

Child and Adult Care Food Program (CACFP)



Guide to Meal Modifications in CACFP Child Care Programs

Program Year 2024-25



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Connecticut State Department of Education
Bureau of Child Nutrition Programs
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Guide to Meal Modifications in CACFP Child Care Programs

https://portal.ct.gov/-/media/sde/nutrition/cacfp/specdiet/guide_meal_modifications_cacfp.pdf

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About This Guide

The Connecticut State Department of Education's (CSDE) *Guide to Meal Modifications in CACFP Child Care Programs* provides comprehensive information and resources to assist CACFP child care facilities with meeting the federal and state laws for meal modifications for children with special dietary needs. The requirements in this guide apply all child care programs that participate in the CACFP, including child care centers, Head Start centers, at-risk afterschool care centers, emergency shelters, and family day care homes.

The federal and state laws address modifications to CACFP meals and snacks for children whose disability restricts their diet (disability reasons) and children who do not have a disability but have other special dietary needs (non-disability reasons). This guide outlines the different meal modification requirements for disability and non-disability reasons based on the federal nondiscrimination laws and USDA regulations and policies. These requirements apply to meals and snacks in the [CACFP meal patterns for children](#) and the [CACFP infant meal patterns](#).

This guide reflects the USDA regulations and policies in effect as of the publication date. Please note that this information may change. The CSDE will update this guide whenever the USDA issues new guidance on meal modifications. Please check the CSDE's [Special Diets in CACFP Child Care Programs](#) webpage for the most current version.

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

CSDE Contact Information

Questions regarding this guide and meal modifications may be directed to Susan Fiore, M.S., R.D., at 860-807-2075 or susan.fiore@ct.gov.


For questions regarding the CACFP, please contact the CACFP staff in the CSDE's Bureau of Child Nutrition Programs.

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For information on the CACFP, visit the CSDE's [Child and Adult Care Food Program \(CACFP\) webpage](#).

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
FERPA	Family Educational Rights and Privacy Act
FNS	Food and Nutrition Service, U.S. Department of Agriculture
HIPAA	Health Insurance Portability and Accountability Act of 1996
ICN	Institute of Child Nutrition
IEP	Individualized Education Program
IDEA	Individuals with Disabilities Education Act



IHCP	Individualized Health Care Plan
LEA	local educational program
mcg	micrograms
MMA	meats/meat alternates component
NSLP	National School Lunch Program
OHI	other health impaired
PHC	Public Health Code
PPT	Planning and Placement Team
PKU	phenylketonuria
RCCI	residential child care institution
RD	registered dietitian
RDN	registered dietitian nutritionist
RAE	retinol activity equivalents
SOP	standard operating procedure
USDA	U.S. Department of Agriculture



1 — Introduction

Federal and state laws address the requirements for meal modifications for children whose disability restricts their diet (disability reasons) and meal modifications for children who do not have a disability but have other special dietary needs (non-disability reasons). This guide outlines the different meal modification requirements for disability and non-disability reasons in CACFP facilities, based on the federal nondiscrimination laws and USDA regulations and policies.

These requirements 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.

Given the complexity of addressing some children's special dietary requirements, CACFP facilities are encouraged to [contact the CSDE](#) for assistance.



USDA Regulations and Policy Guidance for Meal Modifications

This guide reflects the USDA regulations, policy memos, and resources below that outline the meal modification requirements for disability and non-disability reasons.

- [CACFP regulations 7 CFR 226.20\(g\)\(1\)](#): Modifications for disability reasons
- [CACFP regulations 7 CFR 226.20\(g\)\(2\)](#): Variations for non-disability reasons
- [CACFP regulations 7 CFR 226.20\(g\)\(3\)](#): Fluid milk substitutes for non-disability reasons
- USDA final rule: [Child Nutrition Programs: Meal Patterns Consistent with the 2020-2025 Dietary Guidelines for Americans](#)
- [USDA Memo CACFP 14-2017 and SFSP 10-2017](#): Policy Memorandum on Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program

Links to these resources and additional guidance are available on the CSDE's [Special Diets in CACFP Child Care Programs](#) webpage.

Nondiscrimination Legislation

Federal nondiscrimination laws and regulations contain provisions that require schools and institutions to make reasonable meal modifications on a case-by-case basis for children whose disability restricts their diet. These nondiscrimination 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 regulations for the CACFP ([7 CFR 226.20\(g\)\(1\)](#)) require reasonable meal modifications for children whose disability restricts their diet, based on a written medical statement signed by a state licensed healthcare professional or registered dietitian. 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.

- 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. Section 504 requires each public agency to take steps to ensure participants with disabilities have an equal opportunity to benefit from extracurricular services and activities, including meals.
- 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.
- 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.

Section 504 and the IDEA require that local educational agencies (LEAs) provide education and related services, including medically prescribed meal substitutions, at no cost to parents/guardians. In appropriate situations, nutrition services may be specified as special

education (specially designed instruction) or a related service (support services required to assist a child with a disability to benefit from special education).

A child with a disability under Section 504 or the IDEA may be entitled to receive medically prescribed meal substitutions as part of the child’s Section 504 plan or Individualized Education Program (IEP). If meal substitutions are included in the child’s Section 504 plan or IEP, the LEA must provide them at no cost to parents/guardians. For more information, refer to “[Section 504 Considerations](#)” and “[IDEA Considerations](#)” in section 2.

State legislation

The Connecticut General Statutes (C.G.S.) address requirements that apply to all children 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.

(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.

The CSDE developed the [Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools](#) in response to C.G.S. Section 10-212c (refer to “[Food Allergy Management Plan](#)” in section 4).

The C.G.S. also address numerous requirements regarding school health services. C.G.S. [Chapter 169](#), School Health and Sanitation, encompasses several statutes related to the provision of school health services within public schools in Connecticut. These statutes provide the framework for many school health policies for all children regarding health monitoring, screening, and the administration of medications.

Updated Meal Pattern Legislation

On April 25, 2024, the USDA published the final rule, [Child Nutrition Programs: Meal Patterns Consistent with the 2020-2025 Dietary Guidelines for Americans](#) (89 FR 31962). This final rule implements updates to the Child Nutrition Programs in several key areas, including meal modifications. The changes related to the meal modifications are summarized below.

Final rule updates to meal modifications for program year 2024-25

Effective July 1, 2024, the USDA final rule implements the updates below to the requirements for meal modifications in the Child Nutrition Programs, including the CACFP.

- **Nutrition standard for fluid milk substitutes:** Updates the units for vitamin A and vitamin D requirements for fluid milk substitutes to align with the Food and Drug Administration (FDA) labeling requirements. The unit requirement for vitamin A is now 150 micrograms (mcg) retinol activity equivalents (RAE) per 8 fluid ounces, instead of 500 international units (IUs). The unit requirement for vitamin D is now 2.5 mcg per 8 fluid ounces, instead of 100 IUs. The amount of vitamin A and vitamin D required in fluid milk substitutes does not change; only the unit of measurement has changed to conform to the FDA labeling requirements. For more information, refer to the CSDE’s resource, [Allowable Fluid Milk Substitutes for Non-disability Reasons for Children in the Child and Adult Care Food Program](#).
- **Definition of state licensed healthcare professional:** Changes all previous references in the regulations for Child Nutrition Programs from “medical authority” to “state licensed healthcare professional or registered dietitian.” Defines a state licensed healthcare professional as an individual authorized to write medical prescriptions under state law (refer to “[Authorized signers for medical statements](#)” in section 2).
- **Registered dietitians may sign medical statements:** Outlines in the regulations for Child Nutrition Programs that effective July 1, 2024, CACFP facilities may choose to accept medical statements signed by registered dietitians to request meal modifications for children whose disability restricts their diet.

- **CACFP regulations:** Updates and reorganizes the regulatory text to distinguish between disability and non-disability requests more clearly and encourages CACFP operators to meet children’s non-disability dietary preferences when planning and preparing CACFP meals and snacks.

These updates do not require CACFP facilities to make changes to the process for meal modifications for program year 2024-25.

Final rule updates to meal modifications for program year 2025-26

Effective October 1, 2025, the USDA final rule implements the update below to the requirements for meal modifications in the Child Nutrition Programs, including the CACFP.

- **CACFP facilities must accept medical statements from registered dietitians:** Outlines in the regulations for Child Nutrition Programs that by October 1, 2025, CACFP facilities must accept medical statements signed by registered dietitians to request meal modifications for children whose disability restrict their diet (refer to “[Authorized signers for medical statements](#)” in section 2). CACFP facilities may choose to accept medical statements from registered dietitians prior to this deadline.

For more information on the final rule meal pattern changes, refer to the CSDE’s resource, [Summary of Final Rule Updates to the Meal Patterns for the Child and Adult Care Food Program](#), and visit the “[Meal Pattern Updates](#)” section of the CSDE’s [Child and Adult Care Food Program \(CACFP\)](#) webpage.



Overview of USDA Requirements for Meal Modifications

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

- 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.



For an overview of the requirements for meal modifications for disability and non-disability reasons, refer to the CSDE's resources, [Overview of the Requirements for Meal Modifications for Children in the Child and Adult Care Food Program](#) and [Summary Charts of the Requirements for Meal Modifications for Children in the Child and Adult Care Food Program](#).

Two Types of Meal Modifications

The USDA's nondiscrimination regulations (7 CFR 15b) and CACFP regulations (7 CFR 15b) and CACFP regulations (7 CFR 226.20(g)(1) and 7 CFR 226.20(g)(2)) outline two types of meal modifications for children with special dietary needs who participate in the CACFP: 1) required modifications for children whose disability restricts their diet (disability reasons); and 2) optional modifications for children who do not have a disability but have other special dietary needs (non-disability reasons). The meal modification requirements depend on whether the request is for disability or non-disability reasons. An overview of these requirements is below.

Required modifications for disability reasons

The USDA requires CACFP facilities to make reasonable meal modifications on a case-by-case basis for children whose disability restricts their diet, based on written documentation from a state licensed healthcare professional or registered dietitian. Meal modifications must be related to the disability or limitations caused by the disability.

- 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, based on the specific information provided by the state licensed healthcare professional or registered dietitian in the child's medical statement or, if applicable, the child's Section 504 plan or Individualized Education Program (IEP).
- A **state licensed healthcare professional** is an individual who is authorized to write medical prescriptions under state law. The Connecticut State Department of Public Health (DPH) defines these individuals as physicians (MD), physician assistants (PA) and certified physician assistants (PAC), doctors of osteopathy (DO), and advanced practice registered nurses (APRN).
- A **registered dietitian** (RD) or registered dietitian nutritionist (RDN) is an individual with a minimum of a graduate degree from an accredited dietetics program and who completed a supervised practice requirement, passed a national exam, and completes continuing professional educational requirements to maintain registration.

For guidance on what constitutes a disability and the required modifications for disability reasons, refer to [section 2](#).

Optional modifications for non-disability reasons

CACFP facilities may choose to make optional 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. Optional modifications for non-disability reasons include requests related to religious or moral convictions, general health concerns, and personal food preferences. An example is a family's preference for gluten-free foods, organic foods, or almond milk because they believe these foods are healthier.

The requirements for these optional meal modifications depend on whether they are within or outside the USDA meal patterns.

- Modifications within the CACFP meal patterns:** Meal modifications are within the meal patterns if they are only modified for texture, such as chopped, ground, or pureed foods (refer to "[Texture Modifications](#)" in section 2), or include substitutions within the same meal component, such as a banana for strawberries (fruits component), lactose-free milk for regular milk (milk component), and chicken for pork (meats/meat alternates [MMA] component). Meal modifications for non-disability reasons that are within the meal patterns do not require a medical statement. However, the CSDE recommends obtaining a medical statement to ensure clear communication between parents/guardians and the CACFP facility regarding the appropriate meal modifications for the child.

For guidance 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](#).

- Modifications outside the CACFP meal patterns:** Meal modifications are outside the meal patterns if they include noncreditable foods. Noncreditable foods are foods and beverages that do not meet the meal pattern requirements for reimbursable meals and snacks. Examples include entrees that do not meet the meats/meat alternates (MMA) component and substituting rice milk for cow's milk. Meal modifications for non-disability reasons that are outside the meal patterns require a medical statement signed by a state licensed healthcare professional or registered dietitian (refer to "[Medical Statement Requirements](#)" in section 2).

For detailed guidance on optional meal modifications for non-disability reasons, refer to [section 3](#).

Determining if a Meal Modification is Required

The steps below assist CACFP facilities with determining whether a child requires a meal modification in the CACFP.

1. Does the child have a physical or mental impairment that meets the definition of disability under any of the federal nondiscrimination laws, including Section 504, the ADA and ADA Amendments Act, and the USDA's nondiscrimination regulations (7 CFR 15b)?
 - **Yes:** Go to step 2.
 - **No:** The CACFP facility is not required to make the meal modification. Refer to [section 3](#) for guidance on optional meal modifications for non-disability reasons.

2. Does the child's physical or mental impairment restrict their diet?
 - **Yes:** Go to step 3.
 - **No:** The CACFP facility is not required to make the meal modification. Refer to [section 3](#) for guidance on optional meal modifications for non-disability reasons.

3. Did the child's parent/guardian provide a medical statement signed by a state licensed healthcare professional or registered dietitian that indicates: 1) how the child's physical or mental impairment restricts the child's diet; 2) an explanation of what must be done to accommodate the child; and 3) if appropriate, the food or foods to be omitted and recommended alternatives?
 - **Yes:** The CACFP facility is required to make a reasonable meal modification. Refer to [section 2](#) for guidance on required meal modifications for disabilities.
 - **No:** The CACFP facility is required to make a reasonable meal modification and should work with the child's parent/guardian to obtain an appropriate medical statement. 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).

