

Child and Adult Care Food Program (CACFP)



Guide to Meal Modifications in CACFP Adult Day Care Centers

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Guide to Meal Modifications in CACFP Adult Day Care Centers

Connecticut State Department of Education

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About This Guide

The Connecticut State Department of Education's (CSDE) *Guide to Meal Modifications in CACFP Adult Day Care Centers* addresses the requirements for modifying meals and snacks for participants with special dietary needs in adult day care centers that participate in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP).

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

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

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

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

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


CSDE Contact Information

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

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Abbreviations and Acronyms

ADA	Americans with Disabilities Act
APP	alternate protein product
APRN	advanced practice registered nurse
CACFP	Child and Adult Care Food Program
CDC	Centers for Disease Control and Prevention
CFR	Code of Federal Regulations
CNP	Child Nutrition Programs
CSDE	Connecticut State Department of Education
DPH	Connecticut State Department of Public Health
ECP	Emergency Care Plan
FALCPA	Food Allergen Labeling and Consumer Protection Act of 2004
FARE	Food Allergy Research & Education
FASTER	Food Allergy Safety, Treatment, Education and Research Act of 2021
FDA	Food and Drug Administration
FNS	Food and Nutrition Service, U.S. Department of Agriculture
ICN	Institute of Child Nutrition
IHCP	Individualized Health Care Plan
PHC	Public Health Code
PKU	phenylketonuria
RD	registered dietitian
RDN	registered dietitian nutritionist



SOP	standard operating procedure
USDA	U.S. Department of Agriculture
WGR	whole grain-rich

1 — Overview

Each adult day care center that participates in the Child and Adult Care Food Program (CACFP) must comply with the U.S. Department of Agriculture’s (USDA) nondiscrimination regulations ([7 CFR 15b](#)) and CACFP regulations ([7 CFR 226.20\(g\)](#)) for meal modifications for participants with special dietary needs. The requirements for meal modifications are different for participants whose disability restricts their diet and participants whose dietary needs do not constitute a disability. This guide explains the federal nondiscrimination laws and the USDA regulations and policies for meal modifications, and provides guidance on how to meet these requirements based on [USDA Memo CACFP 14-2017 and SFSP 10-2017: Modifications to Accommodate Disabilities in CACFP and SFSP](#).



Due to the complicated nature of some issues regarding feeding participants with special dietary needs, adult day care centers are encouraged to contact the CSDE for assistance (refer to “[CSDE Contact Information](#)” at the beginning of this guide).

Nondiscrimination Legislation

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

- [Section 504 of the Rehabilitation Act of 1973](#) (Section 504);
- 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’s CACFP regulations ([7 CFR 226.20\(g\)](#)) require reasonable meal modifications for participants whose disability restricts their diet, based on a written medical statement signed by a recognized medical authority. Requests for a reasonable meal modification must be related to the participant’s disabling condition. For guidance on what constitutes a disability and the requirements for meal modifications for participants with disabilities, refer to [section 2](#).

Federal legislation

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

- Section 504 prohibits discrimination against children and adults with disabilities in programs and activities that receive federal financial assistance, such as the USDA Child Nutrition Programs.
- The 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 adult day care centers. 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 participants with disabilities in any USDA program or activity. These regulations require recipients of federal financial assistance (such as CACFP adult day care centers) to serve modified meals and snacks at no extra charge to participants whose disability restricts their diet.

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

Requirements for Meal Modifications

The CACFP regulations require that all meals and snacks served to participants must comply with the CACFP adult meal patterns. However, food substitutions and other reasonable modifications to the CACFP adult meal patterns may be necessary to meet the dietary needs of participants who meet either of the following criteria:

- qualify as having a disability under any of the federal nondiscrimination laws; 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 participants may require the physical assistance of an aide to consume their meal, while other participants may need assistance tracking their dietary intake, such as tracking carbohydrate intake for diabetes.

Table 1 helps adult day care centers determine when meal modifications are required. For a summary chart of the requirements for meal modifications, refer to the CSDE’s resource, *Summary of Requirements for Meal Modifications for Adult Participants in the CACFP*.

Participants with disabilities

The USDA’s nondiscrimination regulations ([7 CFR 15b](#)) and CACFP regulations ([7 CFR 226.20\(g\)](#)) require that CACFP adult day care centers make reasonable modifications on a case-by-case basis for participants whose disability restricts their diet, when a recognized medical authority certifies the need. “Case-by-case basis” means that the meal modifications are specific to the individual medical condition and dietary needs of each participant. A recognized medical authority is a state-licensed healthcare professional who is authorized to write medical prescriptions under state law. In Connecticut, this includes physicians, physician assistants and certified physician assistants, doctors of osteopathy, and advanced practice registered nurses.

The USDA defines a “reasonable modification” as a change or alteration in policies, practices, and/or procedures to accommodate a disability that ensures participants with disabilities have equal opportunity to participate in or benefit from a program. The general guideline in making

a reasonable modification is that participants with disabilities must be able to participate in and receive benefits from programs that are available to participants without disabilities.

Meal modifications must be related to the disability or limitations caused by the disability and require a medical statement from a recognized medical authority.

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

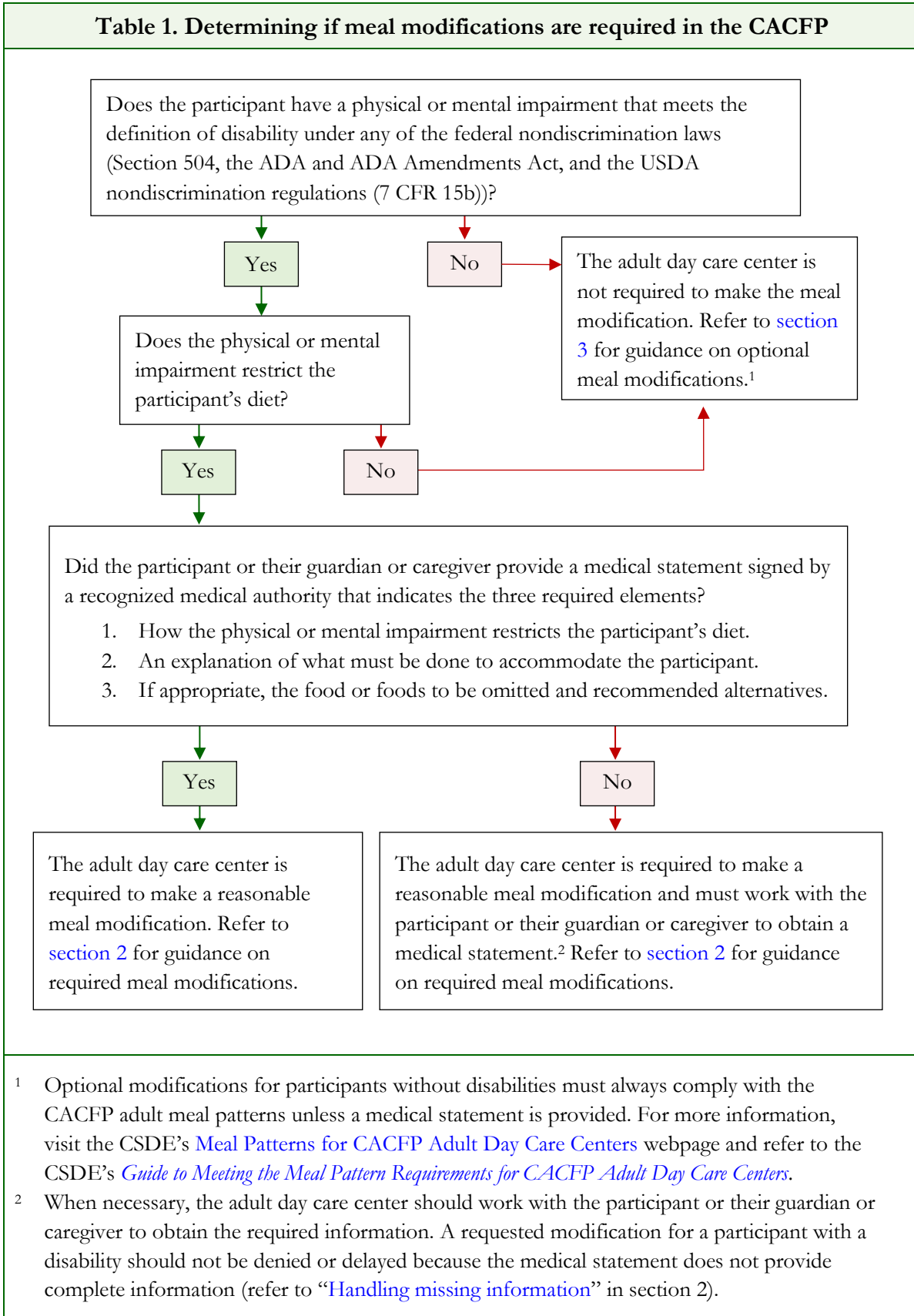
Participants without disabilities

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

- **Modifications within the meal patterns:** Meal modifications do not require a medical statement when they are within the meal patterns. An example is substituting a different food within the same food component, e.g., a banana instead of strawberries. However, the CSDE recommends obtaining a medical statement to ensure clear communication between the participant or their guardian or caregiver and the adult day care center about the appropriate meal modifications for the participant. For guidance on the CACFP adult meal patterns, visit the CSDE's [Meal Patterns for CACFP Adult Day Care Centers](#) webpage and refer to the CSDE's *Guide to Meeting the Meal Pattern Requirements for CACFP Adult Day Care Centers*.
- **Modifications outside the meal patterns:** Meal modifications outside the meal patterns require a medical statement signed by a recognized medical authority (refer to "[Medical Statement Requirements](#)" in section 3).

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

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



¹ Optional modifications for participants without disabilities must always comply with the CACFP adult meal patterns unless a medical statement is provided. For more information, visit the CSDE’s [Meal Patterns for CACFP Adult Day Care Centers](#) webpage and refer to the CSDE’s [Guide to Meeting the Meal Pattern Requirements for CACFP Adult Day Care Centers](#).

² When necessary, the adult day care center should work with the participant or their guardian or caregiver to obtain the required information. A requested modification for a participant with a disability should not be denied or delayed because the medical statement does not provide complete information (refer to “[Handling missing information](#)” in section 2).

Meal Pattern Compliance

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

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

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

Meal Reimbursement and Cost

Adult day care centers cannot charge more for modified meals and snacks served to participants with or without disabilities. Additional costs for substituted foods are allowable CACFP costs, but the USDA does not provide additional reimbursement. The USDA reimburses all CACFP meals and snacks at the same rate.

Allowable costs

For most modified meals, the costs of special food and food preparation equipment are allowable CACFP costs and food service or other applicable staff will generally be responsible for providing the modified meal. For example, if the participant 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 participant. Adult day care centers may charge these costs to the CACFP or other non-CACFP funding sources, as appropriate.

Adult day care centers can make most meal modifications with little extra expense or involvement. When CACFP funds are insufficient to cover the additional cost, the adult day care center can consider alternative funding sources such as the facility's non-CACFP funds. Examples include Veterans Administration (VA), Department of Developmental Services (DDS), local Area Agencies on Aging, Connecticut Community Care, Inc. (CCCI), private funding, donations, and client revenues and fees.

Procedures for Meal Modifications

The process of providing modified meals and snacks for participants with disabilities should be as inclusive as possible. It is essential that the adult day care center works with the participant or their guardian or caregiver to ensure the participant receives a safe meal and has an equal opportunity to participate in the CACFP.

