cause a life-threatening reaction known as anaphylaxis. Anaphylaxis is a severe allergic reaction with rapid onset that may cause difficulty breathing and death.

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 a disability and require a meal modification if it affects 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 a reasonable meal modification based on the child's medical statement.

While almost any food can trigger an allergic reaction, nine foods cause most reactions. These include milk, eggs, peanuts, tree nuts (e.g., almonds, cashews, pistachios, pecans, walnuts, and hazelnuts), wheat, soy, fish, crustacean shellfish (e.g., crab, lobster, and shrimp), and sesame.

Currently, there is no cure for food allergies. The only way to prevent an allergic reaction is to avoid exposure to the allergen. Prevention is important because even a tiny amount of an allergen can cause a severe and potentially life-threatening reaction for some children.



Staff Actions for Safe Mealtimes with Food Allergies

The CACFP plays an important role in implementing each child’s food allergy management plan. CACFP staff should focus on some key actions to keep mealtimes safe for children with food allergies. These actions include:

- providing a safe meal and safe environment;
- reading labels;
- recognizing students with food allergies; and
- promoting communication and teamwork.

A summary of each action follows.

Providing a safe meal and safe environment

CACFP facilities must provide a safe meal for all children with food allergies and a safe environment to consume the meal. Modified meals and snacks must meet each child’s prescribed guidelines and be free of all ingredients that could cause an allergic reaction. For example, if a child has a peanut allergy, foods served to the child cannot contain peanuts or include peanuts as an ingredient.

Sometimes it is advisable to prepare a separate meal from scratch using ingredients allowed in the child’s diet, instead of using processed foods. The general rule is to always exercise caution. Foods with unknown ingredients cannot be served to children who are at risk of allergic reactions.

CACFP staff must use proper storage, preparation, and cleaning techniques to prevent exposure to allergens through cross-contact. Cross-contact occurs when an allergen is transferred from a food that contains the allergen to a food or surface that does not contain the allergen (such as counters, equipment, utensils, sponges, potholders, and cloth towels).

Cross-contact (allergic reaction) is different from cross-contamination (foodborne illness). Cross-contamination occurs when microorganisms (such as bacteria and viruses) are transferred from a food, person, or surface to another food and cause foodborne illness. Cooking reduces or eliminates most microorganisms, but it does not destroy food allergens.

Some examples of cross-contact include:

- using a knife to make peanut butter sandwiches, wiping the knife, then using the same knife to cut a grilled cheese sandwich;
- using the same spatula to flip a hamburger after flipping a cheeseburger;
- steam from cooking fish or shellfish touches nearby foods;
- cutting cheese then vegetables on the same cutting board without proper cleaning;
- cooking fish and chicken on the same flat-top grill or in the same pan; and
- touching almonds then handling pasta without proper handwashing.

When preparing and serving food, CACFP staff must ensure that food preparation and serving utensils are not exposed to allergens and then used for other foods. Food production surface areas should be properly cleaned before, during, and after food preparation. Allergen residue can be removed by cleaning with soap, warm water, and friction. However, it is important to note that sanitizing to reduce microorganisms does not remove allergen residue.

Alcohol-based hand sanitizers, antibacterial gel, and washing with water alone do not deactivate the proteins that cause food allergies. Food service staff and other applicable CACFP staff must use proper handwashing procedures to help reduce the risk of exposure to food allergens. For more information, visit the “[Handwashing](#)” section of the CSDE’s Food Safety for Child Nutrition Programs webpage.



Reading labels

Reading food labels is the only way to identify potential allergens in commercially packaged foods. CACFP staff should read all food labels each time the product is purchased. This is important because ingredients and manufacturing processes can change, vendors can change, and suppliers might make product substitutions. CACFP facilities cannot rely on product specifications, fact sheets, or ingredient information from the last food delivery to ensure that the product is allergen-free.

The Centers for Disease Control and Prevention’s (CDC) *Voluntary Guidelines for Managing Food Allergies In Schools and Early Care and Education Programs* recommends keeping all food labels for 24 hours as a precaution in case a child has an allergic reaction. Consider scanning or photographing all labels for easy access on a computer or the CACFP facility’s webpage.

Manufacturers are required to list certain food allergens on the label. The Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA) requires that packaged foods list the eight major food allergens (milk, eggs, peanuts, tree nuts, wheat, soy, fish, and crustacean shellfish) in plain language. Effective January 1, 2023, the Food Allergy Safety, Treatment, Education and Research (FASTER) Act of 2021 added sesame to the list of food allergens that must be labeled on packaged foods.

Recognizing children with food allergies

CACFP staff are the first line of defense in ensuring that children with food allergies receive safe meals. It is important that food service staff and child care staff supervising CACFP meals and snacks get to know and recognize the children who have food allergies and be able to identify any menu items that these children should avoid.

CACFP staff should follow the CACFP facility’s procedures for identifying children with food allergies. When determining how CACFP staff will identify children during the meal service, the CACFP facility’s policies and practices must protect the privacy of children who have a disability and must maintain the confidentiality of each child’s medical condition. For information on recommended practices for identifying children with food allergies, refer to “[Identifying Children](#)” in this section.

Promoting communication and teamwork

Good communication and teamwork among CACFP staff are essential for providing a safe environment for children with food allergies. CACFP staff must follow the instructions in each child’s medical statement and understand each child’s food allergy management plan. Close communication between school health services personnel and CACFP staff ensures that children receive appropriate meal modifications. For more information, refer to [“Communicating with food service staff”](#) in section 1.

CACFP facilities should communicate with all CACFP staff involved in managing a child’s food allergy regarding the appropriate actions to avoid allergic reactions and respond to food allergy emergencies. The CSDE recommends developing SOPs for managing food allergies in the CACFP (refer to [“Standard operating procedures \(SOPs\)”](#) in section 5). This helps to ensure clear communication regarding the required procedures that all staff must follow.

CACFP facilities should provide CACFP staff with ongoing professional development to communicate information about relevant topics for managing children’s food allergies and preventing allergic reactions. Examples include how to prevent cross-contact (including proper storage, preparation, cleaning, and handwashing techniques), how to read food labels, and the CACFP facility’s procedures for identifying children with food allergies. For more information, refer to [“Staff Training”](#) in section 5.

It is also important to maintain clear communication with parents and guardians about the CACFP facility’s procedures for managing food allergies, such as how to request meal modifications, the CACFP facility’s food allergy management plan, the food service staff’s food allergy SOPs, and how parents and guardians can access nutrition information for the foods served in CACFP meals. For more information, refer to [“Communicating with parents and guardians”](#) in section 1, [“Nutrition Information”](#) in this section, and [“Policy for Meal Modifications”](#) in section 5.

Accommodating food allergies within the CACFP meal patterns

Many food allergies can be accommodated within the CACFP meal patterns by substituting foods with the same component. For example, if a child has an allergy to a specific fruit or vegetable, the CACFP facility can substitute a different fruit or vegetable that is safe for the child to eat.

Medical statements are not required for modified meals and snacks that meet the CACFP meal patterns, but the USDA strongly encourages CACFP facilities to document the actions taken to accommodate the child’s disability.

Food allergy resources

The resources below provide guidance on managing food allergies. Some of these resources were developed for schools but provide guidance that is also relevant to child care settings.

- Allergies and Food Sensitivities (USDA):
<https://www.nal.usda.gov/fnic/allergies-and-food-sensitivities>
- Avoiding Cross-Contact (FARE):
<https://www.foodallergy.org/resources/avoiding-cross-contact>
- Family Child Care Food Allergy Fact Sheets (ICN):
<https://theicn.org/icn-resources-a-z/family-child-care-food-allergy-fact-sheets>
- Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA) Questions and Answers (FDA):
<https://www.fda.gov/food/food-allergensgluten-free-guidance-documents-regulatory-information/food-allergen-labeling-and-consumer-protection-act-2004-questions-and-answers>
- Food Allergies for School Nutrition Directors (ICN):
<https://theicn.org/icn-resources-a-z/food-allergies-for-school-nutrition-directors/>
- Food Allergy Fact Sheets (ICN):
<https://theicn.org/icn-resources-a-z/food-allergy-fact-sheets>
- Food Allergy Research & Education (FARE):
<http://www.foodallergy.org/>
- How to Read a Food Label (FARE):
<https://www.foodallergy.org/resources/how-read-food-label>
- Managing Food Allergies: School Nutrition Directors Fact Sheet (ICN):
<https://theicn.org/resources/166/food-allergy-fact-sheets/111863/managing-food-allergies-school-nutrition-directors-fact-sheet-2.pdf>
- Managing Food Allergies: School Nutrition Staff Fact Sheet (ICN):
<https://theicn.org/resources/166/food-allergy-fact-sheets/111862/managing-food-allergies-school-nutrition-staff-fact-sheet-2.pdf>
- Online Training: Food Allergies in School Nutrition Programs, Part 1: General Food Allergies (ICN):
<https://theicn.docebosaa.com/learn/course/external/view/elearning/118/food-allergies-in-snps-general-food-allergies>

- Online Training: Food Allergies in School Nutrition Programs, Part 2: Reading Food Labels(ICN):
<https://theicn.docebosaas.com/learn/course/external/view/elearning/126/food-allergies-in-snps-reading-food-labels>
- Online Training: Food Allergies in School Nutrition Programs, Part 3: Avoiding Cross-Contact (ICN):
<https://theicn.docebosaas.com/learn/course/external/view/elearning/153/food-allergies-in-school-nutrition-programs-avoiding-cross-contact>
- Online Training: Food Allergies in School Nutrition Programs, Part 4: Accommodating Food Allergies in Schools (ICN):
<https://theicn.docebosaas.com/learn/course/external/view/elearning/162/food-allergies-in-snps-accommodating-food-allergies-in-schools>
- Online Training: Menu Strategies for Special Diets and Allergens (ICN):
<https://theicn.docebosaas.com/learn/course/external/view/elearning/173/cicn-menu-strategies-for-special-diets-and-allergens-jul-2021>
- Requirements for Meal Modifications in the CACFP: Child Care Programs (CSDE):
https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Meal_Modifications_CACFP_Presentation.pdf
- School Tools: Allergy & Asthma Resources for Families, Clinicians and School Nurses (American Academy of Allergy, Asthma & Immunology):
<https://www.aaaai.org/conditions-and-treatments/school-tools>
- Standard Operating Procedure (SOP): Serving Safe Food to Students with Food Allergies (ICN):
<https://theicn.org/resources/181/food-safety-standard-operating-procedures/105719/serving-safe-food-to-students-with-food-allergies-3.docx>
- Tips for Avoiding Your Allergen (FARE):
<https://www.foodallergy.org/resources/tips-avoiding-your-allergens>
- Training Resources for Food Allergies (“Food Allergies” section of the CSDE’s Special Diets in CACFP Child Care Programs webpage):
<https://portal.ct.gov/SDE/Nutrition/Special-Diets-in-CACFP-Child-Care-Programs/Documents#TrainingFoodAllergies>
- Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs (CDC):
https://www.cdc.gov/healthyschools/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf

For more information, visit the “[Food Allergies](#)” section of the CSDE’s Special Diets in CACFP Child Care Programs webpage.

