

Child and Adult Care Food Program (CACFP)



Guide to Meal Modifications in CACFP Adult Day Care Centers

Program Year 2024-25



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Connecticut State Department of Education
Bureau of Child Nutrition Programs
450 Columbus Boulevard, Suite 504
Hartford, CT 06103-1841

Guide to Meal Modifications in CACFP Adult Day Care Centers

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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* provides comprehensive information and resources to assist CACFP adult day care centers with meeting the federal and state laws for meal modifications for participants with special dietary needs.

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

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

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

CSDE Contact Information

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

Child Care Centers and Adult Day Care Centers

Bernice Amponsah
860-807-2117
bernice.amponsah@ct.gov

Susan Boyle
860-807-2074
susan.boyle@ct.gov

Benedict Onye
860-807-2080
benedict.onye@ct.gov

Family Day Care Homes

Flor Sprouse
860-713-6849
flor.sprouse@ct.gov

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

Questions regarding this guide may be directed to Susan Fiore, MS, RD, Nutrition Education Coordinator, at 860-807-2075 or susan.fiore@ct.gov.

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
HIPAA	Health Insurance Portability and Accountability Act of 1996
ICN	Institute of Child Nutrition
IHCP	Individualized Health Care Plan
mcg	micrograms
MMA	meats/meat alternates component
OHI	other health impaired

PHC	Public Health Code
PKU	phenylketonuria
PPT	Planning and Placement Team
RAE	retinol activity equivalents
RD	registered dietitian
RDN	registered dietitian nutritionist
SOP	standard operating procedure
USDA	U.S. Department of Agriculture



1 — Introduction

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

Given the complexity of addressing some participants' special dietary requirements, adult day care centers are encouraged to [contact the CSDE](#) for assistance.

USDA Regulations and Policy Guidance for Meal Modifications

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

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

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

Nondiscrimination Legislation

Federal nondiscrimination laws and regulations contain provisions that require institutions to make reasonable meal modifications on a case-by-case basis for participants whose disability restricts their diet. These nondiscrimination 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 regulations for the CACFP ([7 CFR 226.20\(g\)\(1\)](#)) require reasonable meal modifications for participants whose disability restricts their diet, based on a written medical statement signed by a state licensed healthcare professional or registered dietitian. Requests for a reasonable meal modification must be related to the participant's disabling condition. For guidance on what constitutes a disability and the requirements for meal modifications for disability reasons, refer to [section 2](#).

Federal legislation

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

- Section 504 prohibits discrimination against children and adults with disabilities in programs and activities that receive federal financial assistance, such as the USDA Child Nutrition Programs. Section 504 requires each public agency to take steps to ensure participants with disabilities have an equal opportunity to benefit from extracurricular services and activities, including meals.
- The 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.



Updated Meal Pattern Legislation

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

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

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

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

These updates do not require adult day care centers to make changes to the process for meal modifications for program year 2024-25.

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

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

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

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

Overview of USDA Requirements for Meal Modifications

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

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

Two Types of Meal Modifications

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

Required modifications for disability reasons

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

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

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

Optional modifications for non-disability reasons

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

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

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

For guidance on the CACFP adult meal patterns, visit the CSDE's [“CACFP Adult Meal Patterns”](#) section of the CSDE's Meal Patterns for the Child and Adult Care Food Program webpage and refer to the CSDE's [Guide to Meeting the CACFP Adult Meal Patterns](#).

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

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

Determining if a Meal Modification is Required

The steps below assist adult day care centers with determining whether a participant requires a meal modification in the CACFP.

1. Does the participant have a physical or mental impairment that meets the definition of disability under any of the federal nondiscrimination laws, including Section 504, the ADA and ADA Amendments Act, and the USDA's nondiscrimination regulations (7 CFR 15b)?
 - **Yes:** Go to step 2.
 - **No:** The adult day care center is not required to make the meal modification. Refer to [section 3](#) for guidance on optional meal modifications for non-disability reasons.
2. Does the participant's physical or mental impairment restrict their diet?
 - **Yes:** Go to step 3.
 - **No:** The adult day care center is not required to make the meal modification. Refer to [section 3](#) for guidance on optional meal modifications for non-disability reasons.
3. Did the participant or their guardian/caregiver provide a medical statement signed by a state licensed healthcare professional or registered dietitian that indicates: 1) how the participant's physical or mental impairment restricts the participant's diet; 2) an explanation of what must be done to accommodate the participant; and 3) if appropriate, the food or foods to be omitted and recommended alternatives?
 - **Yes:** The adult day care center is required to make a reasonable meal modification. Refer to [section 2](#) for guidance on required meal modifications for disabilities.
 - **No:** The adult day care center is required to make a reasonable meal modification and should work with the participant or their guardian/caregiver to obtain an appropriate medical statement. 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).