Team approach

The USDA strongly encourages adult day care centers to implement a team approach when providing meal modifications for participants with disabilities. Developing a team that includes individuals from the sponsoring organization, adult day care center, 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, such as a nurse 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 participant or their guardian or caregiver to review the request and develop a solution as quickly as possible. The USDA encourages the team to develop policies and practices that allow the adult day care center to quickly and consistently address the most commonly encountered disabilities. For information on developing policies, refer to [section 5](#).

Communicating with participants and their guardians/caregivers

Ongoing communication between the adult day care center and participants or their guardian or caregiver is essential to ensure that meal modifications meet each person's individual dietary needs. The CSDE encourages adult day care centers to develop procedures for regularly communicating with participants and their guardian or caregiver regarding meal modifications.

Topics to communicate include:

- the adult day care center’s policy and standard operating procedures (SOPs) for managing meal modifications for participants whose disability restricts their diet (refer to “[Policy for Meal Modifications](#)” in section 5);
- procedures to request meal modifications for participants whose disability restricts their diet, including how to complete the medical statement (refer to “[Medical Statement Requirements](#)” in section 2);
- procedures for obtaining nutrition information for CACFP meals and snacks (refer to “[Nutrition Information](#)” in section 2); and
- procedural rights of participants and their guardian or caregiver for grievance procedures (refer to “[Procedural Safeguards](#)” in section 5).

The policy and SOPs for meal modifications should be posted on the adult day care center’s website and shared with participants and their guardians/caregivers in other ways. Some examples include handbooks, newsletters, emails, handouts, menu backs, bulletin boards and displays, meetings, program events, and public service announcements.

The USDA’s nondiscrimination regulations require adult day care centers to notify participants of the process for requesting meal modifications and the individual responsible for coordinating modifications. Methods of initial and continuing notification may include posting of notices, placement of notices in relevant publications, radio announcements, and other visual and auditory media.

As part of this notification, adult day care centers should explain when the participant or their guardian or caregiver must submit supporting documentation for the meal modification request. To receive reimbursement for meal modifications that are outside the CACFP adult meal patterns, adult day care centers must have a medical statement signed by a recognized medical authority. For more information, refer to “[Medical Statement Requirements](#)” in section 2 and “[Modifications Outside the Meal Patterns](#)” in section 3.

The CSDE strongly encourages adult day care centers to develop written policies for meal modifications that provide clear guidelines for participants, their guardians/caregivers, and center staff. For more information, refer to “[Procedural Safeguards](#)” and “[Policies for Meal Modifications](#)” in section 5.

Communicating with food service personnel

Adult day care centers must establish procedures for identifying participants 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 applicable staff should have access to the applicable information in participants' medical statements to allow appropriate meal modifications. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits the disclosure of personal health information needed for patient care and other important purposes. For more information, refer to "[Sharing medical statements with food service staff](#)" in section 2.

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

Adult day care centers must protect the privacy of participants who have a disability and must maintain the confidentiality of each participant's medical condition. Adult day care centers cannot implement policies or practices that outwardly identify participants whose disability requires a meal modification

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

Summary of CACFP Responsibilities

Adult day care centers are responsible for providing meals and snacks to all participants, including those with disabilities. The responsibilities of adult day care center staff for meal modifications in the CACFP are summarized below.

Meal pattern substitutions

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

The CSDE recommends obtaining a medical statement for all modified meals that meet the CACFP adult meal patterns, including required meal modifications for participants whose disability restricts their diet and optional meal modifications for participants without a disability. This practice ensures clear communication between the participant or their guardian or caregiver and the adult day care center about the appropriate meal modifications. It also serves as a precaution to ensure that participants receive safe and appropriate meals, protect the adult day care center, and minimize misunderstandings.

- Adult day care centers must have documentation on file for all meal modifications that do not comply with the CACFP adult meal patterns. The USDA specifies that adult day care centers should not deny or delay a requested modification for a participant with a disability because the medical statement does not provide complete information or needs clarification. Adult day care center staff should work with the participant or their guardian or caregiver to obtain additional information from the recognized medical authority. For more information, refer to “[Handling missing information](#)” and “[Storage of medical statements](#)” in section 2.
- Under no circumstances should food service personnel revise or change a diet prescription or medical order. Adult day care centers must make a reasonable modification based on the instructions written by the recognized medical authority in the participant’s medical statement.

For guidance on determining when adult day care centers are required to make reasonable meal modifications, refer to [table 1](#) 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, adult day care centers may provide aides or use other equally effective methods to serve food to participants with disabilities. The adult day care center is responsible for the accessibility of food service sites and for ensuring the provision of aides when needed.

As with additional costs for meal modifications, any additional costs for adaptive feeding equipment or aides are allowable CACFP costs. However, the USDA does not provide additional reimbursement (refer to “[Allowable costs](#)” in this section).

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

Cooperation

CACFP food service personnel should work closely with the participant or their guardian or caregiver, and all other adult day care center, medical, and community personnel who are responsible for the health and well-being of participants with disabilities or with other special dietary needs, to ensure that the adult day care center makes reasonable modifications to allow participation in the meal service. This cooperation is particularly important when accommodating participants whose disabilities require significant modifications or personal assistance. For more information, refer to [“Team approach”](#) and [“Communicating with participants and their guardians/caregivers”](#) in this section.



2 — Modifications for Participants with Disabilities

The USDA’s nondiscrimination regulations (7 CFR 15b) and CACFP regulations (7 CFR 226.20(g)) require that adult day care centers make reasonable modifications on a case-by-case basis for participants whose disability restricts their diet, when a recognized medical authority certifies the need. Meal modifications must be related to the disability or limitations caused by the disability, and require a medical statement signed by a recognized medical authority.

- A **reasonable modification** is a change or alteration in policies, practices, and/or procedures to accommodate a disability that ensures participants with disabilities have equal opportunity to participate in or benefit from a program. The general guideline in making a reasonable modification is that participants with disabilities must be able to participate in and receive benefits from programs that are available to participants without disabilities.
- **Case-by-case basis** means that the meal modifications are specific to the individual medical condition and dietary needs of each participant. This is based on the specific information provided by the recognized medical authority in the participant’s medical statement.
- The Connecticut State Department of Public Health (DPH) defines a **recognized medical authority** as a state-licensed healthcare professional who is authorized to write medical prescriptions under state law. This includes physicians (MD), physician assistants (PA) and certified physician assistants (PAC), doctors of osteopathy (DO), and advanced practice registered nurses (APRN). These are the only medical professionals who are authorized to sign a participant’s medical statement for meal modifications. Adult day care centers cannot accept medical statements signed by any other individuals.

Examples of conditions that might require meal modifications include, but are not limited to:

- autism;
- cancer;
- celiac disease;
- cerebral palsy;
- diabetes;
- food allergies;
- food intolerances, e.g., lactose intolerance and gluten intolerance;
- heart disease;

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

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

Definition of Disability

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

Section 504 of the Rehabilitation Act and the ADA

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

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

- orthopedic, visual, speech, and hearing impairments;
- cerebral palsy;
- epilepsy;
- muscular dystrophy;
- multiple sclerosis;
- cancer;
- heart disease;
- diabetes;
- intellectual disability;
- emotional illness;
- dyslexia and other specific learning disabilities;
- Attention Deficit Hyperactivity Disorder;

- Human Immunodeficiency Virus infection (whether symptomatic or asymptomatic);
- tuberculosis; and
- drug addiction and alcoholism. **Note:** An individual who is currently engaging in the illegal use of drugs, when an institution acts based on such use, is not a protected individual with a disability under either Section 504 or the ADA. This exclusion does not include individuals currently participating in, or who have successfully completed, a supervised drug rehabilitation program and are no longer engaging in such drug use.

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

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

The ADA Amendments Act specifically prohibits “**mitigating measures**” from being used to deny an individual with a disability protection under Section 504. Mitigating measures are things like medications, prosthetic devices, assistive devices, or learned behavioral or adaptive neurological modifications that an individual may use to eliminate or reduce the effects of an impairment. For example, if a participant’s diabetes can be controlled through insulin and diet, the participant may still qualify for protection because the mitigating measure (insulin) cannot be considered in determining qualification. However, mitigating measures may be used to determine the accommodations needed for the participant.

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, and the ADA and ADA Amendments Act.

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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 participants whose disability restricts their diet. This applies to all participants 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, 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 participant has a disability is based on the federal laws (Section 504, the ADA and ADA Amendments Act, and the USDA’s nondiscrimination regulations) and a recognized medical authority’s diagnosis of the participant’s medical condition. The medical statement indicates if the participant has a disability (physical or mental impairment) that restricts their diet.

The USDA requires that the medical statement requesting meal modifications must include the three elements below.

1. Information about the participant’s physical or mental impairment that is sufficient to allow the adult day care center to understand how it restricts the participant’s diet.
2. An explanation of what must be done to accommodate the participant’s disability.
3. If appropriate, the food or foods to be omitted and recommended alternatives.

Adult day care centers can determine if a participant requires a meal modification by reviewing question 10 in section B of the CSDE’s form, *Medical Statement for Meal Modifications in CACFP Adult Day Care Centers*. Question 10 asks if the participant has a physical or mental impairment that restricts their diet. If the answer is “Yes,” the adult day care center must make a reasonable meal modification. If the answer is “No,” the adult day care center may choose, but is not required, to make the meal modification. For more information on medical statements, refer to “[Medical Statement Requirements](#)” in this section.

Under the ADA Amendments Act, most physical and mental impairments will constitute a disability. This includes conditions that impair immune, digestive, neurological, and bowel functions, as well as many others. All disability considerations must be reviewed on a case-by-case basis, i.e., specific to the individual medical condition and dietary needs of each participant. 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. It is sufficient that it limits a major life activity. For example, food intolerance (such as lactose intolerance or gluten intolerance) may be a disability if it substantially limits digestion, a bodily function that is a major life activity. A participant whose digestion is impaired by food intolerance may be a person with a disability, regardless of whether consuming the food causes the participant severe distress.

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- If a participant’s condition is not listed under the ADA’s categories of diseases and conditions, it cannot be assumed that the condition is not a disability. The ADA’s categories of diseases and conditions are not all-inclusive; there are more conditions that meet the definition of disability than are listed in the law.
- The determination of whether a physical or mental impairment constitutes a disability must be made without regard for whether mitigating measures may reduce the impact of the impairment. An impairment may be covered as a disability even if medication or another mitigating measure may reduce the impact on the impairment. For example, the fact that a participant may be able to control an allergic reaction by taking medication should not be considered in determining whether the allergy is a disability.
- General health concerns and personal preferences, such as participants who prefer eating a gluten-free diet or organic foods because they believe it is healthier, are not disabilities and do not require meal modifications. This also applies to preferences for nondairy milk substitutes (such as rice milk and almond milk) that do not comply with the USDA’s nutrition standards for fluid milk substitutes (refer to [table 3](#) in section 3).

Based on the ADA Amendments Act, adult day care centers 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 participants to participate in or benefit from the CACFP. For additional guidance, refer to [USDA Memo CACFP 14-2017](#) and [SFSP 10-2017: Modifications to Accommodate Disabilities in CACFP and SFSP](#).



Medical Statement Requirements

The USDA requires that the medical statement requesting meal modifications must include the three elements below.