Food Intolerance or Sensitivity

Food intolerance or sensitivity is an adverse food-induced reaction that does not involve the body’s immune system. Examples include lactose intolerance and gluten intolerance.

Children with food intolerance often experience uncomfortable gastrointestinal symptoms such as gas, diarrhea, and abdominal pain. However, some children may be able to eat small amounts of the food without any symptoms or may be able to eat some related foods. For example, a child with milk intolerance may be able to eat yogurt.

Under the ADA Amendments Act, food intolerance may be 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 may be a person with a disability, regardless of whether consuming milk causes the child severe distress.

If a recognized medical authority determines that food intolerance is a disability for a particular child, the CACFP facility must make a reasonable meal modification based on the child’s medical statement. CACFP facilities must review each child’s situation on a case-by-case basis, i.e., specific to the individual medical condition and dietary needs of each child.

Gluten Sensitivity

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

Under the ADA Amendments Act, food intolerance or sensitivity may be 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 a reasonable meal modification based on the medical statement. CACFP facilities must review each child’s situation on a case-by-case basis, i.e., specific to the individual medical condition and dietary needs of each child.

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 a reasonable meal modification based on the 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 (**note:** grain-based desserts do not credit in the CACFP meal patterns);
- breakfast cereals;
- crackers and snacks, e.g., pretzels, snack mix, pita chips, and croutons;
- sweet crackers like animal crackers and graham crackers;
- 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. This information provides general guidance on foods with and without gluten. When making meal modifications for celiac disease, CACFP facilities must make a reasonable meal modification based on each child’s medical statement signed by a recognized medical authority. CACFP facilities must review each child’s situation on a case-by-case basis, i.e., specific to the individual medical condition and dietary needs of each child.

Table 2. Examples of foods to avoid and allow with celiac disease ¹

Avoid	Allow ²
<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 ³ ○ Quinoa ○ Rice ○ Sorghum ○ Soy ○ Tapioca ○ Teff

¹ The CACFP facility must make appropriate meal modifications on a case-by-case basis, according to each child’s medical statement signed by a recognized medical authority.
² These foods are acceptable if they are not processed or mixed with gluten-containing grains, additives, or preservatives.
³ Oats 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.

For more information and resources, visit the [“Celiac Disease and Intolerance”](#) section of the CSDE’s [Special Diets in CACFP Child Care Programs](#) webpage.

Autism

Autism is a disability under the ADA, Section 504, and USDA's nondiscrimination regulations. Autistic children may require a reasonable meal modification if their autism substantially limits a major life activity such as eating.

Having an autism diagnosis does not automatically qualify a child for meal modifications. CACFP facilities must review each child's situation on a case-by-case basis, since one child's autism diagnosis may not have the same issues as another child's autism diagnosis.

Children with autism might not have a medical dietary condition. However, autism sometimes results in food behaviors and preferences that require specific meal modifications. For example, some children with autism have repetitive and ritualistic behavior patterns and will only eat certain foods. Others may be very sensitive to food textures and will only eat foods with a smooth texture.

Any physical or mental impairment that prevents a child from consuming a meal is 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 a reasonable meal modification based on the child's medical statement (or Section 504 plan or IEP if applicable).

Example of autism aversion

An example of an autism diagnosis that could require a meal modification is an autistic child who has a severe aversion to fruits and vegetables. If a recognized medical authority supports the elimination of the fruits component and vegetables component due to the child's autism, the CACFP facility must provide meals and snacks that do not contain fruits or vegetables. The USDA allows reimbursement for these modified meals because the child's disability restricts their diet.

In this situation, it would be beneficial for the CACFP facility to consult with the child's parent or guardian, or recognized medical authority, to gain a better understanding of the child's autism disability relating to food aversions, and to determine if it is necessary to provide additional calories for the child in the absence of fruits and vegetables. The USDA recommends collecting as much information as possible regarding the child's condition to better meet the child's nutritional needs. This information will also assist the CACFP facility with making appropriate meal modifications.

Food Preference versus Disability

The federal nondiscrimination laws and CACFP regulations require CACFP facilities to make reasonable meal modifications to accommodate children whose disability restricts their diet. CACFP facilities meet this requirement if they provide appropriate meal alternatives to accommodate a child’s dietary restriction resulting from a disability.

CACFP facilities are not required to provide additional alternatives based on personal preferences. For example, a CACFP facility provides a reasonable modification for a diabetic child by offering a two-week cycle lunch menu that includes carbohydrate counts. The child does not like any of the choices and refuses the offered meals due to personal food preferences. The CACFP facility is not required to provide additional alternatives based on the child’s personal food preferences because the cycle menu meets the USDA’s requirement for a reasonable meal modification.

As a reminder, 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. However, CACFP facilities are generally not required to provide the specific modification requested in the medical statement, although the specific modification may often be provided. Additionally, CACFP facilities are generally not required to provide a specific brand of food, unless it is medically necessary. For more information, refer to “[Assessing requests](#),” “[Number of Alternate Meals](#),” and “[Specific Brands of Food](#)” in this section.



Milk Substitutes for Disabilities

When a child has a medically documented disability that requires a milk substitute or a type of milk that does not comply with 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 the two elements below.

1. 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.
2. An explanation of what must be done to accommodate the participant's disability, e.g., the type of milk to be omitted from the child's diet and the beverage that should be substituted.

If cow's milk causes any digestive problems, the child's condition is a disability under the ADA Amendments Act and requires a substitute. CACFP facilities must make the substitution if the child has a medically documented disability that requires an alternative to milk, such as juice, water, or a nondairy milk substitute beverage like soy milk.

Milk fat content for disabilities

The CACFP meal patterns for children require unflavored whole milk for age 1, and unflavored low-fat or fat-free milk for ages 2 and older. CACFP facilities may serve flavored low-fat or fat-free milk to ages 6 and older, but the USDA's *CACFP Best Practices* recommends serving only unflavored milk.

If a child has a medically documented disability that requires a milk fat content that does not comply with the CACFP meal patterns, the CACFP facility must provide an appropriate substitute based on the medical statement signed by a recognized medical authority. An example is a medical statement signed by a recognized medical authority that indicates a five-year-old child's disability requires whole milk instead of low-fat milk.



Nondairy milk substitutes for disabilities

If a child has a medically documented disability that requires a milk alternative like soy milk, the CACFP facility must provide an appropriate substitute based on the medical statement signed by a recognized medical authority. Nondairy milk substitutes for children with disabilities are not required to comply with the USDA’s nutrition standards for milk substitutes (refer to [table 4](#) in section 3).

Generally, CACFP facilities are not required to provide a specific brand of nondairy milk substitute. In most cases, a generic brand is sufficient. 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. For more information, refer to “[Specific Brands of Food](#)” in this section.

When the requested milk substitute is very expensive or difficult to obtain, it would be reasonable for the CACFP facility to follow up with the child’s parent or guardian to see if a different substitute would be safe and appropriate. For example, if the medical statement lists a specific brand of nondairy milk substitute, the CACFP facility could check with the parent or guardian to see if it would be safe and appropriate to provide a different brand for the child. For more information, refer to “[Assessing requests](#)” in this section.

Identifying Children

When determining how to identify children during the meal service who require modified meals and snacks due to a disability, the CACFP facility's policies and practices must protect the privacy of children who have a disability and must maintain the confidentiality of each child's medical condition. The HIPAA requires that medical information is kept confidential, including medical information related to a child's disability.

For CACFP facilities in the school setting, the FERPA allows the sharing of confidential information (such as medical statements) between appropriate child care staff (such as health consultants and food service personnel) when there is a legitimate educational interest, which includes meal modifications for children whose disability restricts their diet. However, CACFP facilities cannot make confidential information available to individuals who do not have a legitimate educational interest.

The general guideline for identifying children whose disability requires a meal modification is to ensure that the CACFP facility's policies and practices protect children's privacy and maintain the confidentiality of each child's medical condition. Federal laws do not allow CACFP facilities to ask children or their parents or guardians to relinquish confidential medical information through outward identification.

Unacceptable practices

CACFP facilities cannot implement policies or practices that outwardly identify children whose disability requires a meal modification. This includes practices such as posting lists of children in public areas or asking children (or their parents or guardians) to consent to a physical designation, such as wearing a lanyard, bracelet, pin, sticker, or similar item. These types of practices are not allowed because they:

- impinge upon the privacy and confidentiality of a child's disability status and medical information;
- are inconsistent with the CACFP facility's duty to keep children's disability and medical information confidential; and
- provide the potential for stigma for children with disabilities.

If a child, without being asked by the CACFP facility, chooses to self-identify with a physical designation such as a lanyard or similar item (or the parent or guardian requests a physical designation for their child), this is less of a privacy concern and is acceptable because the child

(or parent or guardian) is voluntarily engaging in the physical designation. This differs from an unacceptable policy that routinely uses a physical designation and asks children (or parents or guardians) to agree to use it.

Under the federal laws that require CACFP facilities to maintain children’s confidentiality, the child (or parent or guardian) can choose to self-identify, but the CACFP facility cannot outwardly identify the child or ask the child (or parent or guardian) to agree to outward identification.

Acceptable practices

The USDA has identified several acceptable practices to identify children with disabilities during the meal service. These practices avoid outward designation and maintain children’s confidentiality by focusing on identifying meals, not children.

- Conduct a daily pre-service meeting with all appropriate staff to review the CACFP menu and identify any menu items that should be avoided for certain dietary restrictions, such as food allergies, lactose intolerance, and gluten intolerance.
- Provide regular updates to staff for each child whose disability requires a meal modification. Post this information in locations that are only visible to appropriate staff, such as food service personnel, staff who supervise CACFP meals and snacks, and family day care providers. For example, a list of children with food allergies could be posted in the kitchen for food service staff to review.
- Maintain ongoing communication with parents and guardians (such as meetings, emails, newsletters, and information on websites) to explain the CACFP facility’s procedures for meal modifications, CACFP menus, and ensuring allergen-free meals and snacks. For more information, refer to “[Communicating with parents and guardians](#)” in section 1.

CACFP facilities that need additional guidance to determine if their practices are acceptable are encouraged to contact the CSDE for assistance.

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. This allows children to interact with and learn from other children with backgrounds different from their own.

The USDA's nondiscrimination regulations ([7 CFR 15b.40 \(b\)](#)) require that meal services must be provided in the most integrated setting appropriate to the needs of children with disabilities. Exclusion of any child with a disability from the area where meals are served is not considered an appropriate or reasonable modification. For example, a child with a disability cannot be excluded from the area where meals are served and required to sit in another room during the meal service.