CSDE medical statement form indicates if modification is required

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

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

Meal Pattern Compliance

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

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

Meal modifications within the CACFP adult meal patterns must meet the meal pattern requirements. For information on the CACFP adult meal patterns, visit the CSDE's “[CACFP Adult Meal Patterns](#)” section of the CSDE's Meal Patterns for the Child and Adult Care Food Program 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](#).

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

Meal Reimbursement and Cost

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

Allowable costs

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



Modifications for Procured Meals

Adult day care centers must always ensure that any benefits available to the general adult day care center 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 modifications for non-disability reasons regardless of how they operate their food service program. The meal modification requirements apply to all types of food service operations, including CACFP adult day care centers that:

- self-operate their food service program;
- contract with a food service management company (FSMC); or
- purchase vended meals.

The adult day care center must address the issue of meal modifications when a FSMC operates the food service or meals and snacks are obtained from a vendor. The adult day care center's contract must indicate that the FSMC or vendor shall make reasonable meal modifications for participants whose physical or mental impairment restricts their diet, based on a written medical statement signed by a state licensed healthcare professional or registered dietitian. This language ensures that the FSMC/vendor is aware that meal modifications may be required during the term of the contract.

The adult day care center, not the FSMC or vendor, is ultimately responsible for complying with the USDA regulations for CACFP meals and snacks, 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 Contracts](#) webpage.

Procedures for Meal Modifications

The process of providing modified meals 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/caregiver to ensure that participants receive a safe meal and have 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 disability reasons. 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/caregiver to review the request and develop a solution as quickly as possible. The USDA encourages the team to develop policies and practices that enable the adult day care center to efficiently and consistently address the most frequently encountered disabilities. For information on developing policies, refer to [section 4](#).



Communicating with participants and their guardians/caregivers

Ongoing communication between the adult day care center and the participant or their guardian/caregiver is essential to ensure that meal modifications meet each participant's individual dietary needs. The CSDE encourages adult day care centers to develop procedures for regularly communicating with participants and their guardian/caregiver regarding meal modifications. Key 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 ["Recommended Policy for Meal Modifications"](#) in section 4);
- procedures for participants and their guardians/caregivers to request meal modifications for disability reasons, including how to complete the medical statement (refer to ["Medical Statement Requirements"](#) in section 2);
- procedures for obtaining nutrition information for CACFP meals and snacks (refer to ["Nutrition Information"](#) in section 2); and
- procedural rights of participants and their guardians/caregivers for grievance procedures (refer to ["Procedural Safeguards"](#) in section 4).

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. Examples include handbooks, newsletters, emails, handouts, menu backs, bulletin boards and displays, meetings, center events, and public service announcements.

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

As part of this notification, adult day care centers should explain when participants and their guardians/caregivers must submit supporting documentation for the meal modification request. To receive reimbursement for meal modifications outside the CACFP adult meal patterns, adult day care centers must have a medical statement signed by a state licensed healthcare professional or registered dietitian (refer to ["Medical Statement Requirements"](#) in section 2 and ["Modifications Outside the CACFP Adult 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 and their guardians/caregivers and CACFP staff (refer to “[Procedural Safeguards](#)” and “[Policies for Meal Modifications](#)” in section 4).

Communicating with food service staff

Adult day care centers must establish procedures for identifying participants with special dietary needs and providing this information to the staff responsible for planning, preparing, and serving CACFP meals and snacks. Food service personnel and other applicable staff should have access to the applicable information in 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 (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 staff in the form of a list identifying the participants, their food restrictions, and the appropriate substitutions designated by each participant’s medical statement, IEP, or 504 plan. 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.

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

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.