1. Information about the participant’s physical or mental impairment that is sufficient to allow the adult day care center to understand how it restricts the participant’s diet.
2. An explanation of what must be done to accommodate the participant’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 participant requires caloric modifications or the substitution of a liquid nutrition formula to accommodate a disability, the recognized medical authority should include this information in the medical statement.

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

Medical statements should provide sufficient information to allow the adult day care center to provide meals and snacks that are appropriate and safe for each participant and comply with the USDA’s requirements. When necessary, adult day care centers should work with the participant or their guardian or caregiver to obtain the required information. However, adult day care centers should not deny or delay a requested meal modification because the medical statement does not provide sufficient information (refer to [“Handling missing information”](#) in section 2).

Modified meals within the CACFP adult meal patterns

The USDA does not require a medical statement if the modified meals and snacks meet the CACFP adult meal patterns. Some examples include meals modified for texture (e.g., chopped, ground, or pureed foods) and meals that substitute food items from the same component, such as substituting a banana for strawberries (fruits component) or chicken for cheese (meat/meat alternates component). However, the CSDE recommends obtaining a medical statement to ensure clear communication between the participant or their guardian or caregiver and the adult day care center. This serves as a precaution to ensure clear

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communication about safe and appropriate meals and snacks for the participant, protect the adult day care center, and minimize misunderstandings.

CSDE’s medical statement form

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

- Medical Statement for Meal Modifications in CACFP Adult Day Care Centers (English):
https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Adult_Medical_Statement_CACFP.pdf
- Medical Statement for Meal Modifications in CACFP Adult Day Care Centers (Spanish):
https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Adult_Medical_Statement_CACFP_Spanish.pdf
- Guidance and Instructions: Medical Statement for Meal Modifications in CACFP Adult Day Care Centers (English):
https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Adult_Medical_Statement_CACFP_Instructions.pdf
- Guidance and Instructions: Medical Statement for Meal Modifications in CACFP Adult Day Care Centers (Spanish):
https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Adult_Medical_Statement_CACFP_Spanish_Instructions.pdf

Adult day care centers that use an alternate form must include the three required elements.

To protect the privacy and confidentiality of participants, the adult day care center’s medical statement cannot require a specific diagnosis by name or use the terms “disabled” or “disability.”

Medical information in Individualized Health Care Plan (IHCP) or Section 504 plan

The adult day care center does not need to obtain a separate medical statement if the participant has an IHCP or Section 504 plan that includes USDA’s three required elements (refer to “[Medical Statement Requirements](#)” in this section) or if the required information is obtained during the development or review of the IHCP or Section 504 plan. Using a team approach can help adult day care centers to ensure that the IHCP or Section 504 plan will include the information needed to meet the USDA’s requirements for the medical statement. Clear communication about the requirements for the medical statement can help reduce the burden for guardians/caregivers, food service personnel, and staff working to accommodate participants with disabilities in the adult day care center setting.

Medical information in doctor’s note

The adult day care center does not need to obtain a separate medical statement if the participant has a written statement (such as a doctor’s note) that is signed by a recognized medical authority and includes the USDA’s three required elements (refer to “[Medical Statement Requirements](#)” in this section). Any written statement from a state licensed healthcare professional is acceptable if it includes the three required elements and is signed by a recognized medical authority. Adult day care centers may request that participants or their guardian or caregiver use the CSDE’s medical statement form but cannot reject any written statement signed by a recognized medical authority that contains the required information.

Handling missing information

Adult day care centers 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 participant. If the medical statement is unclear or lacks sufficient detail, the adult day care center must obtain appropriate clarification to ensure that the participant receives safe meals and snacks. When necessary, the adult day care center should work with the participant or their guardian or caregiver to obtain an amended medical statement.

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

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While waiting for the participant or their guardian or caregiver to submit additional information or a revised medical statement, the USDA allows adult day care centers to claim reimbursement for modified meals that do not comply with the meal patterns. In this situation, program officials must follow the procedures below.

1. Document the initial conversation with the participant or their guardian or caregiver when the adult day care center official first learned of the participant's need for a meal modification.
2. Follow up with the participant or their guardian or caregiver if the adult day care center does not receive the requested medical statement as anticipated. Maintain a record of this contact.
3. Diligently continue to follow up with the participant or their guardian or caregiver until the adult day care center obtains a medical statement or the participant or their guardian or caregiver rescinds the meal modification request.

Maintain this documentation on file.

Assessing requests

Adult day care centers may consider expense and efficiency when choosing the most appropriate approach to accommodate a participant's disability. The USDA does not require adult day care centers to provide the exact substitution or other modification requested in the participant's medical statement, such as a specific brand of food or nutrition supplement, unless it is medically necessary. However, adult day care centers must work with the participant or their guardian or caregiver to offer a reasonable modification that effectively accommodates the participant's disability and provides equal opportunity to participate in or benefit from the CACFP.

For example, a participant 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 adult day care center 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 adult day care center is responsible for serving the participant a safe meal that accommodates the disability but is not responsible for serving the same meal and is generally not required to provide specific brands of food.

When determining what constitutes an appropriate modification, adult day care centers should consider the mental capacity and physical ability of the participant. For example, some participants may need greater assistance with selecting and eating their meals, while other participants may be able to take a greater level of responsibility for some of their dietary decisions.

The USDA does not require adult day care centers 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 adult day care center.

When adult day care centers receive a very expensive meal modification request, they should first consider engaging in further dialogue with the participant or their guardian or caregiver. While adult day care centers are not required to provide the exact substitution or other modifications requested, they must work with the participant or their guardian or caregiver to offer a reasonable modification that effectively accommodates the participant's disability and provides equal opportunity to participate in or benefit from the CACFP. Generally, the emphasis should be working collaboratively to develop an effective approach for the participant.

Declining a request

If the meal modification request is related to the participant's disabling condition, it is almost never appropriate for the adult day care center to decline the meal modification. The exception is a modification request that would fundamentally alter the nature of the CACFP (refer to "[Assessing requests](#)" in this section). Denying modifications under the fundamental alteration exception should not result in the denial of access to the CACFP or other benefits or services. Before using this exception, adult day care centers should contact the CSDE for assistance with any concerns that a requested modification would fundamentally alter the nature of the CACFP.

When considering a denial, the adult day care center must first ensure that the decision is being made according to policy at the sponsor, state, and federal levels. A small center should coordinate these actions with their sponsoring organization, which has procedural safeguards and grievance procedures in place. Any final decision regarding the modification request must be provided to the participant or their guardian or caregiver in writing. For more information, refer to "[Procedural Safeguards](#)" in section 5.

Stopping a request

If a participant no longer needs a meal modification, the USDA does not require adult day care centers to obtain written documentation from a recognized medical authority to rescind the original medical order prior to ending a meal modification. However, the USDA recommends that adult day care centers maintain documentation when ending a participant's meal modification. For example, before ending the meal modification, the adult day care center could ask the participant or their guardian or caregiver to sign a statement or send an email indicating that the meal modification is no longer needed.

Storing medical statements

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

Updating medical statements

The USDA regulations do not specify time limits on medical statements or require adult day care centers to obtain updated medical statements on a regular basis. However, when participants or their guardians or caregivers provide updated medical information, adult day care centers must ensure that the medical statements on file reflect current dietary needs. Changes to diet orders must be written on a medical statement signed by a recognized medical authority.

Since a participant's dietary needs may change over time, the CSDE strongly recommends that adult day care centers develop a plan for ensuring that the dietary information on file is current. For example, a CACFP adult day care center's policy could request an updated medical statement whenever a participant has a physical, requires a new meal modification, or requires a change to an existing meal modification. Adult day care centers 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 participants and guardians/caregivers.

Conflicting information

The adult day care center should request a revised medical statement if there is a conflict between the information in the participant's medical statement and information provided either verbally or in writing by the participant or their guardian or caregiver. An example is a medical statement that indicates a participant has a disability that requires avoiding all foods containing lactose, but the guardian or caregiver tells a staff member that the participant can eat yogurt and cheese. In this situation, the adult day care center should request a request a

revised medical statement that clarifies the change in the meal modification and is signed by the participant's recognized medical authority. This ensures clear communication between the participant or their guardian or caregiver and the adult day care center regarding the appropriate meal modification.

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

Sharing medical statements with food service staff

The HIPAA permits the disclosure of personal health information needed for patient care and other important purposes. Adult day care centers may share copies of medical statements with food service personnel and other appropriate staff for the purposes of meal modifications for participants with special dietary needs. The CSDE recommends that adult day care centers inform participants and their guardian or caregiver about this sharing of information.

Episodic Disabilities

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

Temporary Disabilities

Adult day care centers must provide meal modifications for participants 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 participant's condition is temporary, but severe and lasts for a significant duration, the adult day care center must provide a reasonable modification for the duration of the condition. Examples of a temporary disability include:

- a participant who had major oral surgery due to an accident and is unable to consume food for a significant period unless the texture is modified; and

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- a participant who is on medication for several months, and the medication requires avoidance of certain foods;

If the participant has a temporary disability, the adult day care center must make the requested meal modification, even though the participant is not “permanently” disabled. However, temporary illness or injury, such as a cold, the flu, or a minor broken bone, are generally not considered to be conditions that require reasonable meal modifications.

Same Meal

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

Specific Brands of Food

Adult day care centers may consider expense and efficiency in choosing an appropriate approach to accommodate a participant’s disability. Adult day care centers must offer a reasonable modification that effectively accommodates the participant’s disability and provides equal opportunity to participate in or benefit from the CACFP.

In general, the USDA does not require adult day care centers to provide the exact substitution or other modification requested in the participant’s medical statement (such as a specific brand of food or nutrition supplement) unless it is medically necessary. In most cases, a generic brand is sufficient. For more information, refer to [“Assessing requests”](#) in this section.

For example, a participant’s medical statement for a food allergy might request a specific brand of food as a substitute. The adult day care center is generally not required to provide the requested brand of food but must offer to provide a substitute that does not contain the specific allergen that affects the participant. The meal substitution can include any brand or type of food that meets the participant’s specific dietary needs.

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

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

In this instance, the participant or their guardian or caregiver could affirm that the change meets the participant’s dietary needs.

Number of Alternate Meals

The USDA does not require a specific number of alternate meals or snacks to meet the dietary needs of participants with disabilities. Adult day care centers are obligated to offer participants with disabilities a medically appropriate and reasonable meal modification based on the medical statement signed by a recognized medical authority. Each request must be assessed on a case-by-case basis to determine the specific and appropriate modification for the individual participant, including the number of alternate meals and snacks.

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

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

Whenever possible, the USDA encourages adult day care centers to offer participants with disabilities a variety of options over the week that is similar to the weekly variety of options offered to participants without disabilities.

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Develop cycle menus for special diets

To improve nutrition and increase variety, the CSDE encourages adult day care centers to develop cycle menus of modified meals and snacks that meet specific dietary needs, such as a five-day cycle menu for a gluten-free diet or a two-week cycle menu for a specific food allergy. Before using the same cycle menu for multiple participants with the same medical condition, adult day care centers should check with the participant or their guardian or caregiver to ensure that the modified meals and snacks meet the participant's specific dietary requirements.