CSDE medical statement form indicates if modification is required

CACFP facilities can determine if a child requires a meal modification by reviewing question 1 in section B of the CSDE’s medical statement form, *Medical Statement for Meal Modifications for Children in the Child and Adult Care Food Program*. This question asks the state licensed healthcare professional or registered dietitian to indicate 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 to make a reasonable meal modification.

For more information on medical statements, refer to “[Medical Statement Requirements](#)” in section 2.

Meal Pattern Compliance

The CACFP meal patterns require minimum portions of specific meal components for each age group. The determination of whether a meal modification must comply with the applicable meal pattern requirements depends on whether the request is for disability or non-disability reasons.

- **Disability reasons:** The CACFP meal pattern requirements do not apply to modified meals for children whose disability restricts their diet, when a state licensed healthcare professional or registered dietitian certifies the need. However, meals that consist only of texture modifications, such as chopped, ground, or pureed foods, must meet the USDA’s meal patterns (refer to “[Texture Modifications](#)” in section 2).
- **Non-disability reasons:** Optional meal modifications for non-disability reasons must comply with the applicable CACFP meal pattern for each meal and age group, unless a medical statement is provided (refer to “[Modifications Outside the Meal Patterns](#)” in section 3).

Meal modifications within the CACFP meal patterns must meet all meal pattern 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*. For guidance on optional meal modifications for children without disabilities, refer to section 3.

The USDA does not require a medical statement for modifications for disability or non-disability reasons if they are within the CACFP meal patterns. However, CACFP facilities may apply stricter guidelines and require a medical statement for modifications within the meal patterns.

Meal Reimbursement and Cost

Modified meals and snacks are claimed at the same reimbursement rate as regular meals that meet the CACFP meal patterns. The USDA considers any additional costs for modified meals to be allowable costs of the CACFP, but additional reimbursement is not available. CACFP facilities cannot charge more for modified meals and snacks served to children whose disability restricts their diet.

Allowable costs

For most modified meals and snacks, the costs of special food and food preparation equipment are allowable CACFP costs, and food service personnel or other applicable CACFP staff will generally be responsible for providing the modifications. 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.



Modifications for Procured Meals

CACFP facilities must always ensure that any benefits available to the general child care population are equally available to children with disabilities. Federal regulations specifically prohibit disability discrimination through contractual means, including vended contracts.

CACFP facilities must make modifications for non-disability reasons regardless of how they operate their food service program. The meal modification requirements apply to all types of food service operations, including CACFP facilities that:

- self-operate their food service program;
- have a school food agreement with a board of education;
- contract with a food service management company (FSMC); or
- purchase vended meals.

The CACFP facility must address the issue of meal modifications when a FSMC operates the food service or meals and snacks are obtained from a vendor. The CACFP facility's contract must indicate that the FSMC or vendor shall make reasonable meal modifications for children whose physical or mental impairment restricts their diet, based on a written medical statement signed by a state licensed healthcare professional or registered dietitian. This language ensures that the FSMC/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 Contracts](#) webpage.

Procedures for Meal Modifications

The process of providing modified meals for children with disabilities should be as inclusive as possible. It is essential that the CACFP facility works with parents/guardians to ensure that children receive a safe meal and have 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 disability reasons. 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/guardian to review the request and develop a solution as quickly as possible. The USDA encourages the team to develop policies and practices that enable the CACFP facility to efficiently and consistently address the most frequently encountered disabilities. For information on developing policies, refer to [section 4](#).

Communicating with parents/guardians

Ongoing communication between the CACFP facility and parents/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/guardians regarding meal modifications for their children. Key topics to communicate include:

- the child care program's policy and standard operating procedures (SOPs) for managing meal modifications for children whose disability restricts their diet (refer to ["Recommended Policy for Meal Modifications"](#) in section 4);
- procedures for parents/guardians to request meal modifications for disability reasons, 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/guardians for grievance procedures (refer to ["Procedural Safeguards"](#) in section 4).

The policy and SOPs for meal modifications should be posted on the CACFP facility's website and shared with children (as age appropriate) and parents/guardians in other ways. Examples include parent handbooks, newsletters, emails, handouts, menu backs, bulletin boards and displays, meetings, parent events, and public service announcements.

The USDA nondiscrimination regulations require CACFP facilities to notify program participants of the process for requesting meal modifications and the person 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/guardians must submit supporting documentation for their child's meal modification request. To receive reimbursement for meal modifications outside the CACFP meal patterns, CACFP facilities must have a medical statement signed by a state licensed healthcare professional or registered dietitian (or an IEP or 504 plan, if applicable). For more information, refer to "[Medical Statement Requirements](#)" in section 2 and "[Modifications Outside the CACFP Meal Patterns](#)" in section 3.

The CSDE strongly encourages CACFP facilities to develop written policies for meal modifications that provide clear guidelines for parents/guardians and CACFP staff (refer to "[Procedural Safeguards](#)" and "[Policies for Meal Modifications](#)" in section 4).

Communicating with food service staff

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 (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 staff in the form of a list identifying the children, their food restrictions, and the appropriate substitutions designated by each child's medical statement, IEP, or 504 plan. 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.

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

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.

The CSDE evaluates documentation for meal modifications as part of the USDA’s Administrative Review of the CACFP.



Summary of CACFP Staff Responsibilities

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

Meal pattern substitutions

- **Modifications are required for disability reasons:** CACFP staff 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 state licensed healthcare professional or registered dietitian. The USDA does not require a medical statement for modified meals for disability reasons 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 meal patterns because both food items are from the same meal 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 disability reasons.
- **Modifications are optional for non-disability reasons:** CACFP staff are encouraged to provide optional meal modifications on a case-by-case basis for children whose dietary needs are not related to a disability. Optional meal modifications for non-disability reasons must comply with the meal patterns unless they are supported by a medical statement signed by a state licensed healthcare professional or registered dietitian. The USDA does not require a medical statement for modified meals for non-disability reasons within the CACFP meal patterns. Refer to [section 3](#) for guidance on meal modifications for non-disability reasons

The CSDE recommends obtaining a medical statement for all modified meals that meet the CACFP meal patterns, including required meal modifications for disability reasons and optional meal modifications for non-disability reasons. This practice ensures clear communication between parents/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.

- **Documentation is required for medication outside the CACFP meal patterns:** CACFP staff 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 if the medical statement does not provide complete information or needs clarification. CACFP facilities should work with parents/guardians to obtain additional information from the state licensed healthcare professional or registered dietitian. 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. For more information, refer to [“Handling missing information”](#) and [“Storage of medical statements”](#) in section 2.
- **CACFP staff cannot make changes to required modifications:** CACFP staff cannot, under any circumstances, revise or change a diet prescription or medical order. CACFP facilities must make a reasonable modification based on the instructions written by the state licensed healthcare professional in the child’s medical statement.

For guidance on determining when CACFP facilities are required to make reasonable meal modifications, refer to [“Determining if a Meal Modification is Required”](#) and [“Requirements for Meal Modifications”](#) in 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 costs for CACFP. However, the USDA does not provide additional reimbursement (refer to "[Allowable costs](#)" in this section).

The USDA's nondiscrimination regulations also require that schools and institutions 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/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/guardians](#)" in this section.

Family-provided Meal Components for Disability or Non-disability Reasons

CACFP facilities may choose whether they will allow families to provide meal components as part of reimbursable meals for disability or non-disability reasons. The CACFP regulations specify different requirements for these meal components depending on whether they are provided for disability or non-disability reasons.

Family-provided meal components for disability reasons

The CACFP regulations ([7 CFR 226.20\(g\)\(1\)\(iv\)](#)) allow parents/guardians to supply one or more meal components of a reimbursable meal for disability reasons. The CACFP facility must provide at least one required meal component. A meal that meets these requirements is reimbursable.

CACFP facilities cannot require parents/guardians to supply one or more meal components of a reimbursable meal for a child whose disability restricts their diet. CACFP facilities are responsible for providing appropriate meal modifications for disability reasons based on the child's medical statement from a state licensed healthcare professional or registered dietitian.

Family-provided meal components for non-disability reasons

The CACFP regulations ([7 CFR 226.20\(g\)\(2\)\(iii\)](#)) allow parents/guardians to supply one meal component of a reimbursable meal for non-disability reasons. This substitution may be due to medical or other special dietary needs, such as food preferences or restrictions due to religious, ethnic, moral, or other reasons. The term "special dietary needs" is intentionally broad to encompass a variety of situations that may not be classified as disabilities but can still affect or limit a child's diet.

The CACFP facility must provide all other required meal components. The requirements for reimbursable meals depend on whether the family-provided substitution is within or outside the CACFP meal patterns.

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

- **Substitutions outside the CACFP meal patterns:** When the family-provided substitution is a noncreditable food that does not meet the CACFP meal patterns, CACFP facilities must obtain a medical statement signed by a state licensed healthcare professional or registered dietitian. For a reimbursable meal, the CACFP facility must provide the child with the remaining required meal components.

Noncreditable foods are foods and beverages that do not meet the CACFP meal pattern requirements for reimbursable meals and snacks. Examples include entrees that do not meet the MMA component and substituting rice milk for cow's milk. For information on noncreditable foods, refer to the CSDE's resource, [Noncreditable Foods for Child Care Programs in the Child and Adult Care Food Program](#).

If the family-provided substitution does not meet the CACFP meal pattern requirements and the parent/guardian does not provide a medical statement, that food or beverage is a noncreditable food offered in addition to the reimbursable meal. In this situation, the CACFP facility must provide the child with all required meal components for a reimbursable meal.

Required documentation for family-provided meal components

The CACFP facility must be approved by the CSDE to claim reimbursement for meals that contain 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 state licensed healthcare professional or registered dietitian. For guidance on the requirements for medical statements, refer to "[Medical Statement Requirements](#)" in section 2.
2. Indicate the specific foods and beverages that will be provided by the parent/guardian and the meal components to which they belong.

Parents/guardians may supply one or more meal components for disability reasons but no more than one meal component for non-disability reasons

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 information and resources on food safety, visit the CSDE's [Food Safety for Child Nutrition Programs](#) webpage and the DPH's [Food Protection Program](#) webpage.

2 — Modifications for Disability Reasons

The USDA's nondiscrimination regulations ([7 CFR 15b](#)) and CACFP regulations ([7 CFR 226.20\(g\)\(1\)](#)) require that CACFP facilities must make reasonable modifications on a case-by-case basis for children whose disability restricts their diet, when a state licensed healthcare professional or registered dietitian certifies the need. Meal modifications must be related to the child's disability or limitations caused by the disability.

Definition of Disability

Each federal nondiscrimination 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. Within the school setting, it is extremely rare to have a child qualify for services under parts 2 and 3 of the definition.

Examples of diseases and conditions

The [final rule](#) (28 CFR Parts 35 and 36) for the ADA Amendments Act includes the examples below 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

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- Dyslexia and other specific learning disabilities
- Attention deficit hyperactivity disorder
- Human immunodeficiency virus infection (whether symptomatic or asymptomatic)
- Tuberculosis
- 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.

Major life activities

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.

Mitigating measures

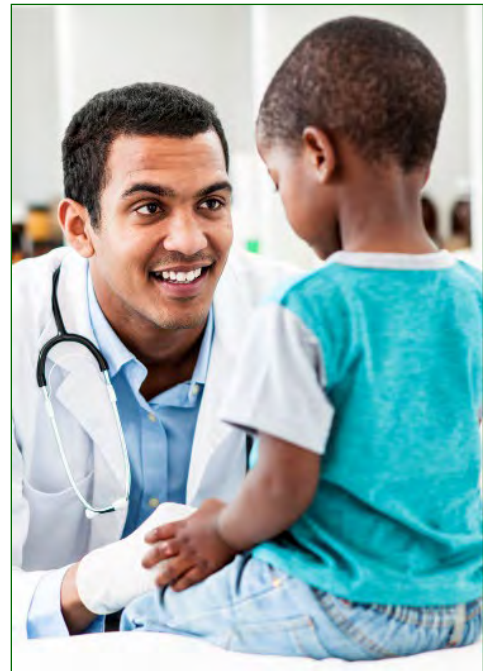
The ADA Amendments Act specifically prohibits “mitigating measures” from being used to deny an individual with a disability protection under Section 504. Mitigating measures include interventions like medications, prosthetic devices, assistive devices, or learned behavioral or adaptive neurological modifications 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;
- 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 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 CACFP facilities 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 the diagnosis of the child’s medical condition by a state licensed healthcare professional or registered dietitian. The medical statement indicates if the child has a disability (physical or mental impairment) that restricts their diet (refer to “[Medical Statement Requirements](#)” in this section). Alternatively, the child’s Section 504 plan or IEP may indicate this information, if applicable.

Considerations for determining disability

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 considered to 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.

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- 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 (refer to “[Mitigating measures](#)” in this section). 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 are not disabilities and do not require meal modifications. An example is parents who prefer that their children eat a gluten-free diet or organic foods because they believe it is healthier. This also applies to preferences for fluid 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 3-2](#) 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: Policy Memorandum on Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program](#).



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) determines 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 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.

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

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

Other considerations

The state licensed healthcare professional or registered dietitian 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 state licensed healthcare professional or registered dietitian certifies the need.

The child's medical statement signed by a state licensed healthcare professional or registered dietitian identifies how the physical or mental impairment restricts the child's diet and explains what must be done to accommodate the child. If a state licensed healthcare professional or registered dietitian 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/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

To receive reimbursement for modified meals and snacks that do not meet the meal pattern requirements, CACFP facilities must obtain a written medical statement signed by a state licensed healthcare professional or registered dietitian. The requirements for medical statements are summarized below.

Required elements for medical statements

The USDA requires that medical statements requesting meal modifications 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 state licensed healthcare professional or registered dietitian 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 outside of the CACFP meal patterns.

Medical statements should provide sufficient information to allow CACFP facilities to provide meals that are appropriate and safe for each child and comply with the USDA's requirements. When necessary, CACFP facilities should work with the child's parent/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).