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

Summary of CACFP Staff Responsibilities

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

Meal pattern substitutions

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

The CSDE recommends obtaining a medical statement for all modified meals that meet the CACFP adult meal patterns, including required meal modifications for disability reasons and optional meal modifications for non-disability reasons. This practice ensures clear communication between participants and their guardians/caregivers and the adult day care center about the appropriate meal modifications for the participant. It also serves as a precaution to ensure that participants receive safe and appropriate meals, protect the adult day care center, and minimize misunderstandings.

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

For guidance on determining when adult day care centers are required to make reasonable meal modifications, refer to [“Determining if a Meal Modification is Required”](#) and [“Requirements for Meal Modifications”](#) in this section.



Accessibility

The USDA's nondiscrimination regulations ([7 CFR 15 b.26\(d\)\(2\)](#)) specify that where existing food service facilities are not completely accessible and usable, 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 costs for CACFP. However, the USDA does not provide additional reimbursement (refer to "[Allowable costs](#)" in this section).

The USDA's nondiscrimination regulations also require that institutions 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 participants and their guardians/caregivers and all other adult day care center, medical, and community personnel who are responsible for the health, well-being and education 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.

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

Adult day care centers may choose whether they will allow participants or their guardians/caregivers to provide meal components as part of reimbursable meals for disability or non-disability reasons. The CACFP regulations specify different requirements for these meal components depending on whether they are provided for disability or non-disability reasons.

Components provided for disability reasons

The CACFP regulations ([7 CFR 226.20\(g\)\(1\)\(iv\)](#)) allow participants or their guardians/caregivers to supply one or more meal components of a reimbursable meal for disability reasons. 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 guardians/caregivers to supply one or more meal components of a reimbursable meal for a participant whose disability restricts their diet. Adult day care centers are responsible for providing appropriate meal modifications for disability reasons based on the participant's medical statement from a state licensed healthcare professional or registered dietitian.

Components provided for non-disability reasons

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

The adult day care center must provide all other required meal components. The requirements for reimbursable meals depend on whether the substitution provided by the participant or their guardian/caregiver is within or outside the CACFP adult meal patterns.

- **Substitutions within the CACFP adult meal patterns:** Meals are reimbursable when the participant or their guardian/caregiver provides one substitution that meets the CACFP adult meal patterns. An example is substituting one type of fruit for another, such as pears for peaches. For a reimbursable meal, the adult day care center must provide the participant with the remaining required meal components. A medical statement is not required for substitutions within the CACFP adult meal patterns.
- **Substitutions outside the CACFP adult meal patterns:** When the substitution provided by the participant or their guardian/caregiver is a noncreditable food that 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. For a reimbursable meal, the adult day care center must provide the participant with the remaining required meal components.

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

If the substitution provided by the participant or their guardian/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. In this situation, the adult day care center must provide the participant with all required meal components for a reimbursable meal.

Required documentation for participant-provided meal components

The adult day care center must be approved by the CSDE to claim reimbursement for meals that contain foods or beverages provided by the participant or their guardian/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/caregiver. If the substitution does not meet the CACFP adult meal patterns, attach a copy of the medical statement signed by the participant's state licensed healthcare professional or registered dietitian. For guidance on the requirements for medical statements, refer to "[Medical Statement Requirements](#)" in section 2.
2. Indicate the specific foods and beverages that will be provided by the participant or their guardian/caregiver and the meal components to which they belong.

Participants or their guardian/caregiver may supply one or more meal components for disability reasons but no more than one meal component for non-disability reasons

3. Include a statement of assurance that the adult day care center will serve all other required meal components of the reimbursable meal.

If the request is approved, the CSDE will issue a written response for the acceptable meal components provided by the participant or their guardian/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.

Food safety considerations

When determining whether to allow foods brought from home by the participant or their guardian/caregiver, 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 and their guardians/caregivers to provide meal components should 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 information and resources on food safety, visit the CSDE's [Food Safety for Child Nutrition Programs](#) webpage and the DPH's [Food Protection Program](#) webpage. The CSDE encourages adult day care centers to check with their local health department regarding appropriate food safety procedures for foods sent from home.