Different Portion Sizes

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

- The medical statement requires an additional amount of a specific food component in the meal, such as a second serving of the meat/meat alternates component or grains component.
- The medical statement requires a smaller amount of food than the minimum portion size required in the CACFP adult meal patterns, such as 1 ounce of the meat/meat alternates component at lunch instead of the required 2 ounces of the meat/meat alternates component.
- The medical statement requires that the participant receives two of the same meal, such as two lunches. **Note:** While the adult day care center must provide the two meals prescribed by the recognized medical authority, the USDA regulations do not allow adult day care centers to claim more than one lunch per participant per day.

The participant's medical statement must specify any requirements for different portion sizes.

Texture Modifications

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

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

As with all meal modifications, continued communication between the adult day care center and the participant or their guardian or caregiver is essential to ensure that participants with a disability receive an appropriate texture modification. All texture modifications for participants 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 participant. An appropriate texture modification for one participant may not be appropriate for another participant.

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

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

As with other dietary substitutions, the USDA does not provide additional reimbursement for texture-modified meals and snacks. If a participant must have a pureed meal or snack, it is

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reasonable to use CACFP funds to purchase a blender or food processor and to have the meal prepared by food service personnel.

Tube Feeding

For participants whose disability requires tube feeding, the USDA recommends using commercial nutrition formulas prescribed by a recognized medical authority and specially designed for tube feeding. Formula prepared on site may be subject to spoilage and might not always have the correct consistency or nutritional content.

With appropriate documentation on the medical statement, adult day care centers may use CACFP funds for the cost of tube feeding formulas that are required as meal substitutions. However, food service personnel are not responsible for physically feeding the participant. 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 participant.

Administering Feedings

While adult day care centers are responsible for providing modified meals and snacks for participants with disabilities, food service personnel are not responsible for physically feeding participants. Adult day care centers 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 participant.



Meal Services Outside of CACFP

The general guideline in making accommodations is that participants with disabilities must be able to participate in and receive benefits from programs that are available to participants without disabilities. Adult day care centers are not required to provide meal services to participants with disabilities when the meal service is not normally available for all participants. For example, an adult day care center that does not serve breakfast is not required to provide breakfast for participants with disabilities.

Special foods or nutrition supplements

If the medical statement documents that special foods or nutrition supplements are medically necessary for a participant with a disability, the adult day care center is generally required to provide them as part of reimbursable meals and snacks. In some cases, other funding sources may be available to cover these costs. For more information, refer to “[Allowable Costs](#)” in section 1. However, adult day care centers are not required to pay for other servings of special foods or nutrition supplements throughout the day outside of reimbursable CACFP meals and snacks.

The USDA does not require adult day care centers to make modifications that would result in a fundamental alteration to the nature of the CACFP, such as expensive meal modifications that would make continued operation of the CACFP unfeasible. For more information, refer to “[Assessing requests](#)” in this section.

Nutrition Information

The USDA considers providing nutrition information for foods served in CACFP meals and snacks to be part of reasonable accommodations for special diets. Adult day care centers are responsible for making nutrition information available to participants, their guardians/caregivers, and others as needed. This enables participants or their guardian or caregiver and appropriate medical personnel to determine which meals are safe for the participant to eat, and which meals the adult day care center must modify to meet the participant’s specific dietary requirements, such as preventing an allergic reaction.

For example, if a participant has a life-threatening food allergy, the adult day care center must provide information on the ingredients for foods served in CACFP meals and snacks. For more information on nutrition information for participants with food allergies, refer to “[Read labels](#)” in this section.

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How to provide nutrition information

Adult day care centers may provide nutrition information in a variety of ways. Examples include CACFP menus, the adult day care center's website, and maintaining a binder of nutrition labels in the office that participants or their guardian or caregiver can review.

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

It is important to have good communication between the adult day care center and participants or their guardians/caregivers. When participants or their guardian or caregiver require nutrition information for CACFP meals and snacks, the CSDE recommends providing a monthly menu several weeks in advance. This enables participants or their guardian or caregiver to determine which meals and snacks require modifications. It also allows sufficient time for the adult day care center to gather nutrition information to share with the participant or guardian or caregiver, and the staff who purchase, prepare, and serve food to participants.

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

Nutrition information for procured meals

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

Carbohydrate Counts

Adult day care centers are responsible for providing a carbohydrate count to a participant with diabetes for each food item served in each daily reimbursable meal and snack. If the daily menu includes multiple meal or snack choices, adult day care centers are not required to provide carbohydrate counts for each meal or snack option.

The adult day care center is responsible for providing information on the initial weights or measures of the planned food for the meal or snack. However, food service personnel are not responsible for weighing or measuring leftover food after the participant 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 adult day care centers to develop a diabetic cycle menu with carbohydrate counts, such as a one-week or two-week cycle menu (refer to “[Develop cycle menus for special diets](#)” in this section).

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



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Food Allergies

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

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

Under the ADA Amendments Act, a food allergy does not need to be life threatening or cause anaphylaxis to be considered a disability. A non-life-threatening food allergy may be a disability and require a meal modification if it affects a major bodily function or other major life activity, such as digestion, respiration, immune response, and skin rash. If a recognized medical authority determines that a food allergy is a disability for a particular participant, the adult day care center must make a reasonable meal modification based on the participant'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. Even a tiny amount of an allergen can cause a severe and potentially life-threatening reaction for some people.



Staff Actions for Safe Mealtimes with Food Allergies

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

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

A summary of each action follows.

Providing a safe meal and safe environment

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

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

Food service 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.

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Some examples of cross-contact include:

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

When preparing and serving food, 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. However, it is important to note that sanitizing to reduce microorganisms does not remove allergen residue.

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



Reading labels

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

Adult day care centers should keep all food labels for 24 hours as a precaution in case a participant has an allergic reaction. Consider scanning or photographing all labels for easy access on a computer or the adult day care center’s webpage.

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

Recognizing participants with food allergies

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

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

Promoting communication and teamwork

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

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

Adult day care centers should provide food service staff with ongoing professional development to communicate information about relevant topics for managing participants' 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 adult day care center's procedures for identifying participants with food allergies. For more information, refer to "[Staff Training](#)" in section 5.

It is also important to maintain clear communication with participants (or their guardians/caregivers) about the adult day care center's procedures for managing food allergies, such as how to request meal modifications, the adult day care center's food allergy management plan, the food service staff's food allergy SOPs, and how participants (or their guardians/caregivers) can access nutrition information for the foods served in CACFP meals. For more information, refer to "[Communicating with participants and guardians/caregivers](#)" in this section.1, "[Nutrition Information](#)" in this section, and "[Policy for Meal Modifications](#)" in section 5.

Accommodating food allergies within the CACFP adult meal patterns

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

Medical statements are not required for modified meals and snacks that meet the CACFP adult meal patterns, but the USDA strongly encourages adult day care centers to document the actions taken to accommodate the participant's disability.

Food allergy resources

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

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- Online Training: Food Allergies in School Nutrition Programs, Part 3: Avoiding Cross-Contact (ICN):
<https://theicn.docebosaas.com/learn/course/external/view/elearning/153/food-allergies-in-school-nutrition-programs-avoiding-cross-contact>
- Online Training: Food Allergies in School Nutrition Programs, Part 4: Accommodating Food Allergies in Schools (ICN):
<https://theicn.docebosaas.com/learn/course/external/view/elearning/162/food-allergies-in-snps-accommodating-food-allergies-in-schools>
- Online Training: Menu Strategies for Special Diets and Allergens (ICN):
<https://theicn.docebosaas.com/learn/course/external/view/elearning/173/cicn-menu-strategies-for-special-diets-and-allergens-jul-2021>
- Requirements for Meal Modifications in the CACFP: Adult Day Care Centers (CSDE):
https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Meal_Modifications_CACFP_Adults_Presentation.pdf
- School Tools: Allergy & Asthma Resources for Families, Clinicians and School Nurses (American Academy of Allergy, Asthma & Immunology):
<https://www.aaaai.org/conditions-and-treatments/school-tools>
- Standard Operating Procedure (SOP): Serving Safe Food to Students with Food Allergies (ICN):
<https://theicn.org/resources/181/food-safety-standard-operating-procedures/105719/serving-safe-food-to-students-with-food-allergies-3.docx>
- Tips for Avoiding Your Allergen (FARE):
<https://www.foodallergy.org/resources/tips-avoiding-your-allergens>
- 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 Adult Day Care Centers 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.

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

Under the ADA Amendments Act, food intolerance may be a disability if it substantially limits digestion, a bodily function that is a major life activity. For example, a participant whose digestion is impaired by lactose intolerance may be a person with a disability, regardless of whether consuming milk causes the participant severe distress.

If a recognized medical authority determines that food intolerance is a disability for a particular participant, the adult day care center must make a reasonable meal modification based on the medical statement. Adult day care centers must review each participant's situation on a case-by-case basis, i.e., specific to the individual medical condition and dietary needs of each participant.

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 participant whose digestion is impaired by gluten sensitivity may be a person with a disability, regardless of whether consuming gluten-containing foods causes the participant severe distress.

If a recognized medical authority determines that gluten sensitivity is a disability for a particular participant, the adult day care center must make a reasonable meal modification based on the participant's medical statement. Adult day care centers must review each participant's situation on a case-by-case basis, i.e., specific to the individual medical condition and dietary needs of each participant.

Celiac Disease

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

Under the ADA Amendments Act, celiac disease qualifies as a disability because it limits the major life activity of digestion. If a participant has celiac disease, the adult day care center must make a reasonable meal modification based on the medical statement signed by a recognized medical authority.

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

- breads and bread products, e.g., pizza crust and muffins;
- pasta and couscous;
- grain-based desserts, such as cookies, cakes, and pies (**note:** grain-based desserts do not credit in the CACFP adult meal patterns);
- breakfast cereals;
- crackers and snacks, e.g., pretzels, snack mix, pita chips, and croutons;
- sweet crackers like animal crackers and graham crackers;
- seasoned snack foods, e.g., potato and tortilla chips;
- processed luncheon meats;
- soups and soup bases; and
- salad dressings and sauces, including soy sauce.

Table 2 shows examples of foods to avoid and allow with celiac disease. This information provides general guidance on foods with and without gluten. When making meal modifications for celiac disease, adult day care centers must make a reasonable meal modification based on each participant’s medical statement signed by a recognized medical authority. Adult day care centers must review each participant’s situation on a case-by-case basis, i.e., specific to the individual medical condition and dietary needs of each participant.

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

Avoid	Allow ²
<ul style="list-style-type: none"> • Barley (malt, malt flavoring, and malt vinegar are usually made from barley) • Rye • Triticale (a cross between wheat and rye) • Wheat <ul style="list-style-type: none"> ○ Dextrin ○ Durum flour ○ Farina ○ Graham flour ○ Kamut ○ Modified food starch ○ Semolina ○ Spelt ○ Wheat germ ○ What bran • Processed foods unless labeled “gluten-free” or made with corn, rice, soy, or other gluten-free grain 	<ul style="list-style-type: none"> • Beans, seeds, and nuts in their natural, unprocessed form • Fresh eggs • Fresh meats, fish, and poultry (not breaded, batter-coated, or marinated) • Fruits and vegetables • Most dairy products • Gluten-free grains <ul style="list-style-type: none"> ○ Amaranth ○ Arrowroot ○ Buckwheat ○ Corn flour and cornmeal ○ Flax ○ Gluten-free flours (rice, soy, corn, potato, bean) ○ Hominy (corn) ○ Millet ○ Oats ³ ○ Quinoa ○ Rice ○ Sorghum ○ Soy ○ Tapioca ○ Teff

¹ The adult day care center must make appropriate meal modifications on a case-by-case basis, according to each participant’s medical statement signed by a recognized medical authority.