Under some circumstances it may be appropriate to require children with certain special needs to sit at a separate table. For example, if a child requires significant assistance from an aide to consume their meals, it may be necessary for the child and the aide to have more space during the meal service. Additionally, CACFP facilities may determine that a separate, more isolated eating area would be best for children with severe food allergies. The separate eating area may be a designated table in the cafeteria cleaned according to food safety guidelines (to eliminate possible cross-contact of allergens on tables and seating) or an area away from the cafeteria, where children can safely consume their meals.

CACFP facilities cannot segregate children with disabilities from the regular meal service simply as a matter of convenience. In addition, it is not appropriate to simultaneously use a separate table to segregate children who are being punished for misconduct. In all cases, the decision to feed children with disabilities separately must always be based on what is appropriate to meet their needs.

Prior to developing a special seating arrangement, the CACFP facility should determine, with input from the child's parent or guardian and recognized medical authority, if this type of seating arrangement would truly be helpful for the child. If the CACFP facility develops a special seating arrangement, other children should be permitted to join the child, provided they do not bring any foods that would be harmful to the child.

Banning Foods

Universal exclusion of specific foods or food groups is not USDA policy but could be appropriate for an individual CACFP facility depending on local circumstances. However, if a CACFP facility chooses to enact a universal ban, the specific allergen must never be present in the child care environment, since families will assume the CACFP facility is a safe place for their child based on the stated ban.

Bans cannot guarantee a totally safe environment because there is no reasonable or fail-safe way to prevent an allergen from inadvertently entering a building. CACFP facilities that choose to implement a food ban are still responsible for implementing a food allergy management plan for children with life-threatening food allergies, educating all CACFP personnel accordingly, and ensuring that CACFP staff are trained and prepared to prevent and respond to a food allergy emergency.

Universal bans of specific foods might not render the child care environment safe because there is no method for ensuring that the allergenic food does not inadvertently enter child care grounds. Bans can create a false sense of security, which can lead to less responsible approaches to effective management strategies, education, and emergency responses.

Banning offending foods detracts from the CACFP facility's responsibility to plan properly for children with life-threatening food allergies, and to educate all child care staff accordingly. Bans may also limit the opportunity (when developmentally appropriate) to teach children with allergies to take care of themselves in environments where they may be exposed to allergens at any time.

Additionally, banning can be problematic in terms of defining the limits. For example, a child care center that bans peanuts, must also consider if it will ban all potential allergens that could affect other children, such as nuts, milk, eggs, tree nuts, fish, shellfish, soy, wheat, sesame, and other foods.

CACFP facilities should consider how to develop a plan that will best meet the needs of all children, and prepare them for self-management and advocacy as they transition within and beyond child care to the school setting. Protocols and practices may include:

- establishing allergen-free zones, such as a child's individual classroom;
- establishing allergen-free tables or areas in the eating environment;
- establishing food-free zones, such as common play areas; and
- enforcing relevant child care policies, such as prohibiting eating on school buses.

CACFP facilities should consider the privacy needs and preferences of individual children and families in determining appropriate plans. Not all families will need or want their children to use an allergen-free zone during the child care day. For more information, refer to [“Appropriate Eating Areas”](#) and [“Identifying Children”](#) in this section.



3 — Modifications for Children without Disabilities

CACFP facilities have the option to make meal modifications within or outside the CACFP meal patterns on a case-by-case basis for children whose dietary needs do not constitute a disability. A medical statement is not required if the modification is within the CACFP meal patterns. A medical statement is required if the modification is outside the CACFP meal patterns.

The USDA does not require these meal modifications, even if a medical statement is provided. Examples of optional modifications include requests related to religious or moral convictions, general health concerns, and personal food preferences, such as a family's preference that their children eat a gluten-free diet or organic foods because they believe it is healthier.

Modifications Within the CACFP Meal Patterns

SFAs may choose to provide meal modifications within the CACFP meal patterns on a case-by-case basis for children whose dietary needs do not constitute a disability. Some examples include meals modified only for texture (e.g., chopped, ground, or pureed foods) and meals that substitute food items from the same component, such as a banana for strawberries (fruits component) or chicken for cheese (meat/meat alternates component).

Meal modifications within the CACFP meal patterns must meet all requirements for the applicable age group. For information on the CACFP meal patterns, visit the CSDE's [Meal Patterns for CACFP Child Care Programs](#) webpage and refer to the CSDE's *Guide to Meeting the Meal Pattern Requirements for CACFP Child Care Programs*.

The USDA does not require a medical statement for modified meals and ASP snacks that meet the CACFP meal patterns. However, CACFP facilities may choose to request a medical statement. The CSDE recommends obtaining a medical statement for optional modifications to ensure clear communication between parents or guardians and the CACFP facility about the appropriate modifications for the child. This serves as a precaution to ensure safe and appropriate meals and snacks for the child, protect the CACFP facility, and minimize misunderstandings.

CACFP facilities may use the CSDE's *Medical Statement for Meal Modifications in CACFP Child Care Programs* to collect information for making meal modifications for children without disabilities (refer to "[Medical Statement Requirements](#)" in section 2).

Modifications Outside the Meal Patterns

CACFP facilities may also choose to provide meal modifications outside the CACFP meal patterns on a case-by-case basis for children whose dietary needs do not constitute a disability. To be reimbursable, modified meals and snacks outside the CACFP meal patterns require a medical statement signed by a recognized medical authority. CACFP facilities may use the CSDE’s *Medical Statement for Meal Modifications in CACFP Child Care Programs* to collect information for making meal modifications for children with disabilities (refer to “[Medical Statement Requirements](#)” in section 2).

Allowable Milk Substitutes

The CACFP meal patterns for children require unflavored whole milk for age 1, and unflavored low-fat or fat-free milk for ages 2 and older. Flavored low-fat or fat-free milk may be served to ages 6 and older, but the USDA’s *CACFP Best Practices* recommends serving only unflavored milk.

CACFP facilities may choose, but are not required, to offer one or more allowable milk substitutes for children without a disability who do not consume these types of milk. The USDA allows two types of milk substitutes for children without a disability.

1. Lactose-free or lactose-reduced milk that meets the appropriate fat content and flavor restriction for each age group of the CACFP meal patterns (refer to [table 3](#)).
2. Nondairy milk substitutes that meet the USDA’s nutrition standards for fluid milk substitutes (refer to [table 4](#)), such as certain brands of soy milk.

Table 3 summarizes the requirements for each type of allowable milk substitute. The USDA does not provide additional reimbursement for CACFP facilities that choose to provide these substitutions.

Variety of milk substitutes

CACFP facilities may choose how many types of allowable 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.

Availability of milk substitutes

If CACFP facilities choose to make allowable milk substitutes available, they must be available for all children when requested by parents or guardians. If the CACFP facility grants a 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.

Table 3. Requirements for fluid milk substitutes in the CACFP		
Allowable substitution	Nutrition requirements	Required documentation
Nondairy milk substitutes, e.g., soy milk	<ul style="list-style-type: none"> • Must meet the USDA’s nutrition standards for fluid milk substitutes (refer to table 4). • Must be unflavored for ages 1-5. May be flavored for ages 6 and older but the USDA’s <i>CACFP Best Practices</i> recommends serving only unflavored nondairy milk substitutes. • Additional state requirements for child care centers in public schools: Must meet the state requirements for nondairy milk substitutes (refer to “Additional state milk substitute requirements for child care programs in public schools” in this section). 	Written request from the parent or guardian that identifies the medical or other special dietary need that restricts the child’s diet. Maintain on file with child’s medical records.
Lactose-free or lactose-reduced milk	<ul style="list-style-type: none"> • Must meet the appropriate fat content for each age group of the CACFP meal patterns: whole milk (unflavored) for age 1; and low-fat or fat-free milk (unflavored) for ages 2 and older. • May be flavored for ages 6 and older, but the USDA’s <i>CACFP Best Practices</i> recommends serving only unflavored milk. • Additional state requirements for child care centers in public schools: Must meet the state requirements for milk (refer to “Additional state milk substitute requirements for child care programs in public schools” in this section). 	None. Lactose-reduced milk and lactose-free milk credit as the milk component in the CACFP meal patterns.

Requirements for Nondairy Milk Substitutes

Nondairy milk substitutes must meet the USDA’s nutrition standards for fluid milk substitutes (refer to table 4). The USDA’s 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.

Product information might list nutrient values, % DV (unrounded or rounded), or both. If any nutrient values are missing, the SFA must obtain this information from the manufacturer.

Table 4. USDA’s nutrition standards for fluid milk substitutes		
Column 1	Column 2	
Nutrients per cup (8 fluid ounces)	% DV Unrounded ¹	% DV Rounded ²
Calcium: 276 milligrams (mg)	21.23%	20%
Protein: 8 grams (g)	16%	16%
Vitamin A: 500 international units (IU) or 150 micrograms (mcg) retinol activity equivalent (RAE) ³	16.67%	20%
Vitamin D: 100 IU or 2.5 micrograms (mcg) ³	12.5%	15%
Magnesium: 24 mg	5.71%	6%
Phosphorus: 222 mg	17.76%	20%
Potassium: 349 mg	7.43%	10%
Riboflavin: 0.44 mg	33.85%	35%
Vitamin B12: 1.1 mcg	45.83%	45%
¹ The unrounded % DV is the minimum nutrients per cup (column 1) divided by the current daily value for each nutrient (refer to the FDA’s Reference Guide: Daily Values for Nutrients). ² The rounded % DV is based on the FDA labeling laws and is listed on the Nutrition Facts label (refer to Appendix H of the FDA’s A Food Labeling Guide: Guidance for Industry). ³ The 2016 FDA final rule, Food Labeling: Revision of the Nutrition and Supplement Facts Labels , updated the Nutrition Facts label to change IUs to mcg for vitamins A and D.		

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

Additional state nondairy milk substitute requirements for child care programs in public schools

In addition to meeting the USDA's nutrition standards, nondairy milk substitutes served by child care programs located in public schools must meet the state beverage requirements of C.G.S. [Section 10-221q](#). Nondairy milk substitutes cannot contain artificial sweeteners and cannot contain more than 4 grams of sugar per ounce, more than 35 percent of calories from fat, and more than 10 percent of calories from saturated fat. Products that meet the USDA and state requirements are included in the CSDE's resource, *Allowable Milk Substitutes for Children without Disabilities in the CACFP*.

Requirements for Lactose-reduced and Lactose-free Milk

Lactose-reduced and lactose-free milk are regular fluid milk modified by the addition of lactase enzymes to reduce or eliminate lactose (milk sugar). Lactose-reduced milk has part of the lactose removed, while lactose-free milk has all lactose removed.

Like other types of fluid milk, lactose-reduced milk and lactose-free milk come in a variety of flavors and fat contents, such as fat free (skim), low fat, and whole. The USDA recommends that lactose-free or lactose-reduced milk is the first choice for children with lactose intolerance.

Lactose-reduced and lactose-free milk must meet the fat content and flavor restrictions for each age group of the CACFP meal patterns. For example, lactose-free milk for ages 3-5 must be low-fat or fat free and must be unflavored.