2 — Modifications for Disability Reasons

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

Definition of Disability

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

Section 504 of the Rehabilitation Act and the ADA

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

Examples of diseases and conditions

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

- Orthopedic, visual, speech, and hearing impairments
- Cerebral palsy
- Epilepsy
- Muscular dystrophy
- Multiple sclerosis
- Cancer
- Heart disease
- Diabetes
- Intellectual disability
- Emotional illness

- dyslexia and other specific learning disabilities
- Attention deficit hyperactivity disorder
- Human immunodeficiency virus infection (whether symptomatic or asymptomatic)
- Tuberculosis
- Drug addiction and alcoholism. **Note:** An individual who is currently engaging in the illegal use of drugs, when an institution acts based on such use, is not a protected individual with a disability under either Section 504 or the ADA. This exclusion does not include individuals currently participating in, or who have successfully completed, a supervised drug rehabilitation program and are no longer engaging in such drug use.

Major life activities

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

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

Mitigating measures

The ADA Amendments Act specifically prohibits “mitigating measures” from being used to deny an individual with a disability protection under Section 504. Mitigating measures include interventions like medications, prosthetic devices, assistive devices, or learned behavioral or adaptive neurological modifications that an individual may use to eliminate or reduce the effects of an impairment.

For example, if an individual’s diabetes can be controlled through insulin and diet, the individual may still qualify for protection because the mitigating measure (insulin) cannot be considered in determining qualification. However, the Section 504 team may use mitigating measures to determine the accommodations needed for the individual.

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. 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 the diagnosis of the participant's medical condition by a state licensed healthcare professional or registered dietitian. The medical statement indicates if the participant has a disability (physical or mental impairment) that restricts their diet (refer to "[Medical Statement Requirements](#)" in this section).

Considerations for determining disability

Under the ADA Amendments Act, most physical and mental impairments will constitute a disability. This includes conditions that impair immune, digestive, neurological, and bowel functions, as well as many others. All disability considerations must be reviewed on a case-by-case basis, i.e., specific to the individual medical condition and dietary needs of each participant.

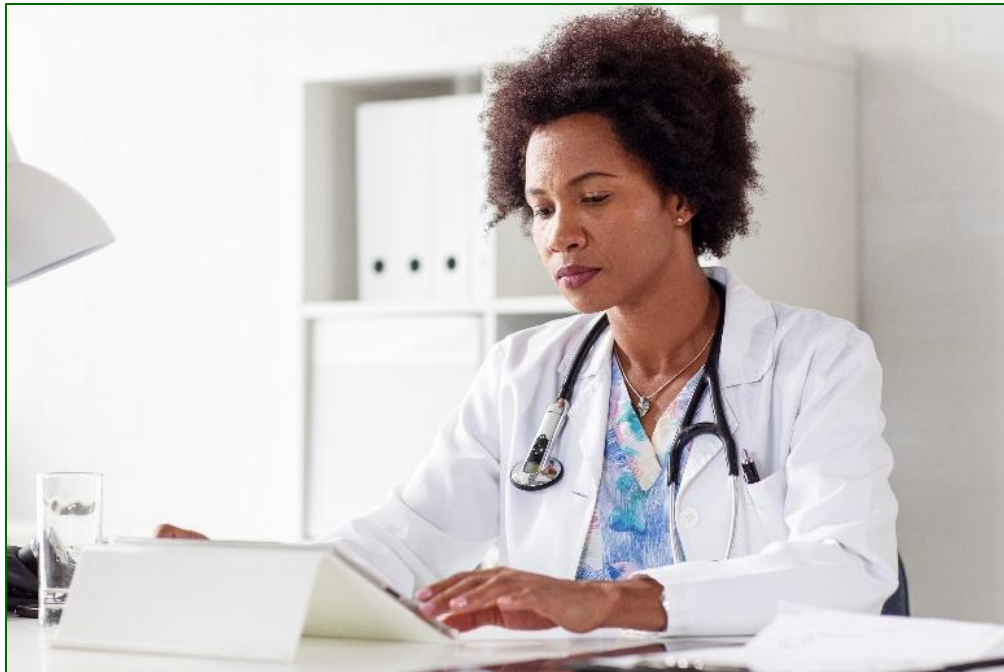
The guidance below summarizes the considerations for what constitutes a disability under the federal laws.