CSDE's medical statement form

The CSDE's medical statement form and instructions include the information required by the USDA. 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.

- Instructions for the Medical Statement for Meal Modifications for Children in the Child and Adult Care Food Program (CACFP):
https://portal.ct.gov/-/media/sde/nutrition/cacfp/specdiet/medical_statement_cacfp_instructions.pdf
- Instructions for the Medical Statement for Meal Modifications in CACFP Child Care Programs (Spanish): Instrucciones para la declaración médica para modificaciones de alimentos para niños en los programas de cuidado infantil Programa de Alimentos para el Cuidado de Niños y Adultos (CACFP):
https://portal.ct.gov/-/media/sde/nutrition/cacfp/specdiet/medical_statement_cacfp_spanish_instructions.pdf
- Medical Statement for Meal Modifications for Children in the Child and Adult Care Food Program (CACFP) (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/cacfp/specdiet/medical_statement_cacfp.docx
- Medical Statement for Meal Modifications in CACFP Child Care Programs (Spanish): Declaración médica para modificaciones de alimentos para niños en los programas de cuidado infantil 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.docx

CACFP facilities that use an alternate form must include the three required elements (refer to “[Required elements for medical statement](#)” in this section).

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

Authorized signers for medical statements

The USDA requires that medical statements must be signed by a state licensed healthcare professional or registered dietitian. These are the only individuals authorized to sign a child's medical statement for meal modifications. CACFP facilities cannot accept medical statements signed by any other individuals.

Medical information in IEP or 504 plan

CACFP facilities are not required to obtain a separate medical statement if the child has an IEP or 504 plan that includes the USDA's three elements (refer to "[Required elements for medical statement](#)" in this section), or the CACFP facility obtains the required information during the development or review of the child's IEP or 504 plan. Using a team approach can help CACFP facilities to ensure that the IEP or 504 plan includes the required elements (refer to "[Team approach](#)" in section 1). Clear communication about the requirements for the medical statement can help reduce the burden for parents/guardians, food service personnel, and CACFP staff working to accommodate children with disabilities in the child care setting.

Medical information in doctor's note

Acceptable documentation for meal modifications includes any written statement that includes the three required elements (refer to "[Required elements for medical statement](#)" in this section) and is signed by a state licensed healthcare professional or registered dietitian. An example is a doctor's note. CACFP facilities are not required to obtain a separate medical statement when an alternate written statement provides the required information.

CACFP facilities may request that families use the CSDE's medical statement form but cannot reject any written statement signed by a state licensed healthcare professional or registered dietitian that contains the required information.

Electronic medical statements

Electronic medical statements are acceptable documentation if they include the three required elements (refer to "[Required elements for medical statement](#)" in this section) and are signed by a state licensed healthcare professional or registered dietitian. Medical statements with electronic signatures are also acceptable.

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. When necessary, the CACFP facility should work with the child's parent/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. Clarification of the medical statement should not delay the CACFP facility from providing a reasonable meal modification for the child.

- **Example:** A medical statement indicates that a child experiences respiratory distress when consuming eggs but does not identify recommended substitutes. While waiting for additional information regarding the specific substitutions, the CACFP facility should not serve eggs to the child.

While waiting for the parent/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, child care program officials must follow the procedures below.

1. Document the initial conversation with the parent/guardian when the CACFP facility first learned of the child's need for a meal modification.
2. Follow up with the parent/guardian 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 parent/guardian until the CACFP facility obtains a medical statement or the parent/guardian rescinds the meal modification request.

Maintain this documentation on file (refer to "[Storing medical statements](#)" in this section).

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/guardian to offer a reasonable

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modification that effectively accommodates the child's disability and provides equal opportunity to participate in or benefit from the CACFP.

- **Example:** A child has an allergy to a specific ingredient found in a menu item. The child's medical statement 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.

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 facility.

- **Example:** A family day care home provider receives a medical statement indicating that an infant requires an expensive medical infant formula. Providing an expensive medical infant formula to accommodate an infant's disability may be so financially burdensome for a CACFP 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. The CACFP day care home is not required to provide the requested medical infant formula.

When CACFP facilities receive a very expensive meal modification request, they should first consider engaging in further dialogue with the parent/guardian. While CACFP facilities are not required to provide the exact substitution or other modifications requested, they must work with the parent/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 on working collaboratively to develop an effective approach for the child.

CACFP facilities should [contact the CSDE](#) for assistance with any concerns that a requested modification would fundamentally alter the nature of the CACFP.

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 only exception is a modification request that would fundamentally alter the nature of the CACFP (refer to "[Assessing requests](#)" in this section).

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 (refer to "[Procedural Safeguards](#)" in section 4). Any final decision regarding the modification request must be provided to the child's parent/guardian in writing.

Generally, the CACFP facility's emphasis should be focused on working collaboratively with parents/guardians to develop an effective approach to providing meal modifications for the child. If the CACFP facility declines a meal modification request, the CACFP facility must ensure that the child's parent/guardian understands their rights under the procedural safeguards process.

Stopping a request

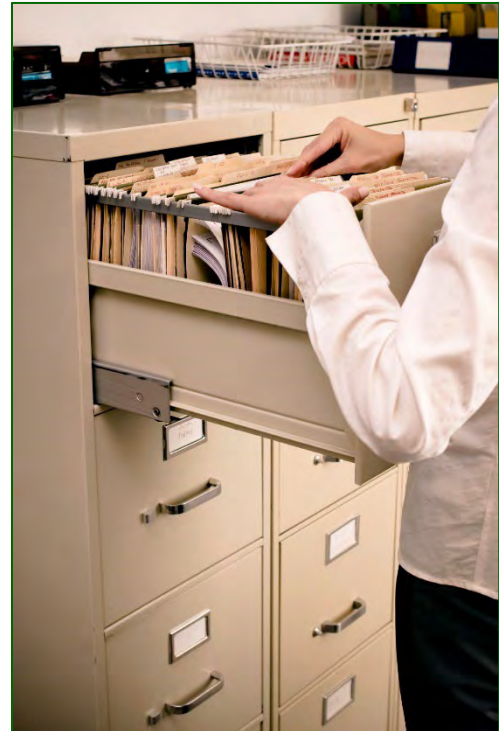
If a child no longer needs a meal modification, CACFP facilities are not required to obtain written documentation from a state licensed healthcare professional or registered dietitian to rescind the original medical order prior to ending a meal modification. However, the USDA recommends that CACFP facilities 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/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/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 state licensed healthcare professional or registered dietitian (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/guardians.

Handling conflicting information

CACFP facilities should request a revised medical statement when 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/guardian.

- **Example:** A child's medical statement indicate that all foods containing lactose must be avoided. The parent tells a child care staff member that her child can eat yogurt and cheese. The CACFP facility should request a revised medical statement that is signed by the child's state licensed healthcare professional or registered dietitian and clarifies the change in the meal modification. This ensures clear communication between the parents/guardians and the CACFP facility regarding the appropriate meal modification for the child.

Updated information is important because the USDA requires food service staff to make a reasonable meal modification based on the instructions in the child's medical statement. The USDA does not allow food service staff to diagnose health conditions, perform nutritional assessment, prescribe nutritional requirements, or interpret, revise, or change a diet order from a state licensed healthcare professional or registered dietitian.

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/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 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.

When a medical statement is not required

The USDA does not require medical statements for modified meals that meet the CACFP meal patterns. Some examples include meals modified only for texture such as chopped, ground, or pureed foods (refer to “[Texture Modifications](#)” in this section) and meals that substitute foods from the same meal component, such as substituting a banana for strawberries (fruits component), lactose-free milk for regular milk (milk component), and chicken for pork (MMA component).

While not required, the CSDE recommends obtaining a medical statement to ensure clear communication between parents/guardians and the CACFP facility regarding the appropriate meal modifications for the child. This serves as a precaution to ensure clear communication about safe and appropriate meals for the child, protect the CACFP facility, and minimize misunderstandings.

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 state licensed healthcare professional or registered dietitian. 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 temporary disabilities 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 illnesses or injuries (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 not required to provide the same meal offered on the regular CACFP menu. CACFP facilities are only responsible for providing a reasonable meal modification that safely accommodates the child's disability

- **Example:** 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 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.

- **Example:** A medical statement lists a specific brand of gluten-free chicken patty. The CACFP facility could check with the child's parent/guardian to see if it would be safe and appropriate to provide a different gluten-free brand or a different gluten-free food item. Appropriate substitutes might include any of the following: 1) a different brand of gluten-free chicken patty that meets the child's specific dietary needs; 2) another type of chicken that meets the child's specific dietary needs, e.g., gluten-free grilled or baked chicken; or 3) another type of food that meets the child's specific dietary needs, e.g., gluten-free hamburger or sliced turkey. The parent/guardian could affirm that the change meets the child's 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/guardian to see if a different substitute would be safe and appropriate for the child.

Number of Alternate Meals

The USDA regulations do not require a specific number of alternate meals to meet meal modifications for disability reasons. Each child's 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.

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

- the same modified meal or snack that meets the child's specific dietary needs, each time the child eats CACFP meals and snacks; or
- a cycle menu of modified meals and snacks that meet the child's specific dietary needs, based on input from the child's parent/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 for specific dietary concerns, such as a five-day cycle menu for a gluten-free diet or a two-week cycle menu for a specific food allergy. A cycle menu is a series of menus planned for a specific period with a different menu for each day. At the end of the cycle, the menu repeats in the same order. For information on developing cycle menus, visit the "[Cycle Menus](#)" section of the CSDE's [Menu Planning for Child Nutrition Programs](#) webpage.

Before using the same cycle menu for different children with the same medical condition, CACFP facilities should check with each child's parents/guardians to ensure that the modified meals meet their child's specific dietary requirements.

Different Portion Sizes

If a state licensed healthcare professional or registered dietitian indicates that a child's disability requires different portion sizes from the minimum quantity requirements in the USDA's meal patterns, the CACFP facility must provide the specified portions. Some examples are indicated below.

- A child requires an additional amount of a specific meal component at lunch, such as a second serving of the MMA component or grains component. The CACFP facility must provide the additional amount of the meal component.
- A child requires a smaller portion of food than the minimum serving required in the CACFP meal patterns. For example, the lunch meal pattern for ages 3-5 requires 1½ ounce equivalent (oz eq) of the MMA component, but the medical statement for a three-year-old indicates that 1 oz eq of MMA is required. The CACFP facility must provide the smaller portion.
- A child requires two of the same meal, such as two lunches. The CACFP facility must provide the two lunches. However, 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 state licensed healthcare professional or registered dietitian, meals 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/guardian.

- Example:** The medical statement for a child with a disability requests pureed food. The CACFP facility cannot substitute baby food as an alternative to pureeing the regular CACFP menu unless it is appropriate for the child and effectively accommodates the child's specific dietary needs. The parent/guardian must agree to the substitution and must submit a revised medical statement confirming that baby food is an appropriate modification to meet the child's specific dietary needs.

As with all meal modifications, continued communication between the CACFP facility and parents/guardians 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 applicable meal pattern for each age group.

Medical statements are not required when texture is the only meal modification. CACFP facilities may apply stricter guidelines and require medical statements for texture modifications. The CSDE recommends obtaining a medical statement to ensure clear communication between parents/guardians and CACFP staff regarding the appropriate meal modifications for the child.

This serves as a precaution to ensure clear communication about safe and appropriate meals 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.

The USDA recommends using commercial nutrition formulas prescribed by a state licensed healthcare professional or registered dietitian 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.

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. 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 the CACFP

The general guideline in making meal modifications 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 in general. For example, a CACFP facility that does not serve breakfast is not required to provide breakfast for a child with a disability.

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 (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 (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 and beverages served in reimbursable meals and snacks to be part of reasonable meal modifications. CACFP facilities are responsible for making nutrition information for reimbursable meals and snacks available to children (as age appropriate), families, medical personnel, and others as needed. This enables parents/guardians and appropriate medical personnel to determine which meals and snacks are safe for the child to eat, and which meals and snacks the CACFP facility must modify to meet the child's specific dietary requirements.

- **Example:** A child has a life-threatening food allergy. The CACFP facility must provide information on the ingredients for foods and beverages served in reimbursable meals and snacks. This information allows the parent/guardian to determine which meals and snacks are safe to eat, and which must be modified to prevent an allergic reaction. For more information on nutrition information for children with food allergies, refer to [“Reading labels”](#) in this section.

As a reminder, a best practice is developing 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). This ensures that nutrition information is readily available for all menu items.

How to provide nutrition information

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

If a product's label does not provide adequate nutrition information, CACFP facilities are responsible for obtaining the necessary information to ensure a safe meal for the child. CACFP facilities 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/guardians. When parents/guardians require nutrition information, the CSDE recommends providing a monthly menu several weeks in advance. This enables parents/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/guardians and the CACFP staff who purchase, prepare, and serve food to children.

Nutrition information for procured meals

When the CACFP facility obtains meals or snacks from a vendor or through a 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 (refer to “[Modifications for Procured Meals](#)” in section 1).

Carbohydrate Counts

CACFP facilities are responsible for providing a carbohydrate count to the parent/guardian of a diabetic child for all foods and beverages served in one daily reimbursable meal choice. If the daily menu includes multiple meal choices, the CACFP facility is not required to provide carbohydrate counts for each meal (refer to “[Nutrition information for multiple meal choices](#)” in this section).

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 staff 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 one- or two-week diabetic cycle menu with carbohydrate counts (refer to “[Develop cycle menus for special diets](#)” in this section). Before using the same cycle menu for different children with diabetes, CACFP facilities should check with each child’s parents/guardians to ensure that the modified meals meet their child’s specific dietary requirements.

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. For more information refer to “[Diabetes](#)” in the CSDE’s [Resource List for Special Diets in the Child Nutrition Programs](#).