CACFP facilities may substitute lactose-reduced and lactose-free milk (with the appropriate fat content for each age group) for regular milk at any meal or snack. These types of milk do not require 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.

Additional state milk requirements for child care programs in public schools

In addition to meeting the requirements for fluid milk in the CACFP meal patterns, lactose-free or lactose-reduced milk served in child care programs that operate in public schools must meet the state beverage requirements of C.G.S. [Section 10-221q](#). The state beverage statute requires that milk cannot contain artificial sweeteners and cannot exceed 4 grams of sugar per ounce.

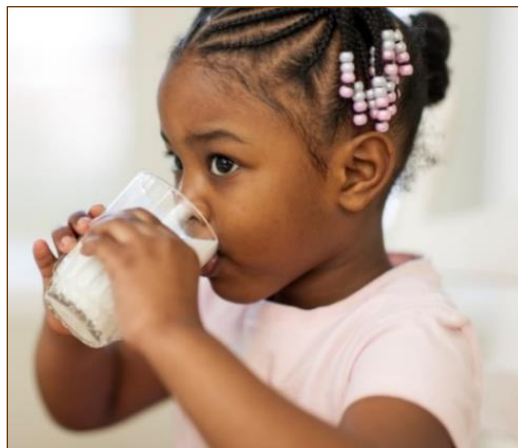
Required Documentation for Nondairy Milk Substitutes

Milk substitutes for children without a disability do not require a medical statement from a recognized medical authority. However, nondairy milk substitutes like soy milk require a written request from the parent or guardian that identifies the medical or other special dietary need that restricts the child’s diet and requires the nondairy milk substitute. For example, a parent may submit a written request to substitute an allowable brand of soy milk for cow’s milk because her child is a vegetarian. An allowable brand is one that meets the USDA’s nutrition standards for fluid milk substitutes (refer to [table 4](#)).

Except for allowable nondairy milk substitutes, any other menu substitutions for vegetarian diets must meet the CACFP meal patterns. For more information, refer to “[Vegetarians](#)” in section 4.

CACFP facilities must maintain all requests for nondairy milk substitutes on file with children’s medical records (refer to “[Storage of medical statements](#)” in section 2).

The USDA’s provision allowing a written request from parents or guardians instead of a medical statement applies only to milk substitutes for children without a disability. It does not apply to any other substitutions of foods or beverages in reimbursable meals and snacks for children without a disability.



Allowable Nondairy Milk Substitute Products

Certain brands of soy milk and oat milk are the only currently available commercial nondairy milk products that meet the USDA's requirements. Almond milk, cashew milk, rice milk, some brands of soy milk, most brands of oat milk, and other nondairy milk products do not meet the USDA's nutrition standards and cannot substitute for milk in the CACFP meal patterns.

Not all brands of soy milk or oat milk meet the USDA's requirements. Before purchasing any type of nondairy milk substitute, CACFP facilities must ensure that the product complies with the USDA's nutrition standards for fluid milk substitutes.

Identifying acceptable milk substitutes

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

CACFP facilities may use the USDA's protein standard to screen nondairy products and determine if they might meet the USDA's 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 meet the USDA's nutrition standards. The CACFP facility 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 (refer to [table 4](#)). CACFP facilities are encouraged to submit this information to the CSDE so that new acceptable products may be added to the list of approved products. For information on currently approved products, refer to the CSDE's resource, *Allowable Milk Substitutes for Children without Disabilities in the CACFP*.

For child care programs operating in public schools, nondairy milk substitutes that meet the USDA's nutrition standards must also meet the state beverage requirements (refer to

“Additional nondairy milk substitute requirements for child care programs in public schools” in this section). For assistance with evaluating products for compliance, please contact the CSDE.

Other Beverages

For children whose dietary restriction is not related to a disability, CACFP facilities cannot substitute any other beverages for milk, even with a medical statement signed by a recognized medical authority. Examples of beverages that cannot be substituted for milk include:

- juice;
- water;
- nondairy milk substitutes that do not comply with the USDA’s nutrition standards for fluid milk substitutes, such as almond milk, rice milk, and cashew milk;
- nutrition supplement beverages, such as Abbott’s Pediasure; and
- powdered milk beverages, such as Nestle’s NIDO.

CACFP meals and snacks for children without disabilities are not reimbursable if they contain any of these beverages in place of milk.

CACFP facilities that choose to make milk substitutes available must include at least one choice of either lactose-reduced or lactose-free milk or an allowable nondairy milk substitute that meets the USDA’s nutrition standards for milk substitutes (refer to [table 4](#)). These are the only two milk substitute options allowed for children without disabilities.

Summary Charts of Acceptable and Unacceptable Milk Substitutes

Table 5 shows examples of acceptable and unacceptable milk substitutes in the CACFP for 1-year-olds without disabilities.

Table 5. Milk substitutes for 1-year-olds without disabilities	
CACFP facility offers	Is this an allowable milk substitution?
Reduced-fat (2%) milk, <i>unflavored</i> (including lactose-free or lactose-reduced milk)	No. The CACFP meal patterns require unflavored whole milk for age 1.
Reduced-fat (2%) milk, <i>flavored</i> (including lactose-free or lactose-reduced milk)	No. The CACFP meal patterns require unflavored whole milk for age 1.
Lactose-free or lactose-reduced whole milk , <i>unflavored</i>	Yes. The CACFP meal patterns require unflavored whole milk for age 1. Unflavored lactose-free and lactose-reduced milk credit the same as regular unflavored milk. ¹
Lactose-free or lactose-reduced whole milk , <i>flavored</i>	No. The CACFP meal patterns require that whole milk for age 1 must be unflavored, including lactose-free and lactose-reduced whole milk.
Lactose-free or lactose-reduced low-fat milk , <i>unflavored</i>	No. The CACFP meal patterns require unflavored whole milk for age 1, including lactose-free and lactose-reduced milk.
Lactose-free or lactose-reduced fat-free milk , <i>unflavored or flavored</i>	No. The CACFP meal patterns require unflavored whole milk for age 1, including lactose-free and lactose-reduced milk.
<p>¹ Milk served in child care centers in public schools must also comply with the state beverage requirements of C.G.S. Section 10-221q (refer to “Additional milk requirements for child care programs in public schools” in this section).</p> <p>² Nondairy milk substitutes served in child care centers in public schools must also comply with the state beverage requirements of C.G.S. Section 10-221q (refer to “Additional milk substitute requirements for child care programs in public schools” in this section).</p>	

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Table 5. *continued*

CACFP facility offers	Is this an allowable milk substitution?
<p>Nondairy milk substitute (<i>unflavored or flavored</i>) that does not meet the USDA’s nutrition standards, such as rice milk or almond milk</p>	<p>No. Nondairy milk substitutes must meet the USDA’s nutrition standards for milk substitutes (refer to table 4) and must be unflavored for age 1.</p>
<p>Nondairy milk substitute (<i>unflavored</i>) that meets the USDA’s nutrition standards, such as certain brands of soy milk</p>	<p>Yes. Unflavored nondairy milk substitutes that meet the USDA’s nutrition standards for milk substitutes (refer to table 4) may substitute for milk in the CACFP meal patterns.²</p>
<p>Nondairy milk substitute (<i>flavored</i>) that meets the USDA’s nutrition standards, such as certain brands of soy milk</p>	<p>No. The CACFP meal patterns for age 1 require that nondairy milk substitutes must be unflavored.²</p>
<p>Juice</p>	<p>No.</p>
<p>Water</p>	<p>No.</p>
<p>Nutrition supplement beverages</p>	<p>No.</p>
<p>Powdered milk beverages</p>	<p>No.</p>
<p>¹ Milk served in child care centers in public schools must also comply with the state beverage requirements of C.G.S. Section 10-221q (refer to “Additional milk requirements for child care programs in public schools” in this section).</p> <p>² Nondairy milk substitutes served in child care centers in public schools must also comply with the state beverage requirements of C.G.S. Section 10-221q (refer to “Additional milk substitute requirements for child care programs in public schools” in this section).</p>	

Table 6 shows examples of acceptable and unacceptable milk substitutes for children ages 2 and older in the CACFP.

Table 6. Milk substitutes for children ages 2 and older without disabilities	
CACFP facility offers	Allowable?
Whole milk, unflavored (including lactose-free or lactose-reduced milk)	No, except for a one-month transition period when switching a 24-month-old child from whole milk to low-fat or fat-free milk.
Whole milk, flavored (including lactose-free or lactose-reduced milk)	No. Flavored whole milk is not allowed for any age group in the CACFP meal patterns.
Reduced-fat (2%) milk, unflavored (including lactose-free or lactose-reduced milk)	No, except for a one-month transition period when switching a 24-month-old child from whole milk to low-fat or fat-free milk.
Reduced-fat (2%) milk, flavored (including lactose-free or lactose-reduced milk)	No. Flavored reduced-fat milk is not allowed for any age group in the CACFP meal patterns.
Lactose-free or lactose-reduced low-fat milk, unflavored	Yes. The CACFP meal patterns allow unflavored low-fat milk for ages 2 and older. Unflavored lactose-free and lactose-reduced low-fat milk credit the same as regular unflavored low-fat milk. ¹
Lactose-free or lactose-reduced low-fat milk, flavored	Only for ages 6 and older. However, the USDA’s <i>CACFP Best Practices</i> recommends serving only unflavored milk. ¹
Lactose-free or lactose-reduced fat-free milk, unflavored	Yes. The CACFP meal patterns allow unflavored fat-free milk for ages 2 and older. Unflavored lactose-free and lactose-reduced fat-free milk credit the same as regular unflavored fat-free milk. ¹
<p>¹ Milk served in child care centers in public schools must also comply with the state beverage requirements of C.G.S. Section 10-221q (refer to “Additional milk requirements for child care programs in public schools” in this section).</p> <p>² Nondairy milk substitutes served in child care centers in public schools must also comply with the state beverage requirements of C.G.S. Section 10-221q (refer to “Additional milk substitute requirements for child care programs in public schools” in this section).</p>	

Table 6. *continued*

CACFP facility offers	Allowable?
Lactose-free or lactose-reduced fat-free milk , <i>flavored</i>	Only for ages 6 and older. Flavored lactose-free and lactose-reduced fat-free milk credit the same as regular flavored fat-free milk. ¹ The USDA’s <i>CACFP Best Practices</i> recommends serving only unflavored milk.
Nondairy milk substitute (<i>unflavored or flavored</i>) that does not meet the USDA’s nutrition standards, such as rice milk or almond milk	No. All nondairy milk substitutes for children without disabilities must meet the USDA’s nutrition standards for milk substitutes (refer to table 4), and must be unflavored for ages 2-5.
Nondairy milk substitute (<i>unflavored</i>) that meets the USDA’s nutrition standards, such as certain brands of soy milk	Yes. Unflavored nondairy milk substitutes that meet the USDA’s nutrition standards for milk substitutes (refer to table 4) may substitute for milk in the CACFP meal patterns. ²
Nondairy milk substitute (<i>flavored</i>) that meets the USDA’s nutrition standards, such as certain brands of soy milk	Only for ages 6 and older. However, the USDA’s <i>CACFP Best Practices</i> recommends serving only unflavored allowable nondairy milk substitutes. ²
Juice	No.
Water	No.
Nutrition supplement beverages	No.
Powdered milk beverages	No.
<p>¹ Milk served in child care centers in public schools must also comply with the state beverage requirements of C.G.S. Section 10-221q (refer to “Additional milk requirements for child care programs in public schools” in this section).</p> <p>² Nondairy milk substitutes served in child care centers in public schools must also comply with the state beverage requirements of C.G.S. Section 10-221q (refer to “Additional milk substitute requirements for child care programs in public schools” in this section).</p>	

4 — Modifications for Other Reasons

This section addresses meal modifications for reasons other than medical needs, including religion and personal food preferences. Except for sponsors of Jewish and Seventh-day Adventist institutions, CACFP facilities are not required to make meal modifications for children whose dietary restrictions are based on individual food preferences that are not related to a disability, such as general health concerns and religious, ethnic, and moral reasons. However, the USDA encourages CACFP facilities to provide a variety of foods, 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 religious exemptions for entities (schools, institutions, and sponsors), not individuals. CACFP facilities are not required to make meal modifications for children whose dietary restrictions are based on religion. For more information, refer to “[Food Preferences](#)” in this section.