- Under the ADA Amendments Act, a physical or mental impairment does not need to be life threatening to constitute a disability. Limiting a major life activity is sufficient. For example, food intolerance, such as lactose intolerance or gluten intolerance, may be considered to be a disability if it substantially limits digestion, a bodily function that is a major life activity. An individual whose digestion is impaired by food intolerance may be a person with a disability, regardless of whether consuming the food causes the individual severe distress.
- If an individual'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 (refer to "[Mitigating measures](#)" in this section). An impairment may be covered as a disability even if medication or another mitigating measure may reduce the impact on the impairment. For example, the fact that an individual may be able to control

an allergic reaction by taking medication should not be considered in determining whether the allergy is a disability.

- General health concerns and personal preferences are not disabilities and do not require meal modifications. An example is an individual who eats a gluten-free diet or organic foods because they believe it is healthier. This also applies to preferences for fluid milk substitutes (such as rice milk and almond milk) that do not comply with the USDA's nutrition standards for fluid milk substitutes (refer to [table 3-2](#) in section 3).

Based on the ADA Amendments Act, 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 individuals to participate in or benefit from the CACFP. For additional guidance, refer to [USDA Memo CACFP 14-2017](#) and [SFSP 10-2017: Policy Memorandum on Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program](#).



Medical Statement Requirements

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

Required elements for medical statements

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

1. Information about the 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 state licensed healthcare professional or registered dietitian 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 outside of the CACFP adult meal patterns.

Medical statements should provide sufficient information to allow adult day care centers to provide meals 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/caregiver to obtain the required information. 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).

CSDE's medical statement form

The CSDE's medical statement form and instructions include the information required by the USDA. These documents are available in English and Spanish in the "[Medical Statements](#)" section of the CSDE's Special Diets in the Child and Adult Care Food Program webpage.

- Instructions for the Medical Statement for Meal Modifications for Adult Participants in the Child and Adult Care Food Program (CACFP):
https://portal.ct.gov/-/media/sde/nutrition/cacfp/specdiet/adult_medical_statement_cacfp_instructions.pdf
- Instructions for the Medical Statement for Meal Modifications in CACFP Adult Day Care Centers (Spanish): Instrucciones para la declaración médica para modificaciones de alimentos para participantes adultos en los programas de cuidado infantil Programa de Alimentos para el Cuidado de Niños y Adultos (CACFP):
https://portal.ct.gov/-/media/sde/nutrition/cacfp/specdiet/adult_medical_statement_cacfp_spanish_instructions.pdf
- Medical Statement for Meal Modifications for Adult Participants in the Child and Adult Care Food Program (CACFP):
https://portal.ct.gov/-/media/sde/nutrition/cacfp/specdiet/adult_medical_statement_cacfp.docx
- Medical Statement for Meal Modifications in CACFP Adult Day Care Centers (Spanish): Declaración médica para modificaciones de alimentos para participantes adultos en los programas de cuidado infantil Programa de Alimentos para el Cuidado de Niños y Adultos (CACFP) (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/cacfp/specdiet/adult_medical_statement_cacfp_spanish.docx

Adult day care centers that use an alternate form must include the three required elements (refer to "[Required elements for medical statement](#)" in this section).

To protect participants' privacy and confidentiality, the medical statement cannot require a specific diagnosis by name or use the terms "disabled" or "disability."

Authorized signers for medical statements

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

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

Adult day care centers are not required to obtain a separate medical statement if the participant has an IHCP or Section 504 that includes the USDA's three elements (refer to "[Required elements for medical statement](#)" 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 504 plan includes the required elements (refer to "[Team approach](#)" in section 1). Clear communication about the requirements for the medical statement can help reduce the burden for participants or their guardian/caregiver, food service personnel, and CACFP staff working to accommodate participants with disabilities in the adult day care center setting.

Medical information in doctor's note

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

Adult day care centers may request that participants and their guardians/caregivers use the CSDE's medical statement form but cannot reject any written statement signed by a state licensed healthcare professional or registered dietitian that contains the required information.

Electronic medical statements

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

Handling missing information

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. When necessary, the adult day care center should work with the participant or their guardian/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. Clarification of the medical statement should not delay the adult day care center from providing a reasonable meal modification for the participant.

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

While waiting for the participant or their guardian/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 CACFP adult meal patterns. In this situation, center officials must follow the procedures below.