² These foods are acceptable if they are not processed or mixed with gluten-containing grains, additives, or preservatives.

³ Oats must be labeled “gluten-free.” Pure oats are a gluten-free food, but most commercially processed oats have been contaminated during the growing, harvesting, or processing stages.

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

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Autism

Autism is a disability under the ADA, Section 504, and USDA's nondiscrimination regulations. Autistic participants 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 participant for meal modifications. Adult day care centers must review each participant's situation on a case-by-case basis, since one participant's autism diagnosis may not have the same issues as another participant's autism diagnosis.

Participants 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 individuals 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 participant from consuming a meal is a disability. For some autistic individuals, it is reasonable to view the autism diagnosis as a dietary restriction that is part of their disability. If a recognized medical authority determines that a dietary restriction is part of a participant's autism diagnosis, the adult day care center must provide a reasonable meal modification based on the participant's medical statement.

Example of autism aversion

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

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

Food Preference versus Disability

The federal nondiscrimination laws and CACFP regulations require adult day care centers to make reasonable meal modifications to accommodate participants whose disability restricts their diet. Adult day care centers meet this requirement if they provide appropriate meal alternatives to accommodate a participant’s dietary restriction resulting from a disability.

Adult day care centers are not required to provide additional alternatives based on personal preferences. For example, an adult day care center provides a reasonable modification for a participant with diabetes by offering a two-week cycle lunch menu that includes carbohydrate counts. The participant does not like any of the choices and refuses the offered meals due to personal food preferences. The adult day care center is not required to provide additional alternatives based on the participant’s personal food preferences because the cycle menu meets the USDA’s requirement for a reasonable meal modification.

As a reminder, adult day care centers are obligated to offer participants with disabilities a medically appropriate and reasonable meal modification based on the medical statement signed by a recognized medical authority. However, adult day care centers are generally not required to provide the specific modification requested in the medical statement, although the specific modification may often be provided. Additionally, adult day care centers are generally not required to provide a specific brand of food, unless it is medically necessary. For more information, refer to [“Assessing requests,”](#) [“Number of Alternate Meals,”](#) and [“Specific Brands of Food”](#) in this section.



Milk Substitutes for Disabilities

When a participant has a medically documented disability that requires a milk substitute or a type of milk that does not comply with the CACFP meal pattern requirements, the adult day care center must provide an appropriate substitute based on the participant's medical statement signed by a recognized medical authority. The medical statement must include the two elements below.

1. Information about the participant's physical or mental impairment that is sufficient to allow the adult day care center to understand how it restricts the participant's diet.
2. An explanation of what must be done to accommodate the participant's disability, e.g., the type of milk to be omitted from the participant's diet and the beverage that should be substituted.

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

Milk fat content for disabilities

The CACFP adult meal patterns require low-fat or fat-free milk, either unflavored or flavored. The USDA's *CACFP Best Practices* recommends serving only unflavored milk.

If a participant has a medically documented disability that requires a milk fat content that does not comply with the CACFP adult meal patterns, the adult day care center must provide an appropriate substitute based on the medical statement signed by a recognized medical authority. An example is a medical statement signed by a recognized medical authority that indicates a participant's disability requires whole milk or reduced-fat milk instead of low-fat milk.

Nondairy milk substitutes for disabilities

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

Generally, adult day care centers are not required to provide a specific brand of nondairy milk substitute. In most cases, a generic brand is sufficient. The adult day care center must work with the participant or their guardian or caregiver to offer a reasonable modification that

effectively accommodates the participant’s disability and provides equal opportunity to participate in or benefit from the CACFP. For more information, refer to “[Specific Brands of Food](#)” in this section.

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

Identifying Participants

When determining how to identify participants during the meal service who require modified meals and snacks due to a disability, the adult day care center’s policies and practices must protect the privacy of participants who have a disability and must maintain the confidentiality of each participant’s medical condition. The HIPAA requires that medical information is kept confidential, including medical information related to a participant’s disability.

The general guideline in identifying participants whose disability requires a meal modification is to ensure that the adult day care center’s policies and practices protect participants’ privacy and maintain the confidentiality of each participant’s medical condition. Federal laws do not allow adult day care centers to ask participants or their guardian or caregiver to relinquish confidential medical information through outward identification.

Unacceptable practices

Adult day care centers cannot implement policies or practices that outwardly identify participants whose disability requires a meal modification. This includes practices such as posting lists of participants in public areas or asking participants or their guardian or caregiver 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 participant’s disability status and medical information;
- are inconsistent with the adult day care center’s duty to keep participants’ disability and medical information confidential; and
- provide the potential for stigma for participants with disabilities.

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If a participant, without being asked by the adult day care center, chooses to self-identify with a physical designation such as a lanyard or similar item (or the participant or their guardian or caregiver requests a physical designation), this is less of a privacy concern and is acceptable because the participant or their guardian or caregiver is voluntarily engaging in the physical designation. This differs from an unacceptable policy that routinely uses a physical designation and asks participants (or their guardians/caregivers) to agree to use it.

Under the federal laws that require CACFP adult day care centers to maintain participants' confidentiality, the participant or their guardian or caregiver can choose to self-identify, but the adult day care center cannot outwardly identify the participant or ask the participant or their guardian or caregiver to agree to outward identification.

Acceptable practices

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

- 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 participant 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 center staff who supervise and serve CACFP meals and snacks. For example, a list of participants with food allergies could be posted in the kitchen for food service staff to review.
- Maintain ongoing communication with participants and their guardian or caregiver (such as meetings, emails, newsletters, and information on websites) to explain the adult day care center's procedures for meal modifications, CACFP menus, and ensuring allergen-free meals and snacks. For more information, refer to [“Communicating with participants and their guardians/caregivers”](#) in section 1.

CACFP adult day care centers that need additional guidance to determine if their practices are acceptable are encouraged to contact the CSDE for assistance.

Appropriate Eating Areas

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

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 participants with disabilities. Exclusion of any participant with a disability from the dining area is not considered an appropriate or reasonable modification. For example, a participant with a disability cannot be excluded from the dining room and required to sit in another room during the meal service.

However, under some circumstances it may be appropriate to require participants with certain special needs to sit at a separate table. For example, if a participant requires significant assistance from an aide to consume their meals, it may be necessary for the participant and the aide to have more space during the meal service.

Additionally, adult day care centers may determine that a separate, more isolated eating area would be best for participants with severe food allergies. The separate eating area may be a designated table in the dining area that is cleaned according to food safety guidelines (to eliminate possible cross-contact of allergens on tables and seating) or an area away from the dining room, where participants can safely consume their meals.

Adult day care centers cannot segregate participants with disabilities from the regular meal service simply as a matter of convenience. In all cases, the decision to feed participants with disabilities separately must always be based on what is appropriate to meet their needs.

Prior to developing a special seating arrangement, the adult day care center should determine, with input from the participant or their guardian or caregiver and recognized medical authority, if this type of seating arrangement would truly be helpful for the participant. If the adult day care center develops a special seating arrangement, other participants should be permitted to join the participant, provided they do not bring any foods that would be harmful to the participant.

Banning Foods

Universal exclusion of specific foods or food groups is not USDA policy but could be appropriate for an individual adult day care center depending on local circumstances. However, if an adult day care center chooses to enact a universal ban, the specific allergen must never be present in the adult day care environment, since participants and their guardian or caregiver will assume the adult day care center is a safe place 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. Adult day care centers that choose to implement a food ban are still responsible for implementing a food allergy management plan for participants with life-threatening food allergies, educating all personnel accordingly, and ensuring that staff are trained and prepared to prevent and respond to a food allergy emergency.

Universal bans of specific foods might not render the adult day care environment safe because there is no method for ensuring that the allergenic food does not inadvertently enter the center's grounds. Bans can create a false sense of security, which can lead to less responsible approaches to effective management strategies, education, and emergency responses. Banning offending foods also detracts from the adult day care center's responsibility to plan properly for participants with life-threatening food allergies, and to educate all staff accordingly.

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

Adult day care centers should consider how to develop a plan that will best meet the needs of all participants. Options may include:

- establishing allergen-free zones;
- establishing allergen-free tables or areas in the dining room;
- establishing food-free zones, such as common areas; and
- enforcing relevant adult day care center policies, such as prohibiting eating during senior transportation services.

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



3 — Modifications for Participants without Disabilities

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

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

Medical Statements for Modifications within the CACFP Meal Patterns

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

Meal modifications within the CACFP adult meal patterns must meet all requirements. For information on the CACFP adult meal patterns, visit the CSDE’s [Meal Patterns for CACFP Adult Day Care Centers](#) webpage and refer to the CSDE’s *Guide to Meeting the Meal Pattern Requirements for CACFP Adult Day Care Centers*.

The USDA does not require a medical statement if the modification is within the CACFP adult meal patterns. However, adult day care centers may choose to request a medical statement. The CSDE recommends obtaining a medical statement for optional modifications to ensure clear communication between the participant or their guardian or caregiver and the adult day care center about the appropriate modifications for the participant. This serves as a precaution to ensure safe and appropriate meals and snacks for the participant, protect the adult day care center, and minimize misunderstandings.

Adult day care centers may use the CSDE’s *Medical Statement for Meal Modifications in CACFP Adult Day Care Centers* to collect information for making meal modifications for participants without disabilities (refer to “[Medical Statement Requirements](#)” in section 2).

Modifications Outside the Meal Patterns

Adult day care centers may also choose to provide meal modifications outside the CACFP adult meal patterns on a case-by-case basis for participants whose dietary needs do not constitute a disability. To be reimbursable, modified meals and snacks outside the CACFP adult meal patterns require a medical statement signed by a recognized medical authority. Adult day care centers may use the CSDE's *Medical Statement for Meal Modifications in CACFP Adult Day Care Centers* to collect information for making meal modifications for participants with disabilities (refer to "[Medical Statement Requirements](#)" in section 2).

Allowable Milk Substitutes

The CACFP adult meal patterns require low-fat or fat-free milk. Flavored milk may be served, but the USDA's *CACFP Best Practices* recommends serving only unflavored milk.

Adult day care centers may choose, but are not required, to offer one or more allowable milk substitutes for participants without a disability who do not consume these types of milk. The USDA allows two types of milk substitutes for participants without a disability.

1. Lactose-reduced or lactose-free milk that is low fat or fat-free.
2. Nondairy milk substitutes that meet the USDA's nutrition standards for fluid milk substitutes (refer to [table 3](#)), such as certain brands of soy milk.

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

Variety of milk substitutes

Adult day care centers may choose how many types of allowable milk substitutes to offer to children without disabilities. If more than one substitute is offered, the adult day care center must inform all participants or their guardian or caregiver of the options and allow all participants or their guardian or caregiver to choose one.

Availability of milk substitutes

If adult day care centers choose to make allowable milk substitutes available, they must be available for all participants when requested by participants or their guardians/caregivers. If the adult day care center grants a request for any substitute, then all requests for that substitute must be granted. For example, if the adult day care center chooses to provide an allowable brand of soy milk at a participant’s request, then an allowable brand of soy milk must be available to all participants who make any request for fluid milk substitutes.