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 state licensed healthcare professional or registered dietitian 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 several key actions to keep mealtimes safe for children with food allergies. These actions include providing a safe meal and safe environment, reading labels, recognizing children 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.

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.

Preventing cross-contact

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;

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- cooking fish and chicken on the same flat-top grill or in the same pan; and
- touching almonds then handling pasta without proper handwashing

CACFP facilities must ensure that all food service staff understand how to identify and prevent cross contact.

Properly clean food production surface areas

When preparing and serving food, food service 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.

It is important to note that sanitizing to reduce microorganisms does not remove allergen residue. CACFP facilities must follow proper cleaning procedures specially designed to eliminate allergens on food production surfaces.

Use proper handwashing

Alcohol-based hand sanitizers, antibacterial gel, and washing with water alone do not deactivate the proteins that cause food allergies. Food service 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. Food service staff should read all food labels each time the product is received. 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 shipment to ensure that the current 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 online.

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

It is important that the staff who supervise CACFP meals and snacks can recognize the children who have food allergies and be able to identify any menu items that these children should avoid. Staff should follow the CACFP facility's procedures for identifying children with food allergies. When determining how to 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 with Special Dietary Needs](#)" in this section.



Promote communication and teamwork

Good communication and teamwork among all staff are essential for providing a safe environment for children with food allergies. Food service staff must follow the instructions in each child's medical statement and understand each child's food allergy management plan (refer to "[Communicating with food service staff](#)" in section 1). Close communication between medical personnel and CACFP staff ensures that children receive appropriate meal modifications.

Clear communication with staff

CACFP facilities should communicate the appropriate actions to avoid allergic reactions and respond to food allergy emergencies to all food service and child care staff involved in managing a child's food allergy. The CSDE recommends developing SOPs for managing food allergies in the CACFP (refer to "[Standard operating procedures \(SOPs\)](#)" in section 4). This helps to ensure clear communication regarding the required procedures that all food service staff must follow.

Professional development for staff

CACFP facilities should provide food service 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 4.

Clear communication with parents/guardians

CACFP facilities must maintain clear communication with parents/guardians about the procedures for managing food allergies (refer to "[Communicating with parents/guardians](#)" in section 1). This communication should include:

- the policy for meal modifications and procedures for requesting meal modifications (refer to "[Recommended Policy for Meal Modifications](#)" in section 4);
- the procedural safeguards process (refer to "[Procedural Safeguards](#)" in section 4);
- the food allergy management plan (refer to "[Food Allergy Management Plan](#)" in section 4);
- SOPs for food allergies and meal modifications (refer to "[Standard Operating Procedures \(SOPs\)](#)" in section 4); and
- the procedures for accessing nutrition information for foods and beverages served in reimbursable meals and snacks (refer to "[Nutrition Information](#)" in this section).

For more information, refer to “[Communicating with parents/guardians](#)” in section 1 and “[Communication tool](#)” in section 4.

Accommodating food allergies within the meal patterns

Many food allergies can be accommodated within the meal patterns by substituting foods and beverages within the same meal component.

- **Example:** A child has an allergy to a specific fruit. The CACFP facility can substitute a different fruit that is safe for the child to eat.

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

The CSDE recommends obtaining a medical statement for optional modifications to ensure clear communication between parents/guardians and all appropriate CACFP staff regarding the appropriate modifications for the child. This serves as a precaution to ensure safe and appropriate meals for the child, protect the CACFP facility, and minimize misunderstandings.

Food allergy resources

The resources below provide guidance on managing food allergies. Some of these resources were developed for schools but also provide relevant guidance for 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>
- 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/>

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- 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.docebosaas.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>
- 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. If a state licensed healthcare professional or registered dietitian determines that food intolerance is a disability for a particular child, the CACFP facility must make a reasonable meal modification based on the instructions in the child’s medical statement.

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, such as yogurt for milk intolerance.

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 state licensed healthcare professional or registered dietitian determines that gluten sensitivity is a disability for a particular child, the CACFP facility must make a reasonable meal modification on the instructions in the child’s medical statement.

Celiac Disease

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 state licensed healthcare professional or registered dietitian.

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 containing gluten, including wheat, rye, barley, and any foods made with these grains.

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 2-1 provides general guidance on foods to avoid and allow with celiac disease. When making meal modifications for celiac disease, CACFP facilities must make a reasonable meal modification based on the specific guidance in each child’s medical statement signed by a state licensed healthcare professional or registered dietitian.

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

Avoid	Allow
<ul style="list-style-type: none"> • Barley (malt, malt flavoring, and malt vinegar are usually made from barley) 	<p>These foods are acceptable if they are not processed or mixed with gluten-containing grains, additives, or preservatives.</p>

<ul style="list-style-type: none"> • 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 (must be labeled “gluten-free”) <ul style="list-style-type: none"> Note: Pure oats are a gluten-free food, but most commercially processed oats have been contaminated during the growing, harvesting, or processing stages. ◦ Quinoa ◦ Rice ◦ Sorghum ◦ Soy ◦ Tapioca ◦ Teff
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The CSDE encourages CACFP facilities to develop a one- or two-week gluten-free cycle menu (refer to “[Develop cycle menus for special diets](#)” in this section). Before using the same cycle menu for different children with celiac disease, CACFP facilities should check with each child’s parents/guardians to ensure that the modified meals meet their child’s specific dietary requirements.

For more information and resources on celiac disease, 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 state licensed healthcare professional or registered dietitian 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). The examples below indicate the requirements for meal modifications for children with autism.

Example of autism aversion

An autistic girl has an aversion to fruits and vegetables that causes behavioral issues if child care staff encourage her to take a vegetable. The parent provides a medical statement signed by the child’s physician that supports the elimination of the vegetables component due to the

child's autism. In this situation, the CACFP facility must provide the child with meals that do not contain vegetables and may claim reimbursement for these modified meals.

It would be beneficial for the CACFP facility to consult with the child's parent/guardian, or state licensed healthcare professional, 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 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 menu planner with making appropriate meal modifications.

Food Preference versus Disability

The federal nondiscrimination laws and the USDA regulations require CACFP facilities to make reasonable modifications to accommodate children whose disability restricts their diet. CACFP facilities will meet this requirement if they provide an appropriate meal modification to accommodate a child's dietary restriction resulting from a disability. CACFP facilities are not required to provide meal modifications based on personal preferences (refer to "[Modifications for Food Preferences](#)" in section 3).

- **Example:** A CACFP facility provides a reasonable modification for a diabetic child by offering a five-day cycle menu that includes carbohydrate counts for two daily lunch choices. 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 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 state licensed healthcare professional or registered dietitian. 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 "[Number of Alternate Meals](#)" and "[Specific Brands of Food](#)" in this section.

Substitutes for Fluid Milk for Disability Reasons

When a child has a medically documented disability that requires a substitute for fluid milk, the CACFP facility must provide an appropriate substitute based on the child's medical statement signed by a state licensed healthcare professional or registered dietitian. The medical statement for a milk modification for disability reasons 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 child's disability, i.e., 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 provide an appropriate substitute based on the child's medical statement. This could be any beverage that meets the child's specific dietary needs, such as juice, water, or a plant-based fluid milk substitute like soy milk.

Milk fat content for disability reasons

The CACFP meal patterns require unflavored whole milk for age 1, unflavored low-fat milk or unflavored fat-free milk for ages 2-5, and low fat or fat free milk (unflavored or flavored) for ages 6 and older. However, if a child has a medically documented disability that requires milk with a different fat content, the CACFP facility must provide an appropriate substitute based on the medical statement signed by a state licensed healthcare professional or registered dietitian.

- **Example:** The medical statement for a five-year-old indicates that their disability requires whole milk instead of low-fat milk. The CACFP facility must provide whole milk as a substitute for low-fat milk.

Fluid milk substitutes (plant-based beverages) for disability reasons

If a child has a medically documented disability that requires a plant-based fluid milk substitute (like soy milk), the CACFP facility must provide an appropriate substitute based on the child's medical statement. Fluid milk substitutes for children with disabilities are not required to comply with the USDA's nutrition standards for milk substitutes (refer to [table 3-2](#) in section 3).

Generally, CACFP facilities are not required to provide a specific brand of fluid milk substitute. In most cases, a generic brand is sufficient. The CACFP facility must work with the parent/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.

- **Example:** A child's medical statement lists a specific brand of soy milk. The CACFP facility could check with the parent/guardian to see if it would be safe and appropriate to provide a different brand of soy milk for the child.

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/guardian to see if a different substitute would be safe and appropriate. For more information, refer to "[Specific Brands of Food](#)" in this section.

Identifying Children with Special Dietary Needs

CACFP facilities must establish procedures for identifying children with special dietary needs and communicating this information to the staff responsible for planning, preparing, and serving CACFP meals and snacks. Food service personnel and other appropriate staff should have access to the applicable information in children's medical statements to allow appropriate meal modifications.

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/guardians to relinquish confidential medical information through outward identification.

When determining how to identify children with special dietary needs, 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 permits the disclosure of personal health information needed for patient care and other important purposes (refer to "[Sharing medical statements with food service staff](#)" in this section).

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.

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

Unacceptable practices for identifying children

CACFP facilities cannot implement policies or practices that outwardly identify children whose disability requires a meal modification. Examples of unacceptable practices include posting lists of children's dietary needs in public areas or asking children (or their parents/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/guardian requests a physical designation for their child), this is less of a privacy concern and is acceptable because the child (or parent/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/guardians) to agree to use it.

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

Acceptable practices for identifying children

CACFP facilities can use several acceptable practices to identify children with disabilities during the meal service, while avoiding outward designation. 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 and the staff who supervise CACFP meals and snacks. 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/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 (refer to "[Communicating with parents/guardians](#)" in section 1).

CACFP facilities that need additional guidance to determine if their practices for identifying children are acceptable should [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 cafeteria is not considered an appropriate or reasonable modification. For example, a child with a disability cannot be excluded from the cafeteria and required to sit in another room during the meal service.

When separate tables are allowed

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 one of the following:

- 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 all cases, the decision to feed children with disabilities separately must always be based on what is appropriate to meet the children's needs.

Prior to developing a special seating arrangement, the CACFP facility should determine, with input from the child's parent/guardian and state licensed healthcare professional or registered dietitian, 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 the 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 staff accordingly, and ensuring that all 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 the child care program. Bans can create a false sense of security, which can lead to less responsible approaches to effective management strategies, education, and emergency responses.

Banning foods detracts from the CACFP facility's responsibility to plan properly for children with life-threatening food allergies, and to educate all personnel 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.

Banning can also 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.



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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 dining area;
- establishing food-free zones, such as libraries and music rooms; and
- enforcing relevant child care policies, such as prohibiting eating on school buses.

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



3 — Modifications for Non-disability Reasons

CACFP facilities may choose to make optional 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. Optional modifications for non-disability reasons include requests related to religious or moral convictions, general health concerns, and personal food preferences. An example is a family's preference for gluten-free foods, organic foods, or almond milk because they believe these foods are healthier.

Modifications within the USDA Meal Patterns

CACFP facilities 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 foods from the same meal component, such as a banana for strawberries (fruits component), lactose-free milk for regular milk (milk component), and chicken for pork (MMA component).

Meal modifications within the CACFP meal patterns must meet all meal pattern requirements for the applicable age group (refer to "[Meal Pattern Compliance](#)" in section 1).

The USDA does not require a medical statement for modified meals and snacks that meet the CACFP meal patterns. However, CACFP facilities may apply stricter guidelines and require a medical statement.

The CSDE recommends obtaining a medical statement for optional modifications to ensure clear communication between parents/guardians and the CACFP facility regarding the appropriate modifications for the child. This serves as a precaution to ensure safe and appropriate meals for the child, protect the CACFP facility, and minimize misunderstandings.

Modifications Outside the CACFP Meal Patterns

CACFP facilities may choose to provide meal modifications outside the CACFP meal patterns (i.e., noncreditable foods) on a case-by-case basis for non-disability reasons. Noncreditable foods are foods and beverages that do not contribute to the CACFP meal patterns. For more information on noncreditable foods, refer to the CSDE's resource, [Noncreditable Foods for Child Care Programs in the Child and Adult Care Food Program](#).

Modified meals and snacks outside the USDA meal patterns require a medical statement signed by a state licensed healthcare professional or registered dietitian. CACFP facilities may use the CSDE's *Medical Statement for Meal Modifications for Children in the Child and Adult Care Food Program* to collect the required information for making meal modifications for non-disability reasons (refer to "[Medical Statement Requirements](#)" in section 2).

Allowable Substitutions for Regular Cow's Milk

The USDA allows two types of substitutions for children who do not consume regular cow's milk for non-disability reasons. A summary of these requirements is provided in the CSDE's resource, [Allowable Fluid Milk Substitutes for Non-disability Reasons for Children in the Child and Adult Care Food Program](#).

1. Lactose-free/reduced milk

Lactose-free/reduced milk are fluid milk and credit the same as regular milk in the milk component for the CACFP meal patterns. These types of milk are processed by adding lactase enzymes to reduce or eliminate the lactose (naturally occurring milk sugar) found in regular milk. Children who cannot digest the lactose found in regular milk may be able to drink lactose-free/reduced milk. The USDA recommends these types of milk as the first choice for children with lactose intolerance.

Lactose-free/reduced milk must meet the following meal pattern requirements for each age group: unflavored whole milk for age 1; unflavored low-fat or fat-free milk for ages 2-5; and low-fat or fat-free milk (either unflavored or flavored) for ages 6 and older. Child care centers in public schools must also meet the additional state beverage requirements for milk under [C.G.S. Section 10-221q](#) (refer to "[Additional State Beverage Requirements for Child Care Centers in Public Schools](#)" in this section).