1. Document the initial conversation with the participant or their guardian/caregiver when the adult day care center first learned of the participant's need for a meal modification.
2. Follow up with the participant or their guardian/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/caregiver until the adult day care center obtains a medical statement or the participant or their guardian/caregiver rescinds the meal modification request.

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

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/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.

- **Example:** A participant is allergic to a specific ingredient found in a menu item. The participant's medical statement 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 participant (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/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 on working collaboratively to develop an effective approach for the participant.

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.

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

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 (refer to "[Procedural Safeguards](#)" in section 4). Any final decision regarding the modification request must be provided to the participant or their guardian/caregiver in writing.

Stopping a request

If a participant no longer needs a meal modification, adult day care centers are not required to obtain written documentation from a state licensed healthcare professional or registered dietitian to rescind the original medical order prior to ending a meal modification. However, the USDA recommends that 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/caregiver to sign a statement or send an email indicating their participant no longer needs the meal modification.

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/caregivers provide updated medical information, adult day care centers must ensure that the medical statements on file reflect participants' current dietary needs. Changes to diet orders must be written on a medical statement signed by a state licensed healthcare professional or registered dietitian.

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 their guardians/caregivers.

Handling conflicting information

Adult day care centers should request a revised medical statement when 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/caregiver.

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

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

Sharing medical statements with food service staff

The HIPAA permits the disclosure of personal health information needed for patient care and other important purposes. 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/caregiver about this sharing of information.

When a medical statement is not required

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

While not required, the CSDE recommends obtaining a medical statement to ensure clear communication between the participant or guardian/caregiver and the adult day care center regarding the appropriate meal modifications for the participant. This serves as a precaution to ensure clear communication about safe and appropriate meals for the participant, protect the adult day care center, and minimize misunderstandings.

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 state licensed healthcare professional or registered dietitian. Examples of episodic disabilities include mental illness, multiple sclerosis, Crohn’s colitis, and some forms of cancer.

Temporary Disabilities

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.

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

If a 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 illnesses or injuries (such as a cold, the flu, or a minor broken bone) are generally not considered to be conditions that require reasonable meal modifications.

Same Meal

Adult day care centers are not required to provide the same meal offered on the regular CACFP menu. Adult day care centers are only responsible for providing a reasonable meal modification that safely accommodates the participant's disability.

- **Example:** 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 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 participant.

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

Number of Alternate Meals

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

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

- the same modified meal or snack that meets the participant's specific dietary needs, each time the participant eats CACFP meals and snacks; or
- 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/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.

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 for specific dietary concerns, such as a five-day cycle menu for a gluten-free diet or a two-week cycle menu for a specific food allergy. A cycle menu is a series of menus planned for a specific period with a different menu for each day. At the end of the cycle, the menu repeats in the same order. For information on developing cycle menus, visit the “[Cycle Menu](#)” section of the CSDE’s Menu Planning for Child Nutrition Programs webpage.

Before using the same cycle menu for different participants with the same medical condition, adult day care centers should check with each participant or their guardian/caregiver to ensure that the modified meals meet the participant’s specific dietary requirements.

Different Portion Sizes

If a state licensed healthcare professional or registered dietitian indicates that a participant’s disability 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 indicated below.

- A participant requires an additional amount of a specific meal component at lunch, such as a second serving of the MMA component or grains component. The adult day care center must provide the additional amount of the meal component.
- A participant requires a smaller portion of food than the minimum serving required in the CACFP adult meal patterns. For example, the lunch meal pattern requires 2 ounce equivalents (oz eq) of the MMA component, but the participant’s medical statement indicates that 1 oz eq of MMA is required. The adult day care center must provide the smaller portion.
- A participant requires two of the same meal, such as two lunches. The adult day care center must provide the two lunches. However, 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 (or Section 504 plan, if applicable) must specify any requirements for different portion sizes.

Texture Modifications

Unless otherwise specified by the state licensed healthcare professional or registered dietitian, meals modified for texture (such as chopped, ground, or pureed) should consist of the same food items and quantities specified in the regular CACFP menus. 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 participant's medical statement without consulting the participant or their guardian/caregiver.