CACFP facilities may choose to address children’s needs 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.

Jewish sponsors

The USDA’s [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 or enriched products only during that period. At all other times of the year, matzo served as the grains component must be WGR or enriched. For guidance on WGR and enriched grains, refer to the CSDE’s resources, [Crediting Whole Grains in the CACFP](#), [Crediting Enriched Grains in the CACFP](#), and [Guide to Meeting the Whole Grain-rich Requirement for the CACFP](#).

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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. **Note:** OVS is not allowed in the CACFP, except for at-risk afterschool programs. For more information, refer to the CSDE’s resource, *Offer versus Serve in At-risk Afterschool Centers*.

1. Serve an equal amount of an allowable nondairy milk substitute (for medical or special dietary needs) that is nutritionally equivalent to fluid milk. For information on the USDA’s nutrition standards for milk substitutes, refer to [table 4 in section 3](#).
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 meal pattern 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 four options as an alternative to the 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 (refer to “[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 National School Lunch Program (NSLP) meal pattern. 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 enough of these two subgroups.

The NSLP vegetable subgroups requirement does not apply to the CACFP unless a CACFP child care center operates under the NSLP.

Seventh-day Adventist sponsors

Seventh-day Adventist institutions, like all other sponsors of the USDA Child Nutrition Programs, may use alternate protein products (APPs) 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 APPs 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 APPs must comply with specific criteria to credit toward the meat/meat alternates component of the CACFP meal patterns. The APP requirements are listed below.

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 APPs.) APPs 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.)

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Menu planners cannot determine if an APP product meets these criteria by reading the product's label. The labeling laws of the USDA's Food Safety Inspection Service (FSIS) and Food and Drug Administration (FDA) require manufacturers to list product ingredients, but percentage labeling is voluntary. For example, a product may list whey protein concentrate and hydrolyzed soy protein in the ingredients but will not indicate the percentage of these protein ingredients by weight.

CACFP facilities are responsible for obtaining documentation from the manufacturer for any APPs used to meet the requirements of the meat/meat alternates component.

Acceptable documentation for APPs includes:

- the original Child Nutrition (CN) label from the product carton or a photocopy or photograph of the CN label shown attached to the original product carton; or
- a product formulation statement (PFS) from the manufacturer with supporting documentation on company letterhead that the APP ingredient meets the USDA's requirements. Sample APP documentation is on page 6 of the USDA's *Questions and Answers on Alternate Protein Products*.

The USDA's *Questions and Answers on Alternate Protein Products (APP)* provides additional guidance on documenting the APP requirements. For more information, refer to the CSDE's resources, *Requirements for Alternate Protein Products in the CACFP*, *Using Product Formulation Statements in the CACFP* and *Using Child Nutrition (CN) Labels in the CACFP*, and the USDA's *Tips for Evaluating a Manufacturer's Product Formulation Statement*.

Vegetarians

Except for Seventh-day Adventist sponsors, the USDA regulations do not require CACFP facilities to make meal modifications for vegetarians. To receive USDA reimbursement, meals and snacks served to vegetarian children must meet the CACFP meal patterns.

CACFP facilities are encouraged to work with parents or guardians to identify foods that children can eat, while considering cost constraints and program logistics such as food service production capabilities. CACFP facilities may 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 tofu, tempeh, and meatless entrees (such as hotdogs and vegetable burgers) that meet the USDA's specified criteria for APPs. For more information, refer to "[Seventh-](#)

day Adventist Sponsors” in this section, and the CSDE’s *Guide to Meeting the Meal Pattern Requirements for CACFP Child Care Programs*.

Food Preferences

The CACFP regulations do not require meal modifications based on the food choices or personal preferences of a family or child. An example is parents who prefer that their children eat a gluten-free diet or organic foods because they believe it is better for the child. Personal food preferences are not disabilities and do not require meal modifications (refer to “[Food Preference versus Disability](#)” in section 2).

CACFP facilities may choose, but are not required, to accommodate children’s personal food preferences on a case-by-case basis. Meal modifications for personal food preferences must comply with the CACFP meal patterns unless they are supported by a medical statement signed by a recognized medical authority (refer to “[Modifications Outside the Meal Patterns](#)” in section 3).



Procured Meals

CACFP facilities must always ensure that any benefits available to the general population are equally available to children with disabilities. Federal regulations specifically prohibit disability discrimination through contractual means, including vended contracts. CACFP facilities must make accommodations for children with disabilities, regardless of whether the CACFP facility:

- operates the food service program;
- contracts with a food service management company (FSMC); or
- purchases vended meals.

The CACFP facility must address the issue of meal modifications when a FSMC operates the food service, or the CACFP facility obtains meals and snacks from a vendor. 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 meal modifications at the time a bid is prepared should still include sufficient information in the bid to ensure that the 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 CACFP meals and snacks, including meal modifications for children whose disability restricts their diet.

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

Family-provided Meal Components for Medical or Special Dietary Needs

CACFP facilities may choose whether they will allow families to provide meal components as part of reimbursable meals for children with or without a disability. The five meal components of the CACFP meal patterns include milk, fruits, vegetables, grains, and MMA. For guidance on the requirements for each component, refer to the CSDE’s *Guide to Meeting the Meal Pattern Requirements for CACFP Child Care Programs*.

Section 7 CFR 226.20(g) of the CACFP regulations addresses the requirements for family-provided meal components. The requirements for these family-provided meal components depend on whether the child has a disability that restricts their diet.

Children with a disability

The CACFP regulations (7 CFR 226.20(g)(1)(ii)) allow parents or guardians to supply one or more components of a reimbursable meal for a child with a disability. The CACFP facility must provide at least one required meal component. A meal that meets these requirements is reimbursable.

CACFP facilities cannot require parents or guardians to supply one or more components of a reimbursable meal for a child with a disability. CACFP facilities are responsible for providing appropriate meal modifications for children with a disability based on the medical statement from a recognized medical authority.

Children without a disability

The CACFP regulations (7 CFR 226.20(g)(2)(ii)) allow parents or guardians to supply one component of a reimbursable meal for a child without a disability. This substitution may be due to medical needs or special dietary needs, such as food preferences or restrictions due to religious, ethnic, moral, or other reasons. The term “special dietary needs” is purposely broad to cover an array of possible situations that are not strictly disabilities but may impact or restrict a participant’s diet. The requirements for reimbursable meals depend on whether the family-provided substitution is within or outside the CACFP meal patterns.

- Substitutions within CACFP meal patterns:** Meals are reimbursable when the family provides one substitution that meets the CACFP meal patterns. A medical statement is not required for family-provided substitutions within the CACFP meal patterns. An example is substituting one type of fruit for another, such as pears for peaches. The CACFP facility must provide the child with the remaining required CACFP meal pattern components for a reimbursable meal.

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- **Substitutions outside CACFP meal patterns:** When the family-provided substitution does not meet the CACFP meal patterns, CACFP facilities must obtain a medical statement signed by a recognized medical authority for the meal to be reimbursable. The CACFP facility must provide the child with the remaining required CACFP meal pattern components for a reimbursable meal.

If the family-provided substitution does not meet the CACFP meal pattern requirements and the parent or guardian does not provide a medical statement, that food or beverage is a noncreditable food offered in addition to the reimbursable meal. The CACFP facility must provide the child with all required CACFP meal pattern components for a reimbursable meal. For guidance on noncreditable foods, refer to the CSDE’s *Noncreditable Foods in CACFP Child Care Programs*.

Required documentation for meals

The CACFP facility must be approved by the CSDE to claim reimbursement for meals with foods or beverages provided by the child’s family. The CACFP facility must submit a written request to the CSDE that includes the information below.

1. Detail the child’s medical or special dietary need that requires a family-provided meal component. If the substitution does not meet the CACFP meal patterns, attach a copy of the medical statement signed by the child’s recognized medical authority. For guidance on the requirements for medical statements, refer to “[Medical Statement Requirements](#)” in section 2 and visit the “[Medical Statements for CACFP Child Care Programs](#)” section of the CSDE’s Special Diets in CACFP Child Care Programs webpage.
2. Indicate the specific foods and beverages that will be provided by the parent or guardian and the meal pattern components to which they belong. Parents or guardians may supply one or more meal components for a child with a disability but no more than one meal component for a child without a disability.
3. Include a statement of assurance that the CACFP facility will serve all other required meal components of the reimbursable meal.

If the request is approved, the CSDE will issue a written response for the acceptable family-provided meal components. This CSDE approval applies only to the individual child for whom the request has been granted. The CACFP facility must maintain this approval on file with the child’s other medical records.

Food safety considerations

When determining whether to allow foods brought from home, CACFP facilities must consider food safety issues and the liability that might arise if a child gets a foodborne illness. The FDA Food Code applies to all foods served in child care centers and emergency shelters, regardless of whether they are prepared on site or brought from home.

The FDA Food Code requires that all foods served in food service establishments must be from an approved source (i.e., commercial supplies under regulatory control) and transported properly at required temperatures. The FDA Food Code applies to child care centers and emergency shelters, but does not apply to family day care homes. However, family day care homes must follow proper procedures to ensure the safety of meals and snacks served to children in the CACFP.

Foods sent into the CACFP facility from a private home have not originated from an approved source. CACFP facilities cannot ensure that foods brought from home are safe from microbial contamination or cross-contact with potential food allergens. There are potential liability issues if CACFP facilities serve foods 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.

CACFP facilities that choose to allow family-provided foods should have policies in place to address food safety standards. These policies should include:

- clearly labeling all foods with the child's name, date, and type of food;
- storing foods at an appropriate temperature until they are eaten; and
- prohibiting children from sharing foods with other children.