2. Fluid milk substitutes that meet the USDA’s nutrition standards for fluid milk substitutes

Section 7 CFR 226.20(g)(3) of the CACFP regulations allows CACFP facilities to choose to offer one or more fluid milk substitutes for non-disability reasons. Fluid milk substitutes are plant-based beverages designed to replace cow's milk, such as soy milk, almond milk, rice milk, and oat milk. Fluid milk substitutes for non-disability reasons must meet the USDA’s nutrition standards for fluid milk substitutes (refer to [table 3-2](#)). Only certain brands of fluid milk substitutes meet these standards.

Fluid milk substitutes in public schools must also meet the additional state beverage requirements for nondairy milk substitutes under [C.G.S. Section 10-221q](#) (refer to “[Additional State Beverage Requirements for Child Care Centers in Public Schools](#)” in this section).

Table 3-1 summarizes the requirements for lactose-free/reduced milk and fluid milk substitutes for non-disability reasons.



Table 3-1. Summary of requirements for lactose-free/reduced milk and fluid milk substitutes for non-disability reasons

Requirements	Lactose-free/reduced milk	Fluid milk substitutes
Federal nutrition standards (USDA)	<p>Must meet the appropriate meal pattern requirements for each age group.</p> <ul style="list-style-type: none"> • Age 1: whole milk, unflavored • Ages 2-5: low-fat or fat-free milk, unflavored • Ages 6 and older: low-fat or fat-free milk, unflavored or flavored 	<p>Must meet the USDA's nutrition standards for fluid milk substitutes (refer to table 3-2).</p>
State nutrition standards (C.G.S. Section 10-221q; beverages)	<p>Applies only to child care centers operating in public schools: No artificial sweeteners and cannot exceed 4 grams of sugar per ounce (refer to “Additional State Beverage Requirements for Child Care Centers in Public Schools” in this section).</p>	<p>Applies only to child care centers operating in public schools: No artificial sweeteners and cannot exceed 4 grams of sugar per ounce, 35 percent of calories from fat, and 10 percent of calories from saturated fat (refer to “Additional State Beverage Requirements for Child Care Centers in Public Schools” in this section).</p>
Documentation	<p>None: Lactose-free/reduced milk are fluid milk and credit as the milk component in the CACFP meal patterns.</p>	<p>Written request from the parent/guardian, a state licensed healthcare professional, or a registered dietitian that identifies the reason for the fluid milk substitute. substitute. Maintain on file with the child's medical records (refer to “Storage of medical statements” in section 2).</p>

USDA’s Nutrition Standards for Fluid Milk Substitutes

CACFP facilities that choose to offer one or more fluid milk substitutes for non-disability reasons must use commercial products that meet the USDA’s nutrition standards for fluid milk substitutes. These nutrition standards ensure that children who require a fluid milk substitute receive the important nutrients found in milk.

Fluid milk substitutes are plant-based beverages designed to replace cow's milk, such as soy milk, almond milk, rice milk, and oat milk.

Fluid milk substitutes must meet each nutrient standard (nutrients per cup) or the percent daily value (% DV). The manufacturer’s nutrition information might list the nutrient values, the unrounded or rounded percent Daily Value (% DV), or both. If any nutrient values are missing, CACFP facilities must obtain this information from the manufacturer.

Table 3-2. USDA’s nutrition standards for fluid milk substitutes

Nutrients per cup (8 fluid ounces)	Unrounded % DV ¹	Rounded % DV ²
Calcium: 276 milligrams (mg)	21.23%	20%
Protein: 8 grams (g)	16%	16%
Vitamin A: 150 micrograms (mcg) retinol activity equivalent (RAE)	16.67%	20%
Vitamin D: 2.5 micrograms (mcg)	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 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 | Modifications for Non-disability Reasons

Effective July 1, 2024, the USDA final rule, *Child Nutrition Programs: Meal Patterns Consistent with the 2020-2025 Dietary Guidelines for Americans*, updated the units for the vitamin A and vitamin D requirements for fluid milk substitutes to align with the FDA labeling requirements (FDA final rule 81 FR 33742, *Food Labeling: Revision of the Nutrition and Supplement Facts Labels*). The unit requirement for vitamin A is now 150 mcg RAE per 8 fluid ounces, instead of 500 IUs. The unit requirement for vitamin D is now 2.5 mcg per 8 fluid ounces, instead of 100 IUs. The amount of vitamin A and vitamin D required in fluid milk substitutes does not change; only the unit of measurement has changed to conform to FDA labeling requirements.



Identifying Acceptable Fluid Milk Substitute Products

Commercial products that meet the USDA's nutrition standards for fluid milk substitutes are identified in the CSDE's resource, [Allowable Fluid Milk Substitutes for Non-disability Reasons for Children in the Child and Adult Care Food Program](#). Certain brands of soy milk and oat milk are the only currently available commercial products that meet these 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 these requirements and cannot be offered as fluid milk substitutes for non-disability reasons.

When a commercial product is not identified as an allowable fluid milk substitute, the CACFP facility must determine if it meets the USDA's nutrition standards for fluid milk substitutes. The Nutrition Facts label does not usually include all the nutrients needed to identify if a fluid milk substitute product complies with the USDA's nutrition standards for fluid milk substitutes. If any nutrient information is missing, CACFP facilities must contact the manufacturer to obtain documentation that 1 cup provides the minimum amount of each nutrient (refer to [table 3-2](#)).

Screening products using the USDA's protein standard

CACFP facilities may use the USDA's protein standard to screen commercial products and determine if they might meet the USDA's nutrition standards for fluid milk substitutes. These standards require at least 8 grams of protein per cup (8 fluid ounces).

- If the product's Nutrition Facts label lists less than 8 grams of protein per cup, the product does not meet the USDA's nutrition standards for fluid milk substitutes.
- If the product's Nutrition Facts label lists at least 8 grams of protein per cup, the product might meet the USDA's nutrition standards for fluid milk substitutes. 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. CACFP facilities are encouraged to submit this information to the CSDE so that new acceptable fluid milk substitutes can be identified.

For guidance on determining if commercial products credit as fluid milk substitutes, refer to the CSDE's resource, [Identifying Products that Meet the USDA's Nutrition Standards for Fluid Milk Substitutes in the Child and Adult Care Food Program](#).

Additional State Beverage Requirements for Child Care Centers in Public Schools

In addition to meeting the USDA's requirements for fluid milk substitutes, child care centers in public schools must also comply with the state beverage requirements of [C.G.S. Section 10-221q](#). These requirements apply to all types of fluid milk (including lactose-free/reduced milk) and fluid milk substitutes available for sale to students in public schools, including reimbursable meals, afterschool snacks, and a la carte sales.

- Lactose-free/reduced milk cannot contain artificial sweeteners and cannot exceed 4 grams of sugar per ounce.
- Fluid milk substitutes cannot contain artificial sweeteners and cannot exceed 4 grams of sugar per ounce, 35 percent of calories from fat, and 10 percent of calories from saturated fat.

The state beverage statute does not apply to any other child care programs.

Required Documentation for Fluid Milk Substitutes

CACFP facilities must have documentation on file to claim reimbursement for meals and snacks that contain fluid milk substitutes. Prior to providing a fluid milk substitute for a non-disability reason, CACFP facilities must obtain a written request from the parent/guardian, a state licensed healthcare professional, or a registered dietitian that identifies the reason for the fluid milk substitute. For example, a parent may submit a written request for an allowable brand of soy milk because her child is a vegetarian.

CACFP facilities must maintain all requests for fluid milk substitutes on file with children's other medical records (refer to "[Storage of medical statements](#)" in section 2).

The provision allowing parents/guardians to submit a written request applies only to fluid milk substitutes. The USDA does not allow written parent/guardian requests for any other substitutions of foods or beverages in reimbursable meals and snacks for children with or without a disability.

Documentation is not required for lactose-free/reduced milk. These products are fluid milk and credit as the milk component in the CACFP.

Considerations for Offering Fluid Milk Substitutes

The considerations below apply to CACFP facilities that choose to offer allowable fluid milk substitutes for children who do not consume regular cow's milk due to non-disability reasons.

Variety of choices

Since fluid milk substitutes are optional, CACFP facilities may decide how many types to offer. CACFP facilities that offer more than one allowable milk substitute must inform all parents/guardians of the options and allow all parents/guardians to choose one.

CACFP facilities may choose to offer only one fluid milk substitute. If children decide not to take this option, the CACFP facility is not obligated to offer any other fluid milk substitutes.

Availability

If CACFP facilities choose to offer allowable fluid milk substitutes, they must be available for all children when requested by their parents/guardians. If the CACFP facility grants a request for any fluid milk substitute, all requests for that substitute must be granted.

- **Example:** A child care center chooses to provide an allowable brand of soy milk at a parent's request. That allowable brand of soy milk must be available to all children whose parents/guardians make any request for fluid milk substitutes.

The child's fluid milk substitute approval must remain in effect until the child's parent/guardian, state licensed healthcare professional, or registered dietitian revokes the request in writing, or until the CACFP facility changes its fluid milk substitute policy.

Beverages Not Allowed for Non-disability Reasons

Except for lactose-free/reduced milk and allowable fluid milk substitutes, CACFP facilities cannot substitute any other beverages for non-disability reasons. Some examples of beverages that are not allowed include:

- juice;
- water;
- fluid milk substitutes that do not comply with the USDA's nutrition standards for fluid milk substitutes, such as almond milk, rice milk, cashew milk, some brands of soy milk, and most brands of oat milk;
- nutrition supplement beverages, such as Abbott's Pediasure; and
- powdered milk beverages, such as Nestle's NIDO.

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CACFP facilities can never substitute water and juice for milk for non-disability reasons in reimbursable meals and snacks.

Meals and snacks that offer these types of beverages in place of milk are not reimbursable unless the child has a medically documented disability that specifically requires this substitution. For information on the requirements for meal modifications for disability reasons, refer to [section 2](#).



Summary of Acceptable and Unacceptable Milk Substitutes

The table below shows examples of acceptable and unacceptable milk substitutes for non-disability reasons in the CACFP.

Table 3-3. Milk substitutes for non-disability reasons

CACFP facility offers	Allowable: age 1	Allowable: ages 2-5	Allowable: ages 6+
Whole lactose-free/reduced milk, unflavored	Yes	No ¹	No
Whole lactose-free/reduced milk, flavored	No	No	No
Reduced-fat (2%) lactose-free/reduced milk, unflavored	No	No ¹	No
Reduced-fat (2%) lactose-free/reduced milk, flavored	No	No	No
Low-fat lactose-free/reduced milk, unflavored	No	Yes	Yes
Low-fat lactose-free/reduced milk, flavored	No	No	Yes
Fat-free lactose-free/reduced milk, unflavored	No	Yes	Yes
Fat-free lactose-free/reduced milk, flavored	No	No	Yes
Unflavored fluid milk substitutes that do not meet the USDA's nutrition standards, such as rice milk or almond milk	No	No	No
Flavored fluid milk substitutes that do not meet the USDA's nutrition standards, such as rice milk or almond milk	No	No	No
Unflavored fluid milk substitutes that meet the USDA's nutrition standards, such as soy milk	Yes ²	Yes ²	Yes ²

3 | Modifications for Non-disability Reasons

CACFP facility offers	Allowable: age 1	Allowable: ages 2-5	Allowable: ages 6+
Flavored fluid milk substitutes that meet the USDA's nutrition standards, such as soy milk	No	No	Yes ²
Juice	No	No	No
Water	No	No	No
Powdered milk beverages	No	No	No
Nutrition supplement beverages	No	No	No

¹ Unflavored whole or reduced-fat milk may be served only during a one-month transition period when switching a 24-month-old child from whole milk to low-fat or fat-free milk. For more information, refer to the CSDE's [Guide to Meeting the Meal Pattern Requirements for CACFP Child Care Programs](#).

² For child care centers in public schools, these products must also comply with the state beverage requirements of [C.G.S. Section 10-221q](#) (refer to "Additional State Beverage Requirements for Child Care Centers in Public Schools" in this section).



Modifications for Religious Reasons

The USDA grants institutions exemptions from the meal patterns when evidence shows that the variations are nutritionally sound and necessary to meet ethnic, religious, economic, or physical needs. The USDA's exemptions for religious reasons 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. However, the USDA encourages CACFP facilities to provide a variety of foods that children can select, which helps to accommodate individual food preferences (refer to "[Food Preferences](#)" in this section).

CACFP facilities may choose to make modifications for individual children based on religion by substituting different foods within the same meal component. For example, a child who does not eat pork for religious reasons could be served another food from the MMA component (such as chicken 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.

Exemption for enrichment and WGR requirements

During the religious observance of Passover, Jewish institutions are exempt from the enrichment and WGR requirements of the USDA's 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 Child and Adult Care Food Program](#), [Crediting Enriched Grains in the Child and Adult Care Food Program](#), and [Guide to Meeting the Whole Grain-rich Requirement for the Child and Adult Care Food Program](#).

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Flexibilities for milk component

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 offer versus serve (OVS).

The OVS option is allowed only for at-risk afterschool centers. For OVS guidance, refer to the CSDE's resource, [Offer versus Serve in At-Risk Afterschool Centers in the Child and Adult Care Food Program](#).

1. Serve an equal amount of an allowable fluid milk substitute that is nutritionally equivalent to fluid milk (refer to "[USDA's Nutrition Standards for Fluid Milk Substitutes](#)" in this section).
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 above 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.

Seventh-day Adventist sponsors

Seventh-day Adventist institutions, like all other sponsors of the Child Nutrition Programs, may use alternate protein products (APPs), such as vegetable burgers and other meatless entree items, to meet the requirements for the MMA 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 flour, soy concentrate, soy isolate, whey protein concentrate, whey protein isolates, and casein. APPs may be used in the dry (nonhydrated), partially hydrated, or fully hydrated form.