- Example:** The medical statement for a participant with a disability requests pureed food. The adult day care center cannot substitute baby food as an alternative to pureeing the regular CACFP menu unless it is appropriate for the participant and effectively accommodates the participant's specific dietary needs. The participant or their guardian/caregiver must agree to the substitution and must submit a revised medical statement confirming 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/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 might 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 medical statements for texture modifications. The CSDE recommends obtaining a medical statement to ensure clear communication between the participant or their guardian/caregiver and CACFP staff regarding the appropriate meal modifications for the participant. This serves as a precaution to ensure clear communication

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

Tube Feeding

If a participant is determined under Section 504 to have a disability that requires tube feeding, the participant's Section 504 plan will include feeding and swallowing as a component. The USDA recommends using commercial nutrition formulas prescribed by a state licensed healthcare professional or registered dietitian and specially designed for tube feedings. Formula prepared on site may be subject to spoilage and might not always have the correct consistency or nutritional content. Proper administration of this type of feeding generally requires the skills of specially trained personnel, such as nurses or specially trained aides who regularly work with the 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 the 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 the CACFP

The general guideline in making meal modifications 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 in general. For example, an adult day care center that does not serve breakfast is not required to provide breakfast for a participant with a disability.

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 (refer to [“Allowable Costs”](#) in section 1).

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 (refer to [“Assessing requests”](#) in this section).



Nutrition Information

The USDA considers providing nutrition information for foods and beverages served in reimbursable meals and snacks to be part of reasonable meal modifications. Adult day care centers are responsible for making nutrition information for reimbursable meals and snacks available to participants and their guardians/caregivers and others as needed. This enables the participant or their guardian/caregiver and appropriate medical personnel to determine which meals and snacks are safe for the participant to eat, and which meals and snacks the adult day care center must modify to meet the participant's specific dietary requirements.

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

As a reminder, a best practice is developing cycle menus for common special diets, such as gluten free, diabetic, and specific food allergies (refer to [“Develop cycle menus for special diets”](#) in this section). This ensures that nutrition information is readily available for all menu items.

How to provide nutrition information

Adult day care centers can 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 guardians/caregivers can review.

If a product's label does not provide adequate nutrition information, adult day care centers are responsible for obtaining the necessary information to ensure a safe meal for the participant. Adult day care centers 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 guardians/caregivers require nutrition information, the CSDE recommends providing a monthly menu several weeks in advance. This enables participants or their guardians/caregivers to determine which meals and snacks they will be eating. It also allows sufficient time for the food service program to gather nutrition information for the selected meals and snacks to share with the participant or their guardian/caregiver and other appropriate personnel.

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 (vendor or FSMC) should address the requirement for providing nutrition information for CACFP meals and snacks. Vendors must make nutrition information available as needed (refer to [“Modifications for Procured Meals”](#) in section 1).

Carbohydrate Counts

Adult day care centers are responsible for providing a carbohydrate count to a diabetic participant or their guardian/caregiver for all foods and beverages served in one daily reimbursable meal choice. If the daily menu includes multiple meal choices, the adult day care center is not required to provide carbohydrate counts for each meal (refer to [“Nutrition information for multiple meal choices”](#) in this section).

The CACFP food service program is responsible for providing information on the initial weights or measures of the planned food for the meal or snack. However, food service staff are not responsible for weighing or measuring leftover food after the 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 one- or two-week diabetic cycle menu with carbohydrate counts (refer to [“Develop cycle menus for special diets”](#) in this section). Before using the same cycle menu for different participants with diabetes, adult day care centers should check with each participant or their guardian/caregiver to ensure that the modified meals meet their specific dietary requirements.

For resources on diabetes, visit the [American Diabetes Association](#) website and the [“Diabetes”](#) section of the CSDE’s Special Diets in the Child and Adult Care Food Program webpage. For more information refer to [“Diabetes”](#) in the CSDE’s [Resource List for Special Diets in the Child Nutrition Programs](#).

Food Allergies

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

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

Under the ADA Amendments Act, a food allergy does not need to be life threatening or cause anaphylaxis to be considered a disability. A non-life-threatening food allergy may be a disability and require a meal modification if it affects a major bodily function or other major life activity, such as digestion, respiration, immune response, and skin rash. If a state licensed healthcare professional or registered dietitian determines that a food allergy is a disability for a particular 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. Prevention is important because even a tiny amount of an allergen can cause a severe and potentially life-threatening reaction for some individuals.