For additional assistance, contact the CSDE.



5 — Policies and Procedures

CACFP facilities must comply with federal and state laws for developing and implementing written policies and procedures for meal modification in the CACFP. The USDA regulations require CACFP facilities to provide notice of nondiscrimination and accessible services. CACFP facilities with 15 or more employees must designate at least one person to coordinate compliance with disability requirements. State law requires public schools to develop and implement a plan to manage children with life-threatening food allergies, which also applies to child care programs operating in public schools. The CSDE recommends that CACFP facilities develop a written policy and standard operating procedures (SOPs) for meal modifications in the CACFP. This section summarizes these requirements and recommendations.

Procedural Safeguards

The USDA encourages CACFP facilities to develop and implement written procedures for parents or guardians to request modifications to the meal service for children with disabilities and resolve grievances. These procedures should include providing the parent or guardian with 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's nondiscrimination regulations (7 CFR 15b.7). CACFP sponsors should also ensure that center staff and family day care home providers understand 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's 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

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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's nondiscrimination regulations (7 CFR 15b.6). The USDA's 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 official USDA nondiscrimination statement is provided in the CSDE's document, *CACFP Civil Rights Requirements*.

These grievance procedures must be communicated to parents and guardians.

Food Allergy Management Plan for Public Schools

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 child care and early education 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.

Policy for Meal Modifications

In addition to the requirements for procedural safeguards, 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 CACFP facility’s local team (refer to “[Team approach](#)” in section 1).

Written policies for meal modifications are important because they:

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

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

- the federal requirements to ensure that modified meals and snacks are reimbursable;
- the process for parents or guardians to request meal modifications;
- how to submit the medical statement and supporting documentation, such as diet plans;
- maintaining appropriate documentation and ensuring that the dietary information on file is current;
- SOPs for meal modifications, e.g., preparing foods for different types of special diets and cleaning procedures to prevent food allergen contamination;
- communication procedures among CACFP facility staff (including food service and child care staff), and between the CACFP facility and parents or guardians, to ensure that everyone is aware of each child’s specific dietary needs and accommodations based on the child’s medical statement (or Section 504 plan or IEP, if applicable);
- monitoring to ensure that meal modifications are appropriate and meet each child’s individual dietary needs; and
- providing notice to parents and guardians of nondiscrimination and accessible services, as outlined in the USDA’s nondiscrimination regulations ([7 CFR 15b.7](#)), and grievance procedures for CACFP facilities that employ 15 or more individuals. For more information, refer to “[Procedural Safeguards](#)” in this section.

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Since the USDA requires meal modifications only for children whose disability restricts their diet, 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.

Standard operating procedures (SOPs)

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 staff follows the same procedures each time. Potential SOPs for meal modifications include:

- preparing foods for different types of special diets, such as texture modifications, food allergies, celiac disease, and diabetes;
- reviewing menus, reading food labels, and making nutrition information available to children (when age appropriate), parents or guardians, recognized medical authorities, and appropriate staff, as needed;
- cleaning to prevent cross-contact of possible allergens;
- handwashing to prevent cross-contact of possible food allergens; and
- ensuring that CACFP facility staff and food service staff regularly communicate and collaborate regarding the planning and implementation of meal modifications for children whose disability restricts their diet;
- obtaining consultation services (such as a registered dietitian), as needed, to plan meals and snacks for children whose disability restricts their diet; and
- training for food service staff and all appropriate CACFP facility staff (including substitutes) involved with planning, preparing, and serving CACFP meals and snacks.

The resources below provide examples of SOPs. These resources were developed for schools but provide guidance that is also relevant to child care settings.

- Food Safety SOPs (ICN):
<https://theicn.org/icn-resources-a-z/standard-operating-procedures/>
- Preparation of Foods with Potential to Cause Allergic Reaction: Standard Operating Procedure (Wisconsin Department of Public Instruction):
https://dpi.wi.gov/sites/default/files/imce/school-nutrition/doc/sop_allg.doc
- Standard Operating Procedure: Handling Students Identified with Severe Food Allergy or Anaphylaxis (South Windsor Public Schools):
https://p13cdn4static.sharpschool.com/UserFiles/Servers/Server_239916/File/Departments/Food%20Services%20Chartwells/School%20Lunch%20Policies%20Procedures%20and%20Forms/SOP_on_Handling_students_Identified_with_Severe_Food_Allergy_or_Anaphylaxis_8-2013.pdf

- “Standard Operating Procedures” in the CSDE’s Food Safety Resource List:
https://portal.ct.gov/-/media/SDE/Nutrition/Resources/Resources_Food_Safety.pdf
- Standard Operating Procedures (SOP): Serving Safe Food to Students with Food Allergies (ICN):
<https://theicn.org/resources/181/food-safety-standard-operating-procedures/105719/serving-safe-food-to-students-with-food-allergies-3.docx>
- Standard Operating Procedures (SOPs): Handling a Food Recall (ICN):
<https://theicn.org/resources/181/food-safety-standard-operating-procedures/105684/handling-a-food-recall.docx>
- Standard Operating Procedures (SOPs): Washing Hands (ICN):
<https://theicn.org/resources/181/food-safety-standard-operating-procedures/105741/washing-hands.docx>

Strategies for policy development

The strategies below assist CACFP facilities with developing a policy for meal modifications. Priority areas include assessing current operations, developing SOPs, providing professional development, ensuring consistent communication, and monitoring implementation.

- Identify the staff and resources needed for planning, developing, implementing, and evaluating the policy and SOPs for modifications to CACFP meals and snacks.
- Conduct a self-assessment of the CACFP facility’s current policies, practices, and procedures for modifications to CACFP meals and snacks. The CSDE’s resource, *Self-assessment of Child Care Practices for Meal Modifications in the CACFP*, can assist CACFP facilities with this process.
- Identify the essential practices to implement in the food service program and the child care environment, and determine where SOPs are necessary.
- Develop an action plan to address the practices needing attention, as identified by the CACFP facility’s completed self-assessment. When developing action plans for policy and 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:
https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/SpecDiet/Action_Planning_Form.docx

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- Sample Action Plan: Developing Policy for Meal Modifications in the CACFP: https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Action_Policy_Meal_Modifications_CACFP.pdf
- Sample Action Plan: Promoting Policy for Meal Modifications in the CACFP: https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Action_Promote_Meal_Modifications_CACFP.pdf
- 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, be sure to customize the information so it is specific to the local CACFP facility.
- Identify the training needs of CACFP facility staff, and appropriate professional development on meal modifications for children with special dietary needs. Provide annual and ongoing training for food service staff and other child care staff, as appropriate (refer to “[Staff Training](#)” in this section).
- Identify effective communication strategies among CACFP facility staff, and between the CACFP facility and parents or guardians, to ensure that everyone is aware of the CACFP facility’s policy and SOPs for meal modifications. Incorporate these strategies into the SOPs and provide staff training and guidance on how to implement them.
- Implement monitoring procedures to ensure that meal modifications are reasonable, appropriate, and meet each child’s specific dietary needs; and that all staff responsible for planning, preparing, and serving meals and snacks consistently follow the CACFP facility’s policy and SOPs for meal modifications. Review the policy and SOPs for meal modifications at least annually, and make changes as needed.

For additional guidance, contact the CSDE.

Staff Training

Staff are better prepared to provide nutritious and safe meals for children when they receive appropriate training in applicable topics, such as nutrition, CACFP meal pattern requirements, food preparation techniques, meal modifications, and food safety. Training helps staff understand their responsibilities and be successful in their jobs. Motivation is increased when employees understand program goals and the tasks required to achieve those goals. Training also instills a sense of positive self-esteem through improved professional competency.

CACFP regulations require that all sponsors provide training at least annually for key staff members. This training must include instruction that is appropriate to the level of staff experience and duties. At a minimum, training must address the CACFP meal patterns, meal counts, claim submission and review procedures, recordkeeping requirements, and the reimbursement system. The CSDE strongly recommends that CACFP facilities also include regular training on meal modifications.

Appropriate training is especially critical for the effective management of life-threatening food allergies. Food service staff require appropriate training on how to read food labels and identify potential allergens in processed foods. They also need to know how to avoid cross-contact with potential allergens during food preparation, service, and cleaning. All child care staff need training on identifying the symptoms of an allergic reaction and how to respond in an emergency.

For training resources on food allergies, visit the “[Training Resources for Food Allergies](#)” section of the CSDE’s Special Diets in CACFP Child Care Programs webpage. For more information and resources on food allergies, refer to “[Food Allergies](#)” in section 2.

The USDA also requires annual civil rights training for all staff interacting with participants of the CACFP. The USDA’s civil rights requirements address meal modifications for children with disabilities. CACFP facilities should use the CSDE’s presentation, *Civil Rights: Your Responsibilities in the Child and Adult Care Food Program (CACFP)*, to provide civil rights training. This presentation is available in the “[Civil Rights Requirements for the CACFP](#)” section of the CSDE’s [Civil Rights for Child Nutrition Programs](#) webpage.



6 — Resources

This section includes links to federal and state regulations, policy memoranda, websites, and the CSDE’s guides, resource lists, forms, and handouts. All forms and handouts for meal modifications are available on the CSDE’s [Special Diets in CACFP Child Care Programs](#) website.