APPs must meet the USDA's requirements specified in [Appendix A](#) of the CACFP regulations (7 CFR 226) These regulations specify that APPs may credit for part or all the MMA requirement if they meet the three criteria below.

1. The APP must be processed so that some portion of the non-protein constituents of the food is removed. This refers to the manufacturing process for APP. APP 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 of casein (milk protein), determined by performing a Protein Digestibility Corrected Amino Acid Score (PDCAAS). The PDCAAS is a method of evaluating protein quality.
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.

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 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. This means that manufacturers must provide one of the appropriate crediting documents below.

1. 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. For more information, refer to the CSDE's resource, [Using Child Nutrition \(CN\) Labels in the Child and Adult Care Food Program](#).

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2. 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](#). For more information, refer to the CSDE's resource, [Using Product Formulation Statements in the Child and Adult Care Food Program](#).

The manufacturer's documentation should include information on the percent protein contained in the dry alternate protein product and in the prepared product. For an APP product mix, manufacturers should provide information on the amount by weight of dry APP in the package, hydration instructions, and instructions on how to combine the mix with meat or other meat alternates.

Without appropriate documentation, APPs cannot credit in the CACFP. For more information on crediting APPs, refer to the CSDE's resource, [Requirements for Alternate Protein Products in the Using Product Formulation Statements in the Child and Adult Care Food Program](#), and the USDA's [Questions and Answers on Alternate Protein Products](#).



Modifications for Vegetarians

Vegetarianism is a personal food preference. Except for Seventh-day Adventist sponsors, the USDA regulations do not require CACFP facilities to make meal modifications for vegetarians. Meals and snacks served to vegetarian children must meet the CACFP meal patterns, unless the child has a medical statement signed by a state licensed healthcare professional or registered dietitian.

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

CACFP menus may also incorporate a variety of vegetable-based entree products, such as tofu, tempeh, and meatless entrees like vegetable burgers that meet the USDA's APP criteria (refer to the CSDE's resource, [Requirements for Alternate Protein Products in the Using Product Formulation Statements in the Child and Adult Care Food Program](#)).



Modifications for Food Preferences

The CACFP regulations do not require CACFP facilities to make meal modifications based on the food choices or personal preferences of a family or child. Personal food preferences are not a disability and do not require meal modifications (refer to “[Food Preference versus Disability](#)” in section 2). Some examples of personal food preferences are listed below.

- A parent prefers that her child eats a gluten-free diet because she believes it is healthier.
- A family eats organic foods at home and wants their children to eat organic foods in child care.
- A child prefers rice milk because he does not like the taste of cow’s milk.
- A child does not like lasagna and prefers to eat macaroni and cheese.

Section ([7 CFR 226.20\(g\)\(1\)](#)) of the CACFP regulations indicates that CACFP facilities should consider children's dietary preferences when planning and preparing meals and snacks. Within individual program cost constraints and logistics (such as food service production capabilities), the CSDE encourages CACFP facilities to work with parents/guardians to identify additional menu options that children can eat.

Meal modifications for personal food preferences must comply with the CACFP meal patterns unless they are supported by a medical statement signed by a state licensed healthcare professional or registered dietitian (refer to “[Modifications Outside the CACFP Meal Patterns](#)” in this section).

4 — Policies and Procedures

CACFP facilities must comply with the applicable federal and state laws for developing and implementing written policies and procedures for meal modifications 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. Child care centers that operate in public schools must comply with the state law that requires public schools to develop and implement a plan to manage children with life-threatening food allergies. The CSDE recommends that CACFP facilities develop a written policy and SOPs for meal modifications in the CACFP.

Procedural Safeguards

The USDA encourages CACFP facilities to develop and implement written procedures for parents/guardians regarding how to request meal modifications for disability reasons and resolve grievances. These procedures include providing parents/guardians with a written final decision on each request.

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 facilities should also ensure that all center staff and family day care home providers understand the procedures for handling requests for meal modifications. The USDA recommends that CACFP facilities employing less than 15 individuals have someone on staff who can provide technical assistance to centers and family day care homes when they are making meal modifications for children with disabilities.

Requirements for CACFP facilities employing at least 15 individuals

CACFP facilities employing at least 15 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 is responsible for addressing requests for accommodations in the center or family day care home and 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.

CACFP facilities 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, [Civil Rights Requirements for the Child and Adult Care Food Program \(CACFP\)](#).

These grievance procedures must be communicated to parents/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 base this 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.



Recommended Policy for Meal Modifications

The CDSE strongly encourages CACFP facilities to develop a written policy addressing meal modifications in the CACFP. This policy should be integrated with the CACFP facility's procedural safeguards process and food allergy management plan and be developed in collaboration with the CACFP facility's local team (refer to "[Team approach](#)" in section 1).

Importance of policy

A written policy ensures a comprehensive approach to meeting the federal and state laws for meal modifications and is essential for addressing the specific dietary needs of all children. The policy serves a variety of important functions.

- **Provides clear guidelines:** Written policy serves as a comprehensive reference for children, families, and staff. It outlines expectations, procedures, and standards, ensuring that everyone understands their roles and responsibilities. This clarity helps to minimize misunderstandings and conflicts by providing a transparent framework for operational procedures.
- **Ensures consistent practices:** Consistency is crucial to effectively implement meal modifications. Written policy standardizes practices across different programs and among various staff members within the CACFP facility. This uniformity ensures that all children receive equitable access to meal modifications according to federal and state laws and the CACFP facility's local procedures.
- **Documents compliance:** Policy is essential for demonstrating adherence to federal and state laws. Written documentation helps ensure that CACFP facilities comply with the legal requirements for meal modifications and adhere to best practices, such as developing cycle menus for common special diets and implementing acceptable methods for identifying children during the meal service who require meal modifications.
- **Educates families:** Clear policy informs families about the CACFP facility's process for submitting a meal modification request, procedural safeguards process, and procedures for implementing meal modifications. Providing a written document fosters transparency and builds trust and collaboration between child care programs and families.
- **Evaluates process and staff:** Written policy offers a benchmark for assessing the meal modifications process and staff performance. It outlines procedures that CACFP facilities can use to identify areas for improvement, audit compliance, ensure accountability, and support professional development of staff.

Written policy is essential for providing structure, consistency, and clarity for everyone involved. This better enables CACFP facilities to meet their legal responsibilities for meal modifications for disability reasons.

Policy’s role in communicating meal modifications

A written policy serves as an important communication tool for informing the child care community (including program administrators, staff, and families) about the availability of meal modifications and outlining the applicable requirements and procedures. Key procedures to communicate include:

- the CACFP facility’s process for families to request meal modifications, including how to complete and submit the medical statement (refer to [“Medical Statement Requirements”](#) in section 2);
- the CACFP facility’s procedural safeguards process for children with a disability (refer to [“Procedural Safeguards”](#) in this section);
- the documentation requirements for meal modifications and the CACFP facility’s procedure for ensuring children’s dietary information is up to date (refer to [“Updating medical statements”](#) in section 2);
- the CACFP facility’s SOPs for meal modifications, e.g., preparing foods for different types of special diets, and cleaning and handwashing procedures to prevent cross-contact of food allergens (refer to [“Preventing cross-contact”](#) in section 2);
- how the CACFP facility handles requests for optional modifications for non-disability reasons;
- communication procedures among CACFP staff and between the child care program and families to ensure awareness of each child’s dietary needs and specific accommodations (refer to [“Communicating with parents/guardians”](#) in section 1 and [“Promote communication and teamwork”](#) in section 2); and
- the CACFP facility’s monitoring process to ensure that meal modifications are appropriate and meet each child’s individual dietary needs.

The CACFP facility’s policy may communicate other procedures depending on local needs.

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 follow the same procedures each time.

Examples of SOP topics for meal modifications

The CSDE encourages CACFP facilities to tailor SOPs for meal modifications to their specific needs. Some examples of potential SOP topics 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, families, health professionals, and others as needed (refer to “[Nutrition Information](#)” in section 2);
- cleaning to prevent cross-contact of possible allergens (refer to “[Preventing cross-contact](#)” in section 2 and the ICN’s *Sample SOP: Serving Safe Food to Students with Food Allergies*);
- handwashing to prevent cross-contact of possible food allergens (refer to “[Use proper handwashing](#)” in section 2 and the ICN’s *Sample SOP: Serving Safe Food to Students with Food Allergies* and *Sample SOP: Washing Hands*);
- ensuring that food service staff, CACFP staff, health consultants, and other appropriate staff regularly communicate and collaborate to plan and implement meal modifications for disability reasons (refer to “[Team approach](#)” in section 1);
- obtaining consultation services (such as a registered dietitian) as needed, to plan CACFP meals and snacks for disability reasons; and
- training for food service staff, substitutes, and other staff involved with planning, preparing, and serving CACFP meals and snacks (refer to “[Staff Training](#)” in this section).

The CACFP facility’s SOPs should ensure a comprehensive approach to effectively meet the needs of all children.

SOP resources

The CSDE’s *Sample Standard Operating Procedure (SOP) for Meal Modifications in Child Care Facilities in the Child and Adult Care Food Program* provides an example of a general SOP for meal modifications.

4 | Policies and Procedures

The resources below were developed for schools but provide guidance that child care programs may modify.

- 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 Procedures” in the CSDE’s Food Safety Resource List (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/resources/resources_food_safety.pdf
- Standard Operating Procedures (SOP): Serving Safe Food to Students with Food Allergies (Institute of Child Nutrition):
<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 (Institute of Child Nutrition):
<https://theicn.org/resources/181/food-safety-standard-operating-procedures/105684/handling-a-food-recall.docx>
- Standard Operating Procedures (SOPs): Washing Hands (Institute of Child Nutrition):
<https://theicn.org/resources/181/food-safety-standard-operating-procedures/105741/washing-hands.docx>

For more information on SOPs, visit the Institute of Child Nutrition’s [Standard Operating Procedures](#) webpage.



Strategies for Policy Development

The strategies below provide guidance to assist CACFP facilities with developing a policy and SOPs for meal modifications in the CACFP. Priority areas include assessing current operations, developing SOPs, providing professional development for staff, ensuring consistent communication, and monitoring implementation. By following these strategies, CACFP facilities can ensure a comprehensive approach to meal modifications that effectively meets the needs of all children.

Step 1 – Conduct a self-assessment

Conduct a self-assessment of the CACFP facility's current policies, practices, and procedures for meal modifications. The CSDE's [Self-assessment of Child Care Practices for Meal Modifications in the Child and Adult Care Food Program](#) can assist CACFP facilities with this process.

- **Review current policies:** Review existing meal modification policies and practices to identify strengths and weaknesses.
- **Evaluate procedures:** Assess current procedures for accommodating children's special dietary needs, including 1) how the CACFP facility notifies children, parents/guardians, and staff about the procedures for meal modification requests; 2) how the CACFP facility responds to meal modification requests and prepares modified meals; and 3) how the CACFP facility documents compliance with the federal and state laws.
- **Gather feedback:** Collect input from children (as age-appropriate), parents/guardians, food service staff, health services staff, and other appropriate individuals regarding the CACFP facility's policies, practices, and procedures for meal modifications.
- **Analyze compliance:** Ensure current practices meet all federal and state regulatory requirements.

Step 2 – Identify essential practices and determine SOP needs

Identify the essential practices to implement and determine where SOPs are necessary.

- **Meal planning:** Procedures for designing menus that accommodate various dietary restrictions (refer to “[Develop cycle menus for specific diets](#)” in section 2).
- **Food preparation:** Guidelines for preparing meals to prevent cross-contact (refer to “[Preventing cross-contact](#)” and “[Use proper handwashing](#)” in section 2) and meet each child’s dietary needs.
- **Documentation:** A medical statement, Section 504 plan, or IEP to indicate the required meal modification for each child based on their specific dietary needs (refer to “[Medical Statement Requirements](#)” and “[Medical information in IEP or 504 plan](#)” in section 2).
- **Communication:** Systems for informing staff and families about dietary modifications and the CACFP facility’s policies and procedures (refer to “[Communicating with parents/guardians](#)” and “[Communicating with food service staff](#)” in section 1 and “[Procedural Safeguards](#)” in this section).



Step 3 – Identify personnel and resources

Identify the personnel and resources needed for planning, developing, implementing, and evaluating the CACFP facility's policy and SOPs for meal modifications.

- **Personnel:** Examples include registered dietitians for expertise in dietary needs and meal planning; food service managers who oversee meal preparation for modified meals; health consultants who manage children's health records and dietary restrictions; administrative staff for policy development and compliance; and parents/guardians for providing input on their children's dietary needs and preferences.
- **Resources:** Examples include educational materials such as guides and resources on dietary needs and meal modifications; software for tracking children's dietary needs and meal plans; funding for special foods, resources, and training programs; and kitchen equipment and supplies.



Step 4 – Develop an action plan

Develop an action plan to address the practices needing attention, as identified in the CACFP facility’s self-assessment. The CSDE’s [Action Planning Form](#) and sample action plans can assist with this process (refer to the CSDE’s [Sample Action Plan: Developing District Policy for Meal Modifications in the Child and Adult Care Food Program](#) and [Sample Action Plan: Promoting District Policy for Meal Modifications in the Child and Adult Care Food Program](#)).

- **Prioritize practices:** Start with the most critical practices identified in the CACFP facility’s self-assessment. These are the practices that ensure safe meals for children whose disability requires meal modifications and that ensure the CACFP facility’s regulatory compliance.
- **Set objectives:** Define clear, measurable goals for each practice that needs improvement.
- **Identify resources:** Identify the resources need to accomplish each objective (refer to [“Step 3 – Identify personnel and resources”](#) in this section).
- **Assign responsibilities:** Designate team members to lead each aspect of the action plan (refer to [“Step 3 – Identify personnel and resources”](#) in this section).
- **Establish timelines:** Set deadlines for implementing changes and conducting evaluations.
- **Monitor progress:** Regularly review progress and adjust as needed.