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 several key actions to keep mealtimes safe for participants with food allergies. These actions include providing a safe meal and safe environment, reading labels, recognizing participants 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.

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.

Preventing cross-contact

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

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

Some examples of cross-contact include:

- using a knife to make peanut butter sandwiches, wiping the knife, then using the same knife to cut a grilled cheese sandwich;
- using the same spatula to flip a hamburger after flipping a cheeseburger;
- steam from cooking fish or shellfish touches nearby foods;

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- 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

Adult day care centers must ensure that all food service staff understand how to identify and prevent cross contact.

Properly clean food production surface areas

When preparing and serving food, food service staff must ensure that food preparation and serving utensils are not exposed to allergens and then used for other foods. Food production surface areas should be properly cleaned before, during, and after food preparation. Allergen residue can be removed by cleaning with soap, warm water, and friction.

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

Use proper handwashing

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



Reading labels

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

It is important that staff who supervise CACFP meals and snacks can 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 to 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 with Special Dietary Needs"](#) in this section.

Promote communication and teamwork

Good communication and teamwork among all staff are essential for providing a safe environment for 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 (refer to ["Communicating with food service staff"](#) in section 1). Close communication between medical personnel and CACFP staff ensures that participants receive appropriate meal modifications.

Clear communication with staff

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

Professional development for staff

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 4.

Clear communication with participants and their guardians/caregivers

It is important to maintain clear communication with participants and their guardians/caregivers about the adult day care center's procedures for managing food allergies. This communication should include:

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

For more information, refer to "[Communicating with participants and their guardians/caregivers](#)" in section 1 and "[Communication tool](#)" in section 4.

Accommodating food allergies within the CACFP adult meal patterns

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

- **Example:** A participant has an allergy to a specific fruit. The adult day care center can substitute a different fruit that is safe for the participant to eat.

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

The CSDE recommends obtaining a medical statement for optional modifications to ensure clear communication between participants and their guardians/caregivers and the adult day care center regarding the appropriate modifications for the participant. This serves as a precaution to ensure safe and appropriate meals for the participant, protect the adult day care center, and minimize misunderstandings.

Food allergy resources

The resources below provide guidance on managing food allergies.

- 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 ("Documents/Forms" section of CSDE's Special Diets in CACFP Adult Day Care Centers webpage):
<https://portal.ct.gov/sde/nutrition/special-diets-in-cacfp-adult-day-care-centers/documents#FoodAllergies>
- 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>
- 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>
- Tips for Avoiding Your Allergen (FARE):
<https://www.foodallergy.org/resources/tips-avoiding-your-allergens>

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

Food Intolerance or Sensitivity

Food intolerance or sensitivity is an adverse food-induced reaction that does not involve the body’s immune system. Examples include lactose intolerance and gluten intolerance. If a state licensed healthcare professional or registered dietitian determines that food intolerance is a disability for a particular participant, the adult day care center must make a reasonable meal modification based on the instructions in the participant’s medical statement.

Participants with food intolerance often experience uncomfortable gastrointestinal symptoms such as gas, diarrhea, and abdominal pain. However, some participants may be able to eat small amounts of the food without any symptoms or may be able to eat some related foods, such as yogurt for milk intolerance.

Gluten Sensitivity

Gluten sensitivity (also called gluten intolerance) is a condition with symptoms that are similar to celiac disease but that improve when gluten is eliminated from the diet. Gluten sensitivity is a diagnosis of exclusion that requires ruling out celiac disease and wheat/gluten allergy, followed by a period of dietary gluten exclusion to see if the patient gets better, then a gluten challenge to see how the patient reacts. Individuals diagnosed with gluten sensitivity do not experience the small intestine damage found in celiac disease.

Under the ADA Amendments Act, food intolerance or sensitivity may be a disability if it substantially limits digestion, a bodily function that is a major life activity. A 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 state

licensed healthcare professional or registered dietitian determines that gluten sensitivity is a disability for a particular participant, the adult day care center must make a reasonable meal modification on the instructions in the participant's medical statement.

Celiac Disease

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

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

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

- breads and bread products, e.g., pizza crust and muffins;
- pasta and couscous;
- grain-based desserts, such as cookies, cakes, and pies (**note:** grain-based desserts do not credit in the CACFP