Table 3. Requirements for fluid milk substitutes in the CACFP adult meal patterns

Allowable substitution	Nutrition requirements	Required documentation
<p>Nondairy milk substitutes, e.g., soy milk</p>	<ul style="list-style-type: none"> • Must meet the USDA’s nutrition standards for fluid milk substitutes (refer to table 2). • May be flavored but the USDA’s <i>CACFP Best Practices</i> recommends serving only unflavored nondairy milk substitutes. 	<p>Written request from the participant or their guardian or caregiver that identifies the medical or other special dietary need that restricts the participant’s diet. Maintain on file with participant’s medical records.</p>
<p>Lactose-free or lactose-reduced milk</p>	<ul style="list-style-type: none"> • Must be low-fat or fat-free. • May be flavored but the USDA’s <i>CACFP Best Practices</i> recommends serving only unflavored milk. 	<p>None. Lactose-reduced milk and lactose-free milk credit as the milk component in the CACFP adult meal patterns.</p>

Requirements for Nondairy Milk Substitutes

Nondairy milk substitutes must meet the USDA’s nutrition standards for fluid milk substitutes (refer to table 4). The USDA’s nutrition standards require that milk substitutes must be nutritionally equivalent to fluid milk and provide specific levels of calcium, protein, vitamins A and D, magnesium, phosphorus, potassium, riboflavin, and vitamin B₁₂. This ensures that children without disabilities who require a substitute for cow’s milk for cultural, ethnic, religious, or medical reasons receive the important nutrients found in milk.

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

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

Nondairy milk substitutes may be unflavored or flavored. However, the USDA’s *CACFP Best Practices* recommends serving only unflavored nondairy milk substitutes.

Requirements for Lactose-reduced and Lactose-free Milk

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

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

Lactose-reduced and lactose-free milk must be low fat or fat free, either unflavored or flavored. Adult day care centers may substitute low-fat or fat-free lactose-reduced or lactose-free milk for regular milk at any meal or snack. These types of milk do not require a written statement from the participant or their guardian or caregiver. The CSDE encourages adult day care centers to make lactose-reduced or lactose-free milk available to participants as needed.

Required Documentation for Nondairy Milk Substitutes

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

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

Adult day care centers must maintain requests for nondairy milk substitutes on file with participant's medical records. For more information, refer to "[Storage of medical statements](#)" in section 2.

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

Allowable Nondairy Milk Substitute Products

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

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

Identifying acceptable milk substitutes

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

Adult day care centers may use the USDA's protein standard to screen nondairy products and determine if they might meet the USDA's nutrition standards. The USDA requires that fluid milk substitutes contain 8 grams of protein per cup (8 fluid ounces).

- If the product's Nutrition Facts label lists less than 8 grams of protein per 1-cup serving, the product does not meet the USDA's nutrition standards.
- If the product's Nutrition Facts label lists at least 8 grams of protein per 1-cup serving, the product might meet the USDA's nutrition standards. The adult day care center must obtain additional information from the manufacturer to determine if the product also meets the standards for calcium, vitamin A, vitamin D, magnesium, phosphorus, potassium, riboflavin, and vitamin B12 (refer to [table 4](#)). Adult day care centers are encouraged to submit this information to the CSDE so that new acceptable products may be added to the list of approved products. For information on currently approved products, refer to the CSDE's resource, *Allowable Milk Substitutes for Adult Participants without Disabilities in the CACFP*.

For guidance on how to determine if nondairy beverages credit as milk substitutes, refer to the CSDE's *Determining if Nondairy Beverages Meet the USDA's Nutrition Standards for Fluid Milk Substitutes in the CACFP*.

Other Beverages

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

- juice;
- water;
- nondairy milk substitutes that do not comply with the USDA's nutrition standards for fluid milk substitutes, such as almond milk, rice milk, and cashew milk;
- nutrition supplement beverages, such as Ensure and Boost;
- powdered milk beverages;
- coffee (regular and iced);
- tea (regular and iced); and
- soda (regular and diet).

CACFP meals and snacks for adults without disabilities are not reimbursable if they contain any of these beverages in place of milk. Adult day care centers may serve these beverages in addition to the required CACFP meal components, but not as a substitute for the milk component. All meal substitutions for participants without disabilities must comply with the CACFP adult meal patterns, including milk substitutions.

Adult day care centers that choose to make milk substitutes available must include at least one choice of either lactose-reduced or lactose-free milk or an allowable nondairy milk substitute that meets the USDA's nutrition standards for milk substitutes (refer to [table 5](#)). These are the only two milk substitute options allowed for participants without disabilities.

Summary Chart of Acceptable and Unacceptable Milk Substitutes

Table 5 shows examples of acceptable and unacceptable milk substitutes in the CACFP for participants without disabilities.

Table 5. Milk substitutes for participants without disabilities	
Adult day care center offers	Allowable?
Whole milk , <i>unflavored or flavored</i> , (including lactose-free or lactose-reduced milk)	No. Whole milk is not allowed in the CACFP adult meal patterns.
Reduced-fat (2%) milk , <i>unflavored or flavored</i> (including lactose-free or lactose-reduced milk)	No. Reduced-fat milk is not allowed in the CACFP adult meal patterns.
Lactose-free or lactose-reduced low-fat milk , <i>unflavored</i>	Yes. The CACFP adult meal patterns allow unflavored low-fat milk. Unflavored lactose-free and lactose-reduced low-fat milk credit the same as regular unflavored low-fat milk.
Lactose-free or lactose-reduced low-fat milk , <i>flavored</i>	Yes. The CACFP adult meal patterns allow flavored low-fat milk. However, the USDA’s <i>CACFP Best Practices</i> recommends serving only unflavored milk.
Lactose-free or lactose-reduced fat-free milk , <i>unflavored or flavored</i>	Yes. The CACFP adult meal patterns allow unflavored or flavored fat-free milk, either unflavored or flavored. Lactose-free and lactose-reduced milk credit the same as regular milk. Note: The USDA’s <i>CACFP Best Practices</i> recommends serving only unflavored milk.
Nondairy milk substitute (<i>unflavored or flavored</i>) that does not meet the USDA’s nutrition standards, such as rice milk or almond milk	No. All nondairy milk substitutes must meet the USDA’s nutrition standards for milk substitutes (refer to table 3).

Table 5, *continued*

Adult day care center offers	Allowable?
Nondairy milk substitute (<i>unflavored or flavored</i>) that meets the USDA's nutrition standards, such as certain brands of soy milk	Yes. Nondairy milk substitutes that meet the USDA's nutrition standards for milk substitutes (refer to table 3) may substitute for milk in the CACFP adult meal patterns. Note: The USDA's <i>CACFP Best Practices</i> recommends serving only unflavored nondairy milk substitutes.
Juice	No.
Water	No.
Coffee and tea, regular or iced	No.
Soda, regular or diet	No.
Nutrition supplement beverages	No.
Powdered milk beverages	No.

4 — Modifications for Other Reasons

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

Religious Reasons

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

The USDA grants religious exemptions for entities (schools, institutions, and sponsors), not individuals. Adult day care centers are not required to make meal modifications for participants whose dietary restrictions are based on religion. For more information, refer to “[Food Preferences](#)” in this section.

Adult day care centers may choose to address participants’ needs by substituting different food items within the same meal pattern component. For example, a participant who does not eat pork for religious reasons could be served another meat/meat alternate (such as cheese, yogurt, or peanut butter) and still be provided a reimbursable meal.

Jewish sponsors

The USDA’s FNS Instruction 783-13 (Rev. 3) summarizes the requirements for variations in meal patterns for Jewish schools, institutions, and sponsors. During the religious observance of Passover, Jewish institutions are exempt from the whole grain-rich (WGR) requirement of USDA regulations. Jewish institutions may substitute unenriched matzo for WGR or enriched products only during that period. At all other times of the year, matzo served as the grains component must be WGR or enriched. For guidance on WGR and enriched grains, refer to the CSDE’s resources, *Crediting Whole Grains in the CACFP*, *Crediting Enriched Grains in the CACFP*, and *Guide to Meeting the Whole Grain-rich Requirement for the CACFP*.

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The USDA also allows flexibilities for Jewish institutions regarding the meal pattern requirement to offer milk with all meals. Jewish institutions may choose from four alternative options. These options apply only to meals containing meat or poultry, when participants do not have the opportunity to refuse milk or meat/poultry through OVS. For more information, refer to the CSDE’s resource, *Offer versus Serve in CACFP Adult Day Care Centers*.

1. Serve an equal amount of an allowable nondairy milk substitute (for medical or special dietary needs) that is nutritionally equivalent to fluid milk. For information on the USDA’s nutrition standards for milk substitutes, refer to [table 3](#) in section 3.
2. Serve an equal amount of full-strength juice in place of milk with lunch or supper. When substituting juice for milk, juice cannot contribute to the meal pattern requirements for fruits or vegetables.
 - Adult day care centers 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.
 - Adult day care centers operating seven days per week may make three substitutions per week for lunches and three substitutions per week for suppers, but no more than once each day.
3. Serve milk at an appropriate time before or after the meal service period, in accordance with applicable Jewish Dietary Laws.
4. If applicable, serve the snack’s juice component at breakfast, lunch, or supper, and serve the corresponding meal’s milk component as part of the snack.

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

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

Seventh-day Adventist sponsors

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

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

[Appendix A](#) of the CACFP regulations (7 CFR 226) requires that APPs must comply with specific criteria to credit toward the meat/meat alternates component of the CACFP adult meal patterns. The APP requirements are listed below.

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

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

Adult day care centers are responsible for obtaining documentation from the manufacturer for any APPs used to meet the requirements of the meat/meat alternates component. Without this documentation, APPs cannot credit in the CACFP. Acceptable documentation for APPs includes:

- the original Child Nutrition (CN) label from the product carton or a photocopy or photograph of the CN label shown attached to the original product carton; or

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- a product formulation statement (PFS) from the manufacturer with supporting documentation on company letterhead that the APP ingredient meets the USDA’s requirements. Sample APP documentation is on page 6 of the USDA’s *Questions and Answers on Alternate Protein Products*.

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

Vegetarians

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

Adult day care centers are encouraged to work with participants and their guardian or caregiver to identify foods that participants can eat, while considering cost constraints and program logistics such as food service production capabilities. Adult day care centers can offer a variety of vegetarian choices each week, such as macaroni and cheese, spaghetti with tomato sauce and cheese wedge, cheese pizza, vegetable bean soup, chili, grilled cheese sandwiches, meatless lasagna, bean tacos, and bean burritos.

Adult day care centers may also incorporate a variety of vegetable-based entree products in CACFP menus, such as tofu, tempeh, and meatless entrees (such as hotdogs and vegetable burgers) that meet the USDA’s specified criteria for APPs. For more information, refer to “Seventh-day Adventist Sponsors” in this section, and the CSDE’s *Guide to Meeting the Meal Pattern Requirements for CACFP Adult Day Care Centers*.

Food Preferences

The CACFP regulations do not require adult day care centers to make meal modifications based on the food choices or personal preferences of participants or their guardians/caregivers. An example is participants who prefer eating a gluten-free diet or organic foods because they believe it is healthier. Personal food preferences are not disabilities and do not require meal modifications (refer to “[Food Preference versus Disability](#)” in section 2).