Step 5 – Develop SOPs

Develop applicable SOPs by writing down the actual steps taken when performing the specific task.

- **Detailed steps:** Clearly outline the steps for each task, including responsibilities and procedures. For resources on developing SOPs, refer to “[SOP Resources](#)” in this section.
- **Customization:** When using sample SOPs from organizations or other child care programs, tailor the information to the CACFP facility’s specific local needs and resources. For example, adapt sample SOPs to include the specific program staff involved in meal modifications (such as food service or child care staff) and address the CACFP facility’s specific logistics, such as kitchen setup, food preparation procedures (e.g., available workstations and equipment), and procedures to identify children with special dietary needs during the meal service (refer to “[Identifying Children with Special Dietary Needs](#)” in section 2).
- **Documentation:** Ensure all SOPs are documented, accessible, and updated regularly. A best practice is posting SOPs on the CACFP facility’s website.

Step 6 – Identify training needs and professional development

Identify the training needs of child care staff and appropriate professional development.

- **Assess training requirements:** Determine what knowledge and skills staff need to effectively implement meal modifications.
- **Develop training programs:** Create or source training materials on relevant topics such as menu planning for specific dietary needs, management of food allergies, and food safety (refer to “[Staff Training](#)” in this section).
- **Provide training:** Provide annual and ongoing training for food service staff, child care staff, and other relevant staff, as appropriate
- **Evaluate training effectiveness:** Gather feedback and assess the impact of training on staff performance and policy adherence.

Step 7 – Identify effective communication strategies

Identify effective communication strategies between CACFP staff and parents/guardians to ensure that everyone is aware of the CACFP facility's policy and SOPs for meal modifications.

- **Communication channels:** Establish clear channels for communication among all CACFP facility staff and between the child care program and parents/guardians, including email updates, meetings, and newsletters. Include meal modification policy and SOPs on the CACFP facility's website and in parent/guardian handbooks. Provide links to medical statements and meal modification guidance on menu backs, in parent/guardian handouts and newsletters, and at family events, such as an open house.
- **Regular updates:** Provide regular updates about policy changes and meal modifications to parents/guardians and staff. For example, CACFP facilities should inform families and staff that effective July 1, 2024, medical statements may be signed by a registered dietitian (refer to "[Final rule updates to meal modifications for school year 2025-26](#)" in section 1).
- **Feedback mechanisms:** Create systems for receiving and addressing feedback from children (as age-appropriate), parents/guardians, and staff regarding the process for meal modifications.
- **Incorporate into SOPs:** Include communication strategies in the SOPs and train staff on how to implement them.

Step 8 – Implement monitoring procedures

Implement monitoring procedures to ensure that the CACFP facility's meal modifications are reasonable, appropriate, and meet each child's specific dietary needs. Monitoring procedures should also ensure that all staff consistently follow the CACFP facility's policy and SOPs for meal modifications. Review the CACFP facility's policy and SOPs for meal modifications at least annually, and make changes as needed.

- **Develop monitoring protocols:** Create procedures for regularly reviewing the effectiveness of the meal modification process and its adherence to the CACFP facility's policy and SOPs, and federal and state regulations.
- **Conduct audits:** Perform periodic audits to ensure compliance with SOPs and regulatory requirements.
- **Review and adjust:** Use monitoring results to make necessary adjustments to policy and SOPs.

- **Document findings:** Keep detailed records of monitoring activities, including any issues identified and corrective actions taken.

Staff Training

Staff are better prepared to provide nutritious and safe meals for children when they receive appropriate training in relevant topics, such as nutrition, CACFP meal pattern requirements, food preparation techniques, meal modifications, and food safety. Training helps employees 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 annual training requirement

CACFP regulations ([7 CFR 226.16\(d\)\(3\)](#)) 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.

CACFP facilities must provide appropriate job-specific training for all employees whose responsibilities include duties related to the operation of the CACFP. For example, food service staff who modify meals need appropriate training to ensure they perform their jobs effectively and in compliance with the USDA's regulations.

The CSDE strongly recommends that CACFP facilities include regular training on meal modifications.

Training on food allergies

Appropriate training is especially critical for the effective management of life-threatening food allergies. Food service staff require 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 how to identify 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.

Annual required civil rights training

The USDA requires annual civil rights training for all staff interacting with applicants or 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.



5 — 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](#) webpage.

CACFP Guidance and Resources

CACFP At-risk Afterschool Care Centers (CSDE webpage):

<https://portal.ct.gov/sde/nutrition/cacfp-at-risk-afterschool-care-centers>

CACFP Child Care Centers (CSDE webpage):

<https://portal.ct.gov/sde/nutrition/cacfp-child-care-centers>

CACFP Emergency Shelters (CSDE webpage):

<https://portal.ct.gov/sde/nutrition/cacfp-emergency-shelters>

CACFP Family Day Care Homes (CSDE webpage):

<https://portal.ct.gov/sde/nutrition/cacfp-family-day-care-homes>

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

<https://portal.ct.gov/sde/nutrition/child-and-adult-care-food-program>

Civil Rights for Child Nutrition Programs (CSDE webpage):

<https://portal.ct.gov/sde/nutrition/civil-rights-for-child-nutrition-programs>

Food and Nutrition Service (FNS) Documents & Resources (USDA webpage):

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

Forms for CACFP Child Care Centers (“Documents/Forms” section of CSDE’s CACFP Child Care Centers webpage):

<https://portal.ct.gov/sde/nutrition/cacfp-child-care-centers/documents>

Forms for CACFP Family Day Care Homes (“Documents/Forms” section of CSDE’s CACFP Family Day Care Homes webpage):

<https://portal.ct.gov/sde/nutrition/cacfp-family-day-care-homes/documents>

Laws and Regulations for Child Nutrition Programs (CSDE webpage):

<https://portal.ct.gov/sde/nutrition/laws-and-regulations-for-child-nutrition-programs>

Manuals and Guides for Child Nutrition Programs (CSDE webpage):

<https://portal.ct.gov/sde/nutrition/manuals-and-guides-for-child-nutrition-programs>

Menu Planning for Child Nutrition Programs (CSDE webpage):

<https://portal.ct.gov/sde/nutrition/menu-planning>

Nutrition Education (CSDE webpage):

<https://portal.ct.gov/sde/nutrition/nutrition-education>

Operational Memoranda for the CACFP (CSDE webpage):

<https://portal.ct.gov/sde/lists/operational-memoranda-for-the-cacfp>

Program Guidance for CACFP Child Care Programs (CSDE webpage):

<https://portal.ct.gov/sde/nutrition/program-guidance-cacfp-child>

Resources for Child Nutrition Programs (CSDE webpage):

<https://portal.ct.gov/sde/nutrition/resources-for-child-nutrition-programs>

Connecticut Statutes

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

Food Safety

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

<https://portal.ct.gov/dph/food-protection-program/main-page>

Food Code 2022 (FDA):

<https://www.fda.gov/food/fda-food-code/food-code-2022>

Food Safety for Child Nutrition Programs (CSDE webpage):

<https://portal.ct.gov/sde/nutrition/food-safety-for-child-nutrition-programs/documents>

Meal Modifications

Allowable Fluid Milk Substitutes for Non-disability Reasons for Children in the Child and Adult Care Food Program (CSDE):

https://portal.ct.gov/-/media/sde/nutrition/cacfp/specdiet/milk_substitutes_cacfp.pdf

CACFP regulations 7 CFR 226.20(g)(1): Modifications for disability reasons (USDA):

[https://www.ecfr.gov/current/title-7/part-226#p-226.20\(g\)\(1\)](https://www.ecfr.gov/current/title-7/part-226#p-226.20(g)(1))

CACFP regulations 7 CFR 226.20(g)(2): Variations for non-disability reasons (USDA):

[https://www.ecfr.gov/current/title-7/part-226#p-226.20\(g\)\(2\)](https://www.ecfr.gov/current/title-7/part-226#p-226.20(g)(2))

CACFP regulations 7 CFR 226.20(g)(3): Fluid milk substitutes for non-disability reasons (USDA):

[https://www.ecfr.gov/current/title-7/part-226#p-226.20\(g\)\(3\)](https://www.ecfr.gov/current/title-7/part-226#p-226.20(g)(3))

CSDE Operational Memorandum No. 2C-18 and 2H-18: Requirements for Meal Modifications in CACFP Child Care Programs:

https://portal.ct.gov/-/media/sde/nutrition/cacfp/memos/om2018/om02c18_02h18.pdf

Guide to Meal Modifications in CACFP Child Care Programs (CSDE):

https://portal.ct.gov/-/media/sde/nutrition/cacfp/specdiet/guide_special_diets_cacfp.pdf

Identifying Products that Meet the USDA's Nutrition Standards for Fluid Milk Substitutes in the Child and Adult Care Food Program (CSDE):

https://portal.ct.gov/-/media/sde/nutrition/cacfp/specdiet/identify_allowable_nondairy_milk_substitutes_cacfp.pdf

Milk Substitutes for CACFP Child Care Programs (“Documents/Forms” section of CSDE’s Special Diets in CACFP Child Care Programs webpage):

<https://portal.ct.gov/sde/nutrition/special-diets-in-cacfp-child-care-programs/documents/#MilkSubstitutes>

Overview of the Requirements for Meal Modifications for Children in the Child and Adult Care Food Program (CSDE):

https://portal.ct.gov/-/media/sde/nutrition/cacfp/specdiet/overview_meal_modifications_cacfp.pdf

Resource List for Special Diets in the Child Nutrition Programs (CSDE):

https://portal.ct.gov/-/media/sde/nutrition/resources/resources_special_diets.pdf

Special Diets in CACFP Child Care Programs (CSDE webpage):

<https://portal.ct.gov/sde/nutrition/special-diets-in-cacfp-child-care-programs>

Summary Charts of the Requirements for Meal Modifications for Children in the Child and Adult Care Food Program (CSDE):

https://portal.ct.gov/-/media/sde/nutrition/cacfp/specdiet/summary_chart_meal_modifications_cacfp.pdf

USDA Memo CACFP 14-2017, and SFSP 10-2017: Policy Memorandum on 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-milksubstitutions-cacfp-qas>

Meal Patterns and Crediting

Bite Size: Meeting the CACFP Meal Patterns for Children Training Program) (“Related Resources” section of CSDE’s Meal Patterns for CACFP Child Care Programs webpage):

<https://portal.ct.gov/sde/nutrition/meal-patterns-cacfp-child-care-programs/related-resources>

Child Nutrition (CN) Labeling (USDA webpage):

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

CACFP Meal Patterns for Children (CSDE’s Meal Patterns for CACFP Child Care Programs webpage):

<https://portal.ct.gov/sde/nutrition/meal-patterns-cacfp-child-care-programs>

Crediting Foods in CACFP Child Care Programs (CSDE webpage):

<https://portal.ct.gov/sde/nutrition/crediting-foods-in-cacfp-child-care-programs>

Feeding Infants in CACFP Child Care Programs (CSDE webpage):

<https://portal.ct.gov/sde/nutrition/feeding-infants-in-cacfp-child-care-programs>

Meal Pattern Updates (CSDE’s Child and Adult Care Food Program (CACFP) webpage):

<https://portal.ct.gov/sde/nutrition/child-and-adult-care-food-program#MealPatternUpdates>

Noncreditable Foods for Child Care Programs in the Child and Adult Care Food Program (CSDE):

https://portal.ct.gov/-/media/sde/nutrition/cacfp/crediting/noncreditable_foods_cacfp.pdf

Nutrition Standards for CACFP Meals and Snacks (USDA webpage):

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

Medical Statements

Instructions for the Medical Statement for Meal Modifications for Children in the Child and Adult Care Food Program (CACFP):

https://portal.ct.gov/-/media/sde/nutrition/cacfp/specdiet/medical_statement_cacfp_instructions.pdf

Instructions for the Medical Statement for Meal Modifications in CACFP Child Care Programs (Spanish): Instrucciones para la declaración médica para modificaciones de alimentos para niños en los programas de cuidado infantil 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

Medical Statement for Meal Modifications for Children in the Child and Adult Care Food Program (CACFP) (CSDE):

https://portal.ct.gov/-/media/sde/nutrition/cacfp/specdiet/medical_statement_cacfp.docx

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

Declaración médica para modificaciones de alimentos para niños en los programas de cuidado infantil 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.docx

Medical Statements (“Documents/Forms” section of CSDE’s Special Diets in CACFP Child Care Programs webpage):

<https://portal.ct.gov/sde/nutrition/special-diets-in-cacfp-child-care-programs/documents/#MedicalStatements>

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 (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/osers/osep/index.html>

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>

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>

Nutrition Information

Food Labels (CSDE's Nutrition Education webpage):

<https://portal.ct.gov/sde/nutrition/nutrition-education#FoodLabels>

How to Read a Food Label (FARE webpage):

<https://www.foodallergy.org/resources/how-read-food-label>

USDA Foods Database (USDA webpage):

<https://www.fns.usda.gov/usda-fis/usda-foods-database>

Policy Development

Action Planning Form (CSDE):

https://portal.ct.gov/-/media/sde/nutrition/nslp/specdiet/action_planning_form.docx

Developing Policies for Meal Modifications (“What’s Next” section of CSDE’s Special Diets in CACFP Child Care Programs webpage):

<https://portal.ct.gov/sde/nutrition/special-diets-in-cacfp-child-care-programs/what-next>

Sample Action Plan: Developing Policy for Meal Modifications in the Child and Adult Care Food Program (CSDE):

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 Child and Adult Care Food Program (CSDE):

https://portal.ct.gov/-/media/sde/nutrition/cacfp/specdiet/action_promote_meal_modifications_cacfp.pdf