CSDE Guidance and Forms

Action Guide for Child Care Nutrition and Physical Activity Policies:

<https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/CCPolicy/CCAG.pdf>

Action Planning Form (CSDE):

https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/SpecDiet/Action_Planning_Form.docx

Allowable Milk Substitutes for Children without Disabilities in the CACFP (CSDE):

https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Milk_Substitutes_CACFP.pdf

Determining if Nondairy Beverages Meet the USDA’s Nutrition Standards for Fluid Milk Substitutes in the CACFP (CSDE):

https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Determining_Allowable_Nondairy_Milk_Substitutes_CACFP.pdf

Guidance and Instructions for the Medical Statement for Meal Modifications in CACFP Child Care Programs (CSDE):

https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Medical_Statement_CACFP_Instructions.pdf

Guidance and Instructions for the Medical Statement for Meal Modifications in CACFP Child Care Programs (Spanish): Orientación e instrucciones para la declaración médica para modificaciones de alimentos en los programas de cuidado infantil del Programa de Alimentos para el Cuidado de Niños y Adultos (CACFP) (CSDE):

https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Medical_Statement_CACFP_Spanish_Instructions.pdf

Guide to Meal Modifications in CACFP Child Care Programs:

https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Guide_Meal_Modifications_CACFP.pdf

Guide to Meeting the Meal Pattern Requirements for CACFP Child Care Programs:

https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/MealPattern/Guide_CACFP_Meal_Patterns.pdf

Guidelines for Feeding and Swallowing Programs in Schools:

https://portal.ct.gov/-/media/SDE/Special-Education/feeding_and_swallowing.pdf

Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools:

<https://portal.ct.gov/SDE/Publications/Managing-Life-Threatening-Food-Allergies-in-Connecticut-Schools>

Medical Statement for Meal Modifications in CACFP Child Care Programs (CSDE):

https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Medical_Statement_CACFP.pdf

Medical Statement for Meal Modifications in CACFP Child Care Programs (Spanish):

Declaración médica para modificaciones de alimentos en los programas de cuidado infantil del Programa de Alimentos para el Cuidado de Niños y Adultos (CACFP) (CSDE):

https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Medical_Statement_CACFP_Spanish.pdf

Requirements for Meal Modifications in CACFP Child Care Programs (CSDE presentation):

https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Meal_Modifications_CACFP_Presentation.pdf

Sample Action Plan: Developing Policy for Meal Modifications in the CACFP:

https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Action_Policy_Meal_Modifications_CACFP.pdf

Sample Action Plan: Promoting Policy for Meal Modifications in the CACFP:

https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Action_Promote_Meal_Modifications_CACFP.pdf

Self-assessment of Child Care Practices for Meal Modifications in the CACFP (CSDE):

https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Assessment_Meal_Modifications_CACFP.pdf

Summary of Requirements for Meal Modifications for Children in the CACFP (CSDE):

https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Summary_Chart_Meal_Modifications_CACFP.pdf

CSDE CACFP Websites

CACFP At-risk Afterschool Care Centers (CSDE):

<https://portal.ct.gov/SDE/Nutrition/CACFP-At-Risk-Afterschool-Care-Centers>

CACFP Child Care Centers (CSDE):

<https://portal.ct.gov/SDE/Nutrition/CACFP-Child-Care-Centers>

CACFP Emergency Shelters (CSDE):

<https://portal.ct.gov/SDE/Nutrition/CACFP-Emergency-Shelters>

CACFP Family Day Care Homes (CSDE):

<https://portal.ct.gov/SDE/Nutrition/CACFP-Family-Day-Care-Homes>

Child and Adult Care Food Program (CACFP) (CSDE):

<https://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):

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

Civil Rights for Child Nutrition Programs (CSDE):

<https://portal.ct.gov/SDE/Nutrition/Civil-Rights-for-Child-Nutrition-Programs>

Connecticut Department of Public Health Food Protection Program (DPH):

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

Crediting Foods in CACFP Child Care Programs (CSDE):

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

Feeding Infants in CACFP Child Care Programs (CSDE):

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

FNS Instructions for Child Nutrition Programs (CSDE):

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

Food Safety for Child Nutrition Programs (CSDE):

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

Forms for CACFP Child Care Centers (CSDE):

<https://portal.ct.gov/SDE/Nutrition/CACFP-Child-Care-Centers/Documents>

Forms for CACFP Homes (CSDE):

<https://portal.ct.gov/SDE/Nutrition/CACFP-Family-Day-Care-Homes/Documents>

Laws and Regulations for Child Nutrition Programs (CSDE):

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

Manuals and Guides for Child Nutrition Programs (CSDE):

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

Meal Patterns for CACFP Child Care Programs (CSDE):

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

Menu Planning for Child Nutrition Programs (CSDE):

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

Operational Memoranda for the CACFP (CSDE):

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

Program Guidance for CACFP Child Care Programs (CSDE):

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

Resources for Child Nutrition Programs (CSDE):

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

Special Diets in CACFP Child Care Programs (CSDE):

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

Nondiscrimination Legislation

Americans with Disabilities Act (ADA) Amendments Act of 2008 (P.L. 110-325):

<https://www.ada.gov/pubs/ada.htm>

Americans with Disabilities Act (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>

Americans with Disabilities Act (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

Americans with Disabilities Act (ADA):

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

Americans with Disabilities Act (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):
<https://www.gpo.gov/fdsys/pkg/CFR-2003-title7-vol1/xml/CFR-2003-title7-vol1-sec15b-3.xml>
- CSDE Circular Letter C-9: Section 504 of the Rehabilitation Act of 1975: Procedural Safeguards: <https://portal.ct.gov/-/media/SDE/Circular-Letters/circ00-01/c9.pdf>
- Family Educational Rights and Privacy Act (FERPA) (U.S. Department of Education):
<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
- Health Insurance Portability and Accountability Act of 1996 (HIPAA) (U.S. Department of Health and Human Services):
<https://www.hhs.gov/hipaa/index.html>
- Individuals with Disabilities Education Act (IDEA):
<https://www.gpo.gov/fdsys/pkg/PLAW-108publ446/html/PLAW-108publ446.htm>
- Individuals with Disabilities Education Act (IDEA):
http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108_cong_public_laws&docid=f:publ446.108
- Individuals with Disabilities Education Act (U.S. Department of Education):
<https://sites.ed.gov/idea/>
- 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/knowyourrights504adafactsheet.pdf>
- Section 504 of the Rehabilitation Act of 1973:
<https://www.hhs.gov/sites/default/files/knowyourrights504adafactsheet.pdf>
- U.S. Department of Education Office of Special Education Programs:
<https://www2.ed.gov/about/offices/list/osep/index.html>
- USDA's 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>
- 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>

Regulations and Policy

CACFP Policy Memos (USDA):

<https://www.fns.usda.gov/resources>

CACFP Regulations (USDA):

<https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-226>

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>

Connecticut General Statutes Section 10-212c (Life-threatening food allergies and glycogen storage disease: Guidelines; district plans):

https://www.cga.ct.gov/current/pub/chap_169.htm#sec_10-212c

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

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

CSDE Operational Memorandum No. 02C-18 and 02H-18: Requirements for Meal Modifications in CACFP Child Care Centers and Family Day Care Homes:

https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/Memos/OM2018/OM02C18_02H18.pdf

CSDE Operational Memorandum No. 03A-16, 04C-16 and 04H-16: Statements Supporting Accommodations for Participants with Disabilities in the Child Nutrition Programs:

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

FNS Instruction 783-13, Revision 3: Variations in Meal Requirements for Religious Reasons: Jewish Schools, Institutions and Sponsors:

<https://portal.ct.gov/-/media/SDE/Nutrition/FNSinstruction/783-13.pdf>

Nutrition Standards for CACFP Meals and Snacks (USDA):

<https://www.fns.usda.gov/cacfp/meals-and-snacks>

USDA Memo CACFP 08-2017: Questions and Answers on the Updated Meal Pattern Requirements for the Child and Adult Care Food Program:

<https://www.fns.usda.gov/cacfp/questions-and-answers-updated-meal-pattern-requirements-child-and-adult-care-food-program>

USDA Memo CACFP 14-2017 and 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 17-2016: Nutrition Requirements for Fluid Milk and Fluid Milk Substitutions in the CACFP, Q&As:

<https://www.fns.usda.gov/cacfp/nutrition-requirements-fluid-milk-and-fluid-milk-substitutions-cacfp-qas>

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>

Glossary

added sugars: Sugars and syrups added to foods in processing or preparation, as opposed to the naturally occurring sugars found in foods like fruits, vegetables, grains, and dairy products. Names for added sugars include brown sugar, corn sweetener, corn syrup, dextrose, fructose, fruit juice concentrates, glucose, high-fructose corn syrup, honey, invert sugar, lactose, malt syrup, maltose, molasses, raw sugar, sucrose, sugar, and syrup.

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, refer to [Section 20-87a](#) of the Connecticut General Statutes.

allergen: A usually harmless substance that can trigger a person’s immune response and cause an allergic reaction. Allergens that cause food allergies are proteins in foods.

allergic reaction: The hypersensitive response of an allergic individual’s immune system to an allergen. Symptoms can affect different parts of the body, can occur alone or in combination, and can range from mild to severe or life-threatening. For more information, refer to FARE’s [Recognizing and Treating Reaction Symptoms](#) webpage.

alternate protein products (APP): Food ingredients processed from soy or other vegetable protein sources (e.g., dehydrated granules, particles, or flakes) that may be used alone or in combination with meat, poultry, or seafood. Some examples include soy flours, soy concentrates, soy isolates, whey protein concentrate, whey protein isolates, and casein. 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 APPs in Child Nutrition Programs. For more information, refer to “[Seventh-day Adventist Sponsors](#)” in section 4, and the CSDE’s resource, [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.

artificial sweeteners: A category of nonnutritive sweeteners used as sugar substitutes to sweeten foods and beverages. The six artificial sweeteners approved by the Food and Drug Administration (FDA) include acesulfame potassium (Ace-K) (e.g., Sweet One®, Sunett®, and Sweet & Safe®); advantame; aspartame (e.g., Nutrasweet®, Equal®, and Sugar Twin®); neotame (e.g., Newtame®); saccharin (e.g., Sweet and Low®, Sweet Twin®, and Necta Sweet); and sucralose (Splenda®). These nonnutritive sweeteners are calorie-free except for aspartame, which is very low in calories. For more information, refer to “nonnutritive sweeteners” in this section.

A category of nonnutritive sweeteners used as sugar substitutes to sweeten foods and beverages. The six artificial sweeteners approved by the Food and Drug Administration (FDA) include 1) acesulfame potassium (Ace-K) (e.g., Sweet One®, Sunett®, and Sweet & Safe®); 2) advantame; 3) aspartame (e.g., Nutrasweet®, Equal®, and Sugar Twin®); 4) neotame (e.g., Newtame®); 5) saccharin (e.g., Sweet and Low®, Sweet Twin®, and Necta Sweet); and 6) sucralose (Splenda®). These nonnutritive sweeteners are calorie-free except for aspartame, which is very low in calories. For more information, refer to “nonnutritive sweeteners” in this section.

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 patterns for children. For more information, refer to 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 account for normal differences in body fat between boys and girls and differences in body fat at various ages. For more information, visit the CDC’s [About Child and Teen BMI](#) 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 patterns for children: The required food components and minimum serving sizes that facilities participating in the CACFP must provide to receive federal reimbursement for meals and snacks served to children. The CACFP meal patterns for children apply to 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 programs and emergency shelters. For more information, visit the CSDE’s [Meal Patterns for CACFP Child Care Programs](#) webpage and refer to the CSDE’s *Guide to Meeting the Meal Pattern Requirements for CACFP Child Care Programs*.

CACFP meal patterns 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, refer to the CSDE’s *CACFP Infant Meal Pattern* and the USDA’s guide, *Feeding Infants in the Child and Adult Care Food Program*, and visit the CSDE’s [Feeding Infants in CACFP Child Care Programs](#) webpage.

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, at-risk afterschool care centers, or adult day care centers. In some situations, for-profit institutions may also be eligible to participate in the CACFP. For more information, refer to Section 226.2 of the CACFP regulations ([7 CFR 226.2](#)).

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 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, refer to “added sugars” and “simple 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, refer to “[Celiac Disease](#)” in section 2 and visit the [Celiac Disease Foundation](#) 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, visit the USDA’s [CACFP](#) webpage and the CSDE’s [CACFP](#) webpage.