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

Procured Meals

Adult day care centers must always ensure that any benefits available to the general population are equally available to participants with disabilities. Federal regulations specifically prohibit disability discrimination through contractual means, including vended contracts. Adult day care centers must make accommodations for participants with disabilities, regardless of whether the adult day care center:

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

The adult day care center must address the issue of meal modifications when a FSMC operates the food service, or the adult day care center obtains meals and snacks from a vendor. The CSDE recommends that the contract developed with the FSMC or vendor specifies the adult day care center’s requirements for meal modifications.

Adult day care centers that do not have any need for meal modifications at the time a bid is prepared should still include sufficient information in the bid to ensure that the vendor is aware that meal modifications may be required during the term of the contract. The CACFP adult day care center, not the FSMC or vendor, is ultimately responsible for complying with the USDA regulations for CACFP meals, including meal modifications for participants whose disability restricts their diet.

For detailed guidance on contracting with FSMCs, refer to [USDA Memo SP 40-2016, CACFP 12-2016 and SFSP 14-2016: Updated Guidance: Contracting with Food Service Management](#)

Companies. For more information, visit the “[Contracts in the CACFP](#)” section of the CSDE’s [Food Service Management Company](#) webpage.

Meal Components Provided by Participants or Guardians/Caregivers for Medical or Special Dietary Needs

Adult day care centers may choose whether to allow participants or their guardian or caregiver to provide meal components as part of reimbursable meals for participants with or without a disability. The five meal components of the CACFP adult meal patterns include milk, fruits, vegetables, grains, and MMA. For guidance on the requirements for each component, refer to the CSDE’s *Guide to Meeting the Meal Pattern Requirements for CACFP Adult Day Care Centers*.

Section 7 CFR 226.20(g) of the CACFP regulations addresses the requirements for meal components provided by participants or their guardians/caregivers. The requirements for these meal components depend on whether the participant has a disability that restricts their diet.

Adults with a disability

The CACFP regulations (7 CFR 226.20(g)(1)(ii)) allow participants or their guardian or caregiver to supply one or more components of a reimbursable meal for a participant with a disability. The adult day care center must provide at least one required meal component. A meal that meets these requirements is reimbursable.

Adult day care centers cannot require participants or their guardian or caregiver to supply one or more components of a reimbursable meal for a participant with a disability. Adult day care centers are responsible for providing appropriate meal modifications for participants with a disability based on the medical statement from a recognized medical authority.

Adults without a disability

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

- **Substitutions within CACFP adult meal patterns:** Meals are reimbursable when the participant or their guardian or caregiver provides one substitution that meets the

CACFP adult meal patterns. A medical statement is not required for substitutions provided by a participant/guardian or caregiver that are within the CACFP adult meal patterns. An example is substituting one type of fruit for another, such as pears for peaches. The adult day care center must provide the participant with the remaining required CACFP meal pattern components for a reimbursable meal.

- **Substitutions outside CACFP adult meal patterns:** When the substitution provided by the participant or their guardian or caregiver does not meet the CACFP adult meal patterns, adult day care centers must obtain a medical statement signed by a recognized medical authority for the meal to be reimbursable. The adult day care center must provide the participant with the remaining required CACFP meal pattern components for a reimbursable meal.

If the substitution provided by the participant or their guardian or caregiver does not meet the CACFP adult meal pattern requirements and a medical statement is not provided, that food or beverage is a noncreditable food offered in addition to the reimbursable meal. The adult day care center must provide the participant with all required CACFP meal pattern components for a reimbursable meal. For guidance on noncreditable foods, refer to the CSDE’s *Noncreditable Foods in CACFP Adult Day Care Centers*.

Required documentation for meals

The adult day care center must be approved by the CSDE to claim reimbursement for meals with foods or beverages provided by a participant or their guardian or caregiver. The adult day care center must submit a written request to the CSDE that includes the information below.

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

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If the request is approved, the CSDE will issue a written response for the acceptable meal components provided by the participant or their guardian or caregiver. This CSDE approval applies only to the individual participant for whom the request has been granted. The adult day care center must maintain this approval on file with the participant’s other medical records (refer to “[Storage of medical statements](#)” in section 2).

Food safety considerations

When determining whether to allow foods brought from home, adult day care centers must consider food safety issues and the liability that might arise if a participant gets a foodborne illness. The FDA Food Code applies to all foods served in adult day care centers, 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 adult day care centers.

Foods sent into the adult day care center from a private home have not originated from an approved source. Adult day care centers 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 adult day care centers 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.

Adult day care centers that choose to allow participants or their guardian or caregiver to provide foods have policies in place to address food safety standards. These policies should include:

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

For additional assistance, contact the CSDE.

5 — Policies and Procedures

Adult day care centers must comply with federal and state laws for developing and implementing written policies and procedures for meal modification in the CACFP. The USDA regulations require adult day care centers to provide notice of nondiscrimination and accessible services. Adult day care centers with 15 or more employees must designate at least one person to coordinate compliance with disability requirements. The CSDE recommends that adult day care centers develop a written policy and standard operating procedures (SOPs) for meal modifications in the CACFP. This section summarizes these requirements and recommendations.

Procedural Safeguards

The USDA encourages adult day care centers to develop and implement written procedures for participants and their guardian or caregiver to request modifications to the meal service for participants with disabilities and resolve grievances. These procedures should include providing the participant or their guardian or caregiver with a written final decision on each request.

Adult day care centers should notify participants and their guardian or caregiver of the procedure for requesting meal modifications. At a minimum, adult day care centers must provide notice of nondiscrimination and accessible services, as outlined in the USDA's nondiscrimination regulations (7 CFR 15b.7). Adult day care centers should also ensure that staff understand the procedures for handling requests for meal modifications.

Adult day care centers with 15 or more employees

Adult day care centers that employ 15 or more individuals must designate at least one person to coordinate compliance with disability requirements, as required by the USDA's nondiscrimination regulations (7 CFR 15b.6). This position is often referred to as the Section 504 Coordinator.

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

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Adult day care centers that employ 15 or more individuals must also establish grievance procedures that incorporate appropriate due process standards and that provide for the prompt and equitable resolution of complaints, as required by the USDA's nondiscrimination regulations (7 CFR 15b.6). The USDA's recommended procedures include:

- allowing participants or their representatives to submit a grievance (complaint with any supporting documentation) for consideration by the adult day care center;
- providing that a prompt decision by the adult day care center be rendered to the participant or the participant's representative regarding the grievance; and
- ensuring that the decision includes the official USDA nondiscrimination statement, which advises the participant how to file a complaint with the USDA's Food and Nutrition Service (FNS). The official USDA nondiscrimination statement is provided in the CSDE's document, *CACFP Civil Rights Requirements*.

These grievance procedures must be communicated to participants and their guardians/caregivers.



Policy for Meal Modifications

In addition to the requirements for procedural safeguards, the CDSE strongly encourages adult day care centers to develop a written policy addressing meal modifications in the CACFP. The policy should be integrated with all applicable adult day care policies (such as the procedural safeguards process and food allergy management plan) and developed in collaboration with the adult day care center's local team (refer to “[Team approach](#)” in section 1).

Written policies for meal modifications are important because they:

- provide clear guidelines for participants, guardians/caregivers, and staff;
- ensure consistent practices at all sites and among all staff;
- document compliance with federal requirements and best practices;
- educate participants and their guardian or caregiver regarding the adult day care center's practices and procedures;
- provide a basis to evaluate program activities and staff; and
- demonstrate the adult day care center's commitment to the health and well-being of participants.

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

- the federal requirements to ensure that modified meals and snacks are reimbursable;
- the process for participants or their guardian or caregiver to request meal modifications;
- how to submit the medical statement and supporting documentation, such as diet plans;
- maintaining appropriate documentation and ensuring that the dietary information on file is current;
- SOPs for meal modifications, e.g., preparing foods for different types of special diets and cleaning procedures to prevent food allergen contamination;
- communication procedures among adult day care center staff, and between the adult day care center and participants (or guardians/caregivers), to ensure that everyone is aware of each participant's specific dietary needs and accommodations based on the participant's medical statement; and
- monitoring to ensure that meal modifications are appropriate and meet each participant's individual dietary needs, based on the participant's medical statement; and

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- providing notice to participants and their guardian or caregiver of nondiscrimination and accessible services, as outlined in the USDA’s nondiscrimination regulations (7 CFR 15b.7), and grievance procedures for adult day care centers that employ 15 or more individuals. For more information, refer to “[Procedural Safeguards](#)” in this section.

Since the USDA requires meal modifications only for participants whose disability restricts their diet, adult day care centers will make decisions regarding meal modifications for participants without disabilities. The written policy should address how the adult day care center will handle these meal modifications and identify any local procedures.

Standard operating procedures (SOPs)

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

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

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

- Food Safety SOPs (ICN):
<https://theicn.org/icn-resources-a-z/standard-operating-procedures/>

- Preparation of Foods with Potential to Cause Allergic Reaction: Standard Operating Procedure (Wisconsin Department of Public Instruction):
https://dpi.wi.gov/sites/default/files/imce/school-nutrition/doc/sop_allg.doc
- Standard Operating Procedure: Handling Students Identified with Severe Food Allergy or Anaphylaxis (South Windsor Public Schools):
https://p13cdn4static.sharpschool.com/UserFiles/Servers/Server_239916/File/Departments/Food%20Services%20Chartwells/School%20Lunch%20Policies%20Procedures%20and%20Forms/SOP_on_Handling_students_Identified_with_Severe_Food_Allergy_or_Anaphylaxis_8-2013.pdf
- “Standard Operating Procedures” in the CSDE’s Food Safety Resource List:
https://portal.ct.gov/-/media/SDE/Nutrition/Resources/Resources_Food_Safety.pdf
- Standard Operating Procedures (SOP): Serving Safe Food to Students with Food Allergies (ICN):
<https://theicn.org/resources/181/food-safety-standard-operating-procedures/105719/serving-safe-food-to-students-with-food-allergies-3.docx>
- Standard Operating Procedures (SOPs): Handling a Food Recall (ICN):
<https://theicn.org/resources/181/food-safety-standard-operating-procedures/105684/handling-a-food-recall.docx>
- Standard Operating Procedures (SOPs): Washing Hands (ICN):
<https://theicn.org/resources/181/food-safety-standard-operating-procedures/105741/washing-hands.docx>



Strategies for policy development

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

- Identify the staff and resources needed for planning, developing, implementing, and evaluating the policy and SOPs for modifications to CACFP meals and snacks.
- Conduct a self-assessment of the adult day care center’s current policies, practices, and procedures for modifications to CACFP meals and snacks. The CSDE’s resource, *Self-assessment of Adult Day Care Center Practices for Meal Modifications in the CACFP*, can assist adult day care centers with this process.
- Identify the essential practices to implement in the food service program and the adult day care environment, and determine where SOPs are necessary.
- Develop an action plan to address the practices needing attention, as identified by the adult day care center’s completed self-assessment. When developing action plans for policy and SOPs, start with the most important practices. The CSDE’s action planning form and sample action plans can assist with this process.
 - Action Planning Form:
https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/SpecDiet/Action_Planning_Form.docx
 - Sample Action Plan: Developing Policy for Meal Modifications in the CACFP:
https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Action_Policy_Meal_Modifications_CACFP.pdf
 - Sample Action Plan: Promoting Policy for Meal Modifications in the CACFP:
https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Action_Promote_Meal_Modifications_CACFP.pdf
- Develop SOPs by writing down the actual steps taken when performing the specific task. When using sample SOPs from organizations or other programs, be sure to customize the information so it is specific to the local CACFP adult day care center.
- Identify the training needs of adult day care center staff, and appropriate professional development on meal modifications for participants with special dietary needs. Provide annual and ongoing training for food service staff and other adult day care center staff, as appropriate (refer to “[Staff Training](#)” in this section).