Sample Standard Operating Procedure (SOP) for Meal Modifications in Child Care Facilities in the Child and Adult Care Food Program (CSDE):

https://portal.ct.gov/-/media/sde/nutrition/cacfp/specdiet/sample_sop_meal_modifications_cacfp.docx

Self-assessment of Child Care Practices for Meal Modifications in the Child and Adult Care Food Program (CSDE):

https://portal.ct.gov/-/media/sde/nutrition/cacfp/specdiet/assessment_meal_modifications_cacfp.pdf

USDA Regulations and Policy

CACFP regulations 7 CFR 226.20(g)(1): Modifications for disability reasons (USDA):

[https://www.ecfr.gov/current/title-7/part-226#p-226.20\(g\)\(1\)](https://www.ecfr.gov/current/title-7/part-226#p-226.20(g)(1))

CACFP regulations 7 CFR 226.20(g)(2): Variations for non-disability reasons (USDA):

[https://www.ecfr.gov/current/title-7/part-226#p-226.20\(g\)\(2\)](https://www.ecfr.gov/current/title-7/part-226#p-226.20(g)(2))

CACFP regulations 7 CFR 226.20(g)(3): Fluid milk substitutes for non-disability reasons (USDA):

[https://www.ecfr.gov/current/title-7/part-226#p-226.20\(g\)\(3\)](https://www.ecfr.gov/current/title-7/part-226#p-226.20(g)(3))

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

<https://www.fns.usda.gov/cn/variations-in-meal-requirements-for-religious-reasons>

USDA Final Rule: Child Nutrition Programs: Meal Patterns Consistent with the 2020-2025 Dietary Guidelines for Americans:

<https://www.federalregister.gov/documents/2024/04/25/2024-08098/child-nutrition-programs-meal-patterns-consistent-with-the-2020-2025-dietary-guidelines-for>

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 Memo SP 07-2010, CACFP 04-2010, and SFSP 05-2010: Q&As - Milk Substitution for Children with Medical or Special Dietary Needs (Non-Disability):

<https://www.fns.usda.gov/cn/qas-milk-substitution-children-medical-or-special-dietary-needs>

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 (AR): 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 (APPs): 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. The USDA has specific requirements for the crediting of APPs in Child Nutrition Programs. For more information, refer to the CSDE's resource, [Requirements for Alternate Protein Products in the Child and Adult Care Food Program](#).

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 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.

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, visit to the USDA’s [CACFP Afterschool Programs](#) webpage and the CSDE’s [CACFP At-risk Afterschool Care Centers](#) 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 the section [7 CFR 226.2](#) of the CACFP regulations.

calories: The measurement of energy provided by foods and beverages.

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 [National Digestive Diseases Information Clearinghouse](#) website.

Child and Adult Care Food Program (CACFP): The USDA's federally assisted meal program providing nutritious meals and snacks to children in child care centers, family day care homes and emergency shelters, and snacks and suppers to children participating in eligible at-risk afterschool care programs. The program also provides meals and snacks to adults who receive care in nonresidential adult day care centers. For more information, 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 meal pattern requirements, based on the USDA's evaluation of the product's formulation. Products eligible for CN labels include main dish entrees that provide at least ½ oz eq of the MMA component, e.g., beef patties, cheese or meat pizzas, meat or cheese and bean burritos, egg rolls, and breaded fish portions. CN labels 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 Child and Adult Care Food Program](#), and visit the "[Child Nutrition \(CN\) Labels](#)" section of the CSDE's [Crediting Foods in CACFP Child Care Programs](#) 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, Seamless Summer Option (SSO) of the NSLP, Special Milk Program (SMP), Summer Food Service Program (SFSP), 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 for reimbursable meals and snacks in the USDA's Child Nutrition Programs. For more information, visit the "[How To](#)" 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](#).

cycle menu: A series of menus planned for a specific period, with a different menu for each day. Cycle menus can help programs comply with the CACFP meal pattern requirements, control food cost, control inventory, improve staff efficiency, and save time and labor costs. For more information, refer to section 2 of the CSDE's [Guide to Menu Documentation Requirements for the CACFP](#).

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.

Emergency Care Plan (ECP): A written plan that provides specific directions about what to do in a medical emergency such as an accidental exposure to the allergen or safety emergency such as a fire drill or lockdown. The ECP is often part of the IHCP. This written plan helps medical professionals, program personnel, and emergency responders react to an emergency in a prompt, safe, and individualized manner. For more information, refer to the CSDE’s [Guidelines for Managing Life-threatening Food Allergies in Connecticut Schools](#).

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: Plant-based beverages designed to replace cow's milk, such as soy milk, almond milk, rice milk, and oat milk. Fluid milk substitutes must meet the USDA’s nutrition standards for fluid milk substitutes. Only certain brands of fluid milk substitutes meet these standards. For more information, refer to “nutrition standards for milk substitutes” in this section and the CSDE’s resources, [Allowable Fluid Milk Substitutes for Non-disability Reasons for Children in the Child and Adult Care Food Program](#) and [Identifying Products that Meet the USDA’s Nutrition Standards for Fluid Milk Substitutes in the Child and Adult Care Food Program](#).

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

food item: A specific food offered within the meal components that comprise reimbursable meals in the USDA’s Child Nutrition Programs. A food item may contain one or more meal 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 equivalent of the MMA component, and a 2-ounce whole grain or enriched bagel could provide 2 ounce equivalents of the grains component.

fortification: Adding nutrients (usually vitamins or minerals) that were not originally present in a food or beverage, or adding nutrients at levels that are higher than originally present. Fortification is used for naturally nutrient-rich products based on scientifically documented health needs (such as fortifying milk with vitamin D to increase the body’s absorption of calcium), or to enhance the perceived nutritional value of products with little or no natural nutritional value, e.g., fortifying “energy” bars made from processed flour with multiple vitamins and minerals. Fortification nutrients are added to products in varying amounts, from small percentages up to amounts greater than recommended intakes.

fruits component: The meal component of the USDA meal patterns that includes fruits (fresh, frozen, canned, and dried) and pasteurized full-strength juice. For more information, visit the “[Fruits Component](#)” section of the CSDE’s [Crediting Foods in CACFP Child Care Programs](#) webpage.

gluten sensitivity: A condition with symptoms that are similar to celiac disease but 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.

grains component: The meal component of the USDA meal patterns that includes cereal grains and products made from their flours. Creditable grain foods include products and recipes that are WGR or enriched. Creditable cooked and ready-to-eat (RTE) breakfast cereals include products that are WGR, enriched, or fortified. For more information, visit the “[Grains Component](#)” section of the CSDE’s [Crediting Foods in CACFP Child Care Programs](#) webpage.

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 children 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 program 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 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.

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-free milk: A type of fluid milk that is processed to remove the lactose (naturally occurring sugar) found in regular milk. Lactose-free milk typically has the same nutritional benefits as regular milk, including calcium, protein, and vitamins. Like other types of fluid milk, lactose-free milk comes in a variety of flavors and fat contents.

lactose-reduced milk: A type of fluid milk that is processed to remove some of the lactose (naturally occurring sugar). Lactose-reduced milk typically has the same nutritional benefits as regular milk, including calcium, protein, and vitamins. Like other types of fluid milk, lactose-reduced milk comes in a variety of flavors and fat contents.

licensed physician: A doctor of medicine (MD) or osteopathy (DO).

local educational agency (LEA): A public board of education or other public or private nonprofit authority legally constituted within a state for either administrative control or direction of, or to perform a service function for, public or private nonprofit elementary schools or secondary schools in a city, county, township, school district, or other political subdivision of a state, or for a combination of school districts or counties that is recognized in a state as an administrative agency for its public or private nonprofit elementary schools or secondary schools. The term also includes any other public or private nonprofit institution or agency having administrative control and direction of a public or private nonprofit elementary school or secondary school, including residential child care institutions, Bureau of Indian Affairs schools, and educational service agencies and consortia of those agencies, as well as the state educational agency in a state or territory in which the state educational agency is the sole educational agency for all public or private nonprofit schools.

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 components: The five food groups that comprise reimbursable meals and snacks in the CACFP (milk, fruits, vegetables, grains, and meats/meat alternatives). For more information, visit the “[Documents/Forms](#)” section of the CSDE’s [Crediting Foods in CACFP Child Care Programs](#) webpage.

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

meats/meat alternates (MMA) component: The meal component of the USDA meal patterns that includes meats (e.g., beef, poultry, and fish) and meat alternates, such as eggs, cheese, yogurt, beans, peas, and lentils, nuts, and seeds. For more information, visit the [“Meats/Meat Alternates Component”](#) section of the CSDE’s [Crediting Foods in CACFP Child Care Programs](#) webpage.

medical statement: A document signed by a state-licensed healthcare professional or registered dietitian that identifies the specific medical conditions and appropriate meal modifications for a child with special dietary needs due to disability or non-disability reasons. The USDA requires that medical statements for disability reasons 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.

milk component: The meal component of the USDA meal patterns that includes pasteurized fluid milk that meets federal and state regulations. The milk component also includes fluid milk substitutes that meet the USDA’s nutrition standards for fluid milk substitutes. For more information, refer to “fluid milk substitutes” and “nutrition standards for fluid milk substitutes” in this section, and visit the [“Milk Component”](#) section of the CSDE’s [Crediting Foods in CACFP Child Care Programs](#) webpage.

mitigating measures: Interventions 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.

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 beverages that do not provide the minimum creditable amount of a meal component) or they do not fit into one of the meal pattern components. For more information, refer to the CSDE’s resource, [Noncreditable Foods for Child Care Programs in the Child and Adult Care Food Program](#).

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

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

nutrition standards for fluid milk substitutes: The nutrition requirements for plant-based beverages (such as soy milk) used as fluid milk substitutes in the USDA Child Nutrition Programs. The USDA requires that any fluid milk substitutes are nutritionally equivalent to cow’s milk and meet the following nutrients per cup (8 fluid ounces): 276 milligrams (mg) of calcium; 8 grams (g) of protein; 150 micrograms (mcg) retinol activity equivalents (RAE) of vitamin A; 2.5 mcg 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 “fluid milk substitutes” in this section and the CSDE’s resources, [Allowable Fluid Milk Substitutes for Non-disability Reasons for Children in the Child and Adult Care Food Program](#) and [Identifying Products that Meet the USDA’s Nutrition Standards for Fluid Milk Substitutes in the Child and Adult Care Food Program](#).

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 visit 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 visit 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 1) determine the specific educational needs of a child eligible for special education; and 2) develop an individualized educational program (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.

product formulation statement (PFS): An information statement obtained from the manufacturer that provides specific information about how a product credits toward the USDA's 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. CACFP facilities must check the manufacturer's crediting information for accuracy prior to including the product in reimbursable meals. For more information, refer to the CSDE's resources, [Using Product Formulation Statements in the Child and Adult Care Food Program](#) and [Accepting Processed Product Documentation in the Child and Adult Care Food Program](#).

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. A request for a reasonable modification must be related to a child's disabling condition and must be in writing on a medical statement signed by a state licensed healthcare professional or registered dietitian, or if applicable, in the child's IEP or Section 504 plan.

registered dietitian (RD) or registered dietitian nutritionist (RDN): An individual who meets the following requirements: 1) completed a minimum of a graduate degree at a U.S. regionally accredited university or college and course work accredited by the [Accreditation Council for Education in Nutrition and Dietetics of the Academy of Nutrition and Dietetics](#) (ACEND); 2) 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; 3) passed a national examination administered by the Commission on Dietetic Registration (CDR); and 4) completed continuing professional educational requirements to maintain registration. For more information, visit the Academy of Nutrition and Dietetics' (AND) [Registered Dietitian Nutritionist Fact Sheet](#) website.

reimbursable meals and snacks: Meals and snacks that offer the required meal components and minimum servings in the CACFP meal patterns for each age group, as defined by the USDA Child Nutrition Programs regulations.

serving size or portion: The weight, measure, number of pieces, or slices of a food or beverage. CACFP facilities must provide the minimum serving sizes specified in the USDA 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.

standard operating procedure (SOP): A detailed explanation of how to implement a policy through specific practices or tasks. SOPs 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 follow the same procedures each time.

state-licensed healthcare professional: An individual who is authorized to write medical prescriptions under state law and is recognized by the State Department of Public Health (DPH). In Connecticut, state licensed healthcare professionals include physicians (MD), physician assistants (PA) and certified physician assistants (PAC), doctors of osteopathy (DO), and advanced practice registered nurses (APRN), i.e., nurse practitioners, clinical nurse specialists, and certified nurse anesthetists who are licensed as APRNs.

sucrose: Another name for table sugar. Sucrose contains glucose and fructose. For more information, refer to “simple carbohydrates (sugars) in this section.

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

vegetables component: The meal component of the USDA meal patterns that includes vegetables (fresh, frozen, canned, and dried) and pasteurized full-strength juice. For more information, visit the “[Vegetables Component](#)” section of the CSDE’s [Crediting Foods in CACFP Child Care Programs](#) webpage.

whole grain-rich: Foods that contain at least 50 percent whole grains and any other grain ingredients are enriched. For more information, refer to the CSDE’s [Guide to Meeting the Whole Grain-rich Requirement for the Child and Adult Care Food Program](#).

whole grains: Grains that consist of the entire kernel, including the starchy endosperm, the fiber-rich bran, and the nutrient-rich germ. All grains start out as whole grains, but many are processed to remove the bran and germ, which also removes many of the nutrients. Whole grains are nutrient rich, containing vitamins, minerals, fiber, antioxidants, and health-enhancing phytonutrients such as lignans and flavonoids. Examples of whole grains include whole wheat, whole oats, oatmeal, whole-grain cornmeal, brown rice, whole rye, whole barley, wild rice, buckwheat, and bulgur (cracked wheat). For more information, refer to the CSDE's resource, [*Crediting Whole Grains in the Child and Adult Care Food Program*](#).



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