Child Nutrition (CN) label: A statement that clearly identifies the contribution of a food product toward the USDA’s meal patterns, based on the USDA’s evaluation of the product’s formulation. Products eligible for CN labels 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 usually indicate the contribution of other meal components (such as vegetables, grains, and fruits) that are part of these products. For more information, refer to the CSDE’s resource, *Using Child Nutrition (CN) Labels in the CACFP*, and visit 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, visit the CSDE’s [Child Nutrition Programs](#) webpage.

creditable food: A food or beverage that counts toward the meal pattern requirements that can be counted toward meeting the meal pattern requirements for a reimbursable meals and or snacks in the USDA Child Nutrition Programs. For more information, visit the “[Documents/Forms](#)” section of the CSDE’s [Crediting Foods in CACFP Child Care Programs](#) webpage.

cross-contact: The transfer of allergen-containing ingredients to allergy-free food by hands, food-contact surfaces, sponges, cloth towels, or utensils.

Cumulative Health Record (CHR): The official student health record in Connecticut schools. The CHR is recognized as a formal part of an educational record and must be maintained as such. It provides a systematic way to organize the collection of student health information. For more information, refer to the CSDE’s [Guidelines for Cumulative Health Records Guidelines](#).

dietitian: Refer to “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. For more information, refer to “[Definition of Disability](#)” in section 2.

Family Educational Rights and Privacy Act (FERPA): A federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA allows schools to disclose student records without consent to school officials with legitimate educational interest, such as making meal modifications for special dietary needs. For more information, visit the [FERPA](#) website.

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 CACFP meals and snacks, nondairy beverages served to children without disabilities must comply with the USDA's nutrition standards for milk substitutes. For more information, refer to “nutrition standards for milk substitutes” in this section and “[Milk Substitutions for Children without Disabilities](#)” in section 3.

Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA): A federal law governing how allergens are represented on packaged foods sold in the U.S. It requires that food labels indicate allergens in plain language. This law covers the eight major food allergens that cause most allergic reactions in the U.S., including milk, eggs, peanuts, tree nuts, wheat, soy, fish, and crustacean shellfish.

Food Allergy Safety, Treatment, Education and Research (FASTER) Act of 2021: A federal law that added sesame to the list of food allergens that must be labeled on packaged foods, effective January 1, 2023.

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, refer to “allergen” and “anaphylaxis” in this section.

food components: The five food groups that comprise reimbursable meals in the USDA Child Nutrition Programs, including milk, fruits, vegetables, grains, and meat/meat alternates. For more information, visit the “[Documents/Forms](#)” section of 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, refer to “lactose intolerance” and “gluten sensitivity” in this section.

food item: A specific food offered within the food components that comprise reimbursable meals in the USDA's Child Nutrition Programs. A food item may contain one or more food components or more than one serving of a single component. For example, an entree could

provide 1 ounce equivalent of the grains component and 1 ounce of the MMA component; and a 2-ounce whole grain or enriched bagel could provide 2 ounce equivalent of the grains component.

gluten sensitivity: A condition with symptoms similar to those of celiac disease that improve when gluten is eliminated from the diet. Individuals 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, refer to “[Gluten Sensitivity](#)” in section 2 and visit the [Celiac Disease Foundation](#) website.

has a record of such impairment: Has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities. For more information, refer to “[Definition of Disability](#)” in section 2.

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, visit 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, visit the [IDEA](#) website.

is regarded as having an impairment: 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” but is treated by a recipient as having such an impairment. For more information, refer to “[Definition of Disability](#)” in section 2.

lactose: The naturally occurring sugar found in milk. Lactose contains glucose and galactose. For more information, refer to “simple carbohydrates (sugars) in this section.

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 (MD) or osteopathy (DO).

major life activities: These are broadly defined and include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. “Major life activities” also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. For more information, refer to “[Definition of Disability](#)” in section 2.

meal patterns for children: The required food components and minimum servings that institutions participating in the CACFP must provide to receive federal reimbursement for meals and snacks served to children. For more information, visit the CSDE’s, [Meal Patterns for CACFP Child Care Programs](#) webpage.

meat alternates: Foods that provide a protein content to meat. Meat alternates include alternate protein products (APPs), cheese, eggs, cooked dry beans or peas, nuts and seeds and their butters (except for acorn, chestnut, and coconut), yogurt, soy yogurt, and commercial tofu containing at least 5 grams of protein in a ¼-cup (2.2 ounces) serving. For information on crediting meat alternates, visit the “[Documents/Forms](#)” section of the CSDE’s Crediting Foods in CACFP Child Care Programs Crediting Foods in CACFP Child Care Programs webpage.

medical statement: A document that identifies the specific medical conditions and appropriate dietary modifications for children with special dietary needs. The USDA requires that the medical statement to request meal modifications must include: 1) 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; 2) an explanation of what must be done to accommodate the child’s disability; and 3) if appropriate, the food or foods to be omitted and recommended alternatives. For more information, refer to “[Medical Statement Requirements](#)” in section 2.

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. For more information, refer to “food item” in this section. Any planned main dish, vegetable, fruit, bread, grain, or milk that is part of the reimbursable meal. Menu items consist of food items.

mitigating measures: Things like medications, prosthetic devices, assistive devices, or learned behavioral or adaptive neurological modifications that an individual may use to eliminate or reduce the effects of an impairment. These measures cannot be considered when determining whether a person has a substantially limiting impairment under Section 504 or the ADA Amendments Act.

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, visit the CSDE’s [National School Lunch Program](#) webpage.

noncreditable foods: Foods and beverages that do not contribute toward the meal patterns for the USDA’s Child Nutrition Programs. Noncreditable foods and beverages are either in amounts too small to credit (i.e., foods and beverage that do not provide the minimum creditable amount of a food component), or they do not fit into one of the meal pattern components. For more information, refer to the CSDE’s resource, [Noncreditable Foods in CACFP Child Care Programs](#).

nonnutritive sweeteners: Ingredients without calories that are hundreds of times sweeter than sugars and that are used as sugar substitutes to sweeten foods and beverages. Nonnutritive sweeteners include the six FDA-approved artificial sweeteners (acesulfame potassium (Ace-K), advantame, aspartame, neotame, saccharin, and sucralose) and three plant-based sweeteners (stevia, monk fruit, and thaumatin) that are [Generally Recognized as Safe \(GRAS\)](#) by the FDA. For more information on nonnutritive sweeteners, refer to “[Additional Information about High-Intensity Sweeteners Permitted for Use in Food in the United States](#)” on the FDA’s webpage.

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, and contain little or no solid fats, added sugars, refined starches, or 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: Refer to “nutrient-dense foods” in this section.

nutrition standards for fluid milk substitutes: The USDA’s nutrition requirements for nondairy beverages (such as soy milk) substituted for fluid milk in the USDA Child Nutrition Programs. The USDA requires that any fluid milk substitutes are nutritionally equivalent to cow’s milk and contain 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, refer to [table 4](#) in section 3 and the CSDE’s resource, *Allowable Milk Substitutes for Children without Disabilities in the CACFP*.

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, visit the Connecticut State Department of Public Health’s [Dietitian/Nutritionist Certification](#) webpage.

nutritive sweeteners: Sugars and sweeteners that contain calories and are used to sweeten foods and beverages. Examples include brown rice syrup, brown sugar, corn sweetener, corn syrup, corn syrup solids, dextrin, dextrose, fructose, fruit juice concentrate, glucose, high-fructose corn syrup, honey, invert sugar, lactose, malt syrup, maltose, molasses, maple syrup, nectars (e.g., peach nectar, pear nectar), raw sugar, sorghum syrup, sucrose, and syrup. For more information, refer to “added sugars” and “simple carbohydrates (sugars)” in this section.

obese (children): A body mass index (BMI) at or above the 95th percentile for children of the same age and sex. For more information, refer to “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, refer to “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.

physical or mental impairment: 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. For more information, refer to “[Definition of Disability](#)” in section 2.

Planning and Placement Team (PPT): 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 a 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 this statement must match a description in the USDA’s [Food Buying Guide for Child Nutrition Programs](#). The PFS must be prepared on company letterhead with the signature of a company official and the date of issue. Unlike a CN label, a PFS does not provide any warranty against audit claims. The CACFP facility must check the manufacturer’s crediting information for accuracy prior to including the product in reimbursable meals and snacks. For more information, refer to the CSDE’s resources, [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 the USDA requires 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 (MD), physician assistants (PA) and certified physician assistants (PAC), doctors of osteopathy (DO), and advanced practice registered nurses (APRN).

registered dietitian (RD) or registered dietitian nutritionist (RDN): The Commission on Dietetic Registration defines a RD and RDN as someone who has completed a minimum of a bachelor's degree at a U.S. regionally accredited university or college and course work accredited or approved by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics (AND); completed an ACEND-accredited supervised practice program at a health-care facility, community agency, or a foodservice corporation or combined with undergraduate or graduate studies; passed a national examination administered by the Commission on Dietetic Registration (CDR); and completed continuing professional educational requirements to maintain registration. For more information, visit the AND's [What is a Registered Dietitian Nutritionist](#) website and the CDR's [Registered Dietitian \(RD\) or Registered Dietitian Nutritionist \(RDN\) Certification](#) website.

reimbursable meals and snacks: Meals and snacks that meet the meal pattern requirements of the CACFP regulations and are eligible for USDA funds. Reimbursable meals and snacks contain the minimum serving of each required food component.

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, visit the CSDE's [School Breakfast Program](#) webpage.

servicing 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.

simple carbohydrates (sugars): Carbohydrates consisting of one sugar (e.g., fructose and galactose) or two sugars (e.g., lactose, maltose, and sucrose). Sugars can be naturally present in foods (such as fructose in fruit or lactose in milk) or added to foods (such as sucrose or table sugar). Foods that naturally contain simple carbohydrates (such as fruits, milk, and milk products, and some vegetables) also contain vitamins and minerals. Foods that contain large amounts of added sugars (such as cookies, candy, pastries, sweetened baked goods, regular soft drinks, and other sweetened drinks) provide calories with few, if any, nutrients. For more information, refer to “added sugars” in this section.

sodium: A mineral that helps maintain the body’s fluid balance and blood pressure. Diets that are high in sodium can increase the risk of high blood pressure in individuals who are sodium sensitive.

sugar alcohols (polyols): A type of carbohydrate used as sugar substitutes to sweeten foods and beverages. Sugar alcohols are incompletely absorbed and metabolized by the body and contribute fewer calories than most sugars. They also perform other functions such as adding bulk and texture to foods. Common sugar alcohols include sorbitol, mannitol, xylitol, maltitol, maltitol syrup, lactitol, erythritol, isomalt, and hydrogenated starch hydrolysates (HSH). Products with sugar alcohols are often labeled “sugar free.” Large amounts of sugar alcohols may cause bloating, gas, or diarrhea. For more information, refer to “nonnutritive sweeteners” in this section.

sugars: Refer to “added sugars” and “simple carbohydrates” in this section.



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