- Identify effective communication strategies among adult day care center staff, and between the adult day care center and participants (or guardians/caregivers), to ensure that everyone is aware of the adult day care center’s policy and SOPs for meal modifications. Incorporate these strategies into the SOPs and provide staff training and guidance on how to implement them.
- Implement monitoring procedures to ensure that meal modifications are reasonable, appropriate, and meet each participant’s specific dietary needs; and that all staff responsible for planning, preparing, and serving meals and snacks consistently follows the adult day care center’s policy and SOPs for meal modifications. Review the policy and SOPs for meal modifications at least annually, and make changes as needed.

For additional guidance, contact the CSDE.

Staff Training

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

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

Appropriate training is especially critical for the effective management of life-threatening food allergies. Food service staff require appropriate training on how to read food labels and identify potential allergens in processed foods. They also need to know how to avoid cross-contact with potential allergens during food preparation, service, and cleaning. All adult day care center staff need training on identifying the symptoms of an allergic reaction and how to respond in an emergency. For training resources on food allergies, visit the “[Related Resources](#)” section of the CSDE’s Special Diets in CACFP Adult Day Care Centers webpage. For more information and resources on food allergies, refer to “[Food Allergies](#)” in section 2.

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



6 — Resources

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

CSDE Guidance and Forms

Action Planning Form (CSDE):

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

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

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

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

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

Guidance and Instructions for the Medical Statement for Meal Modifications in CACFP Adult Day Care Centers (CSDE):

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

Guidance and Instructions for the Medical Statement for Meal Modifications in CACFP Adult Day Care Centers (Spanish): Orientación e instrucciones para la declaración médica para modificaciones de alimentos en los centros de cuidado diurno para adultos del Programa de Alimentos para el Cuidado de Niños y Adultos (CACFP) (CSDE):

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

Guide to Meal Modifications in CACFP Adult Day Care Centers:

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

Guide to Meeting the Meal Pattern Requirements for CACFP Adult Day Care Centers:

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

Medical Statement for Meal Modifications in CACFP Adult Day Care Centers (CSDE):

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

Medical Statement for Meal Modifications in CACFP Adult Day Care Centers (Spanish):

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

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

Requirements for Meal Modifications in CACFP Adult Day Care Centers (CSDE presentation):

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

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

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

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

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

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

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

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

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

CSDE CACFP Websites

CACFP Adult Day Care Centers (CSDE):

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

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

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

Child Nutrition (CN) Labeling (USDA):

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

Child Nutrition Programs (CSDE):

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

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

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

Crediting Foods in CACFP Adult Day Care Centers (CSDE):

<https://portal.ct.gov/SDE/Nutrition/Crediting-Foods-in-CACFP-Adult-Day-Care-Centers>

FNS Instructions for Child Nutrition Programs (CSDE):

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

Food Safety for Child Nutrition Programs (CSDE):

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

Forms for CACFP Adult Day Care Centers (CSDE):

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

Laws and Regulations for Child Nutrition Programs (CSDE):

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

Manuals and Guides for Child Nutrition Programs (CSDE):

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

Meal Patterns for CACFP Adult Day Care Centers (CSDE):

<https://portal.ct.gov/SDE/Nutrition/Meal-Patterns-CACFP-Adult-Centers>

Menu Planning for Child Nutrition Programs (CSDE):

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

Operational Memoranda for the CACFP (CSDE):

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

Program Guidance for CACFP Adult Day Care Centers (CSDE):

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

Resources for Child Nutrition Programs (CSDE):

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

Special Diets in CACFP Adult Day Care Centers (CSDE):

<https://portal.ct.gov/SDE/Nutrition/Special-Diets-in-CACFP-Adult-Day-Care-Centers>

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>

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's nondiscrimination regulations (7 CFR 15b: Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance):

<https://www.gpo.gov/fdsys/granule/CFR-2010-title7-vol1/CFR-2010-title7-vol1-part15b>

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

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

Regulations and Policy

CACFP Policy Memos (USDA):

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

CACFP Regulations (USDA):

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

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

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

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

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

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

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

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

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

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

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

Nutrition Standards for CACFP Meals and Snacks (USDA):

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

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

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

USDA Memo CACFP 14-2017 and SFSP 10-2017: Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program:

<https://www.fns.usda.gov/modifications-accommodate-disabilities-cacfp-and-sfsp>

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

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

USDA Nondiscrimination Regulations (7 CFR 15b): Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance):

<https://www.gpo.gov/fdsys/granule/CFR-2010-title7-vol1/CFR-2010-title7-vol1-part15b>

Glossary

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

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

adult meal patterns: 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 participants. For more information, visit the CSDE's, [Meal Patterns for CACFP Child Care Programs](#) webpage.

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

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

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

alternate protein products (APP): Food ingredients processed from soy or other vegetable protein sources (e.g., dehydrated granules, particles, or flakes) that may be used alone or in combination with meat, poultry, or seafood. Some examples include soy flours, soy concentrates, soy isolates, whey protein concentrate, whey protein isolates, and casein. APPs are generally single ingredient powders that are added to foods. Some examples include soy flours, soy concentrates, soy isolates, whey protein concentrate, whey protein isolates, and casein. APPs include vegetable protein products. The USDA has specific

requirements for the crediting of APPs in Child Nutrition Programs. For more information, refer to “[Seventh-day Adventist Sponsors](#)” in section 4, and the CSDE’s resource, *Requirements for Alternate Protein Products in the CACFP*.

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

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

body mass index (BMI): A screening tool that indicates the relationship of an adult’s weight to height. BMI is an adult’s weight in kilograms divided by the square of height in meters. For more information, visit the CDC’s Defining Adult Overweight and Obesity webpage.

CACFP adult meal patterns: The required food components and minimum serving sizes that facilities participating in the CACFP must provide to receive federal reimbursement for meals (breakfast, lunch, and supper) and snacks served to participants. For more information, visit the CSDE’s [Meal Patterns for CACFP Adult Day Care Centers](#) webpage and refer to the CSDE’s *Guide to Meeting the Meal Pattern Requirements for CACFP Adult Day Care Centers*.

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 [7 CFR 226.2](#) of the CACFP regulations.

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

celiac disease: An autoimmune digestive disease that damages the small intestine and interferes with absorption of nutrients from food. People who have celiac disease cannot tolerate gluten, a protein in wheat, rye, and barley. For more information, refer to “Celiac Disease” in section 2 and visit the Celiac Disease Foundation website.

Child and Adult Care Food Program (CACFP): The USDA’s federally assisted meal program providing nutritious meals and snacks to participants in child care centers, family day care homes and emergency shelters, and snacks and suppers to participants 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 labeling include main dish entrees that contribute to the meat/meat alternates component of the meal pattern requirements, e.g., beef patties, cheese or meat pizzas, meat or cheese and bean burritos, egg rolls, and breaded fish portions. The CN label will also indicate the contribution of other meal components that are part of these products. For more information, refer to the CSDE’s resource, *Using Child Nutrition (CN) Labels in the CACFP*, and the USDA’s [Child Nutrition \(CN\) Labeling](#) webpage.

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

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

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 personnel, adult day care center staff, and emergency responders react to an emergency in a prompt, safe, and individualized manner.

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

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

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

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

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

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

food item: A specific food offered within the food components that comprise reimbursable meals in the USDA’s Child Nutrition Programs. A food item may contain one or more food components or more than one serving of a single component. For example, an entree could provide 1 ounce equivalent of the grains component and 1 ounce of the MMA component; and a 2-ounce whole grain or enriched bagel could provide 2 ounce equivalent of the grains component.

gluten sensitivity: A condition with symptoms 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.

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

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.

Glossary

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

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

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

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

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

medical statement: A document that identifies the specific medical conditions and appropriate dietary modifications for participants with special dietary needs. The USDA requires that the medical statement to request meal modifications must include: 1) information about the participant’s physical or mental impairment that is sufficient to allow the adult day care center to understand how it restricts the participant’s diet; 2) an explanation of what must be done to accommodate the participant’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.

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

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 food component), or they do not fit into one of the meal pattern components. For more information, refer to the CSDE’s resource, [Noncreditable Foods in CACFP Adult Day Care Centers](#).

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

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

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

nutrition standards for fluid milk substitutes: The USDA’s nutrition requirements for nondairy beverages (such as soy milk) substituted for fluid milk in the USDA Child Nutrition Programs. The USDA requires that any fluid milk substitutes are nutritionally equivalent to cow’s milk and contain the following nutrients based on a 1-cup serving (8 fluid ounces): 276 milligrams (mg) of calcium; 8 grams (g) of protein; 500 international units (IU) of vitamin A; 100 IU of vitamin D; 24 mg of magnesium; 222 mg of phosphorus; 349 mg of potassium; 0.44 mg of riboflavin; and 1.1 micrograms (mcg) of vitamin B-12. For more information, refer to table 3 in section 3 and the CSDE’s resource, [Allowable Milk Substitutes for Participants without Disabilities in the CACFP](#).

nutritionist: There is no accepted national definition for the title “nutritionist.” All registered dietitians are nutritionists, but not all nutritionists are registered dietitians. Some state licensure boards have enacted legislation that regulates use of the title “nutritionist” and sets specific

qualifications for holding the title. The definition is variable from state to state. Section 20-206n of the Connecticut General Statutes defines a licensed dietitian/nutritionist certification for registered dietitians. Other professionals can also apply if they have successfully passed a written examination prescribed by the Commissioner of Public Health and have a master's degree or doctoral degree from an institution of higher education accredited by a regional accrediting agency recognized by the U.S. Department of Education, with a major course of study which focused primarily on human nutrition or dietetics. For more information on state licensing requirements, visit the Connecticut State Department of Public Health's [Dietitian/Nutritionist Certification](#) webpage.

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

obesity (adults): A body mass index (BMI) of 30.0 or higher. For more information, refer to “body mass index (BMI)” in this section and the CDC's [Defining Adult Overweight and Obesity](#) webpage.

overweight (adults): A BMI of 25 to less than 30. For more information, refer to “body mass index” in this section and the CDC's [Defining Adult Overweight and 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.

product formulation statement (PFS): An information statement obtained from the manufacturer that provides specific information about how a product credits toward the USDA meal pattern requirements, and documents how this information is obtained citing Child Nutrition Program resources or regulations. All creditable ingredients in this statement must match a description in the USDA’s *Food Buying Guide for Child Nutrition Programs*. The PFS must be prepared on company letterhead with the signature of a company official and the date of issue. Unlike a CN label, a PFS does not provide any warranty against audit claims. The adult day care center must check the manufacturer’s crediting information for accuracy prior to including the product in reimbursable meals and snacks. For more information, refer to the CSDE’s resources, [Using Product Formulation Statements in the CACFP](#) and [Accepting Processed Product Documentation in the CACFP](#).

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

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

recognized medical authority: A state-licensed health care professional who is authorized to write medical prescriptions under state law and is recognized by the State Department of Public Health. In Connecticut, recognized medical authorities include physicians (MD), physician assistants (PA) and certified physician assistants (PAC), doctors of osteopathy (DO), and advanced practice registered nurses (APRN).

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

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

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

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

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

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

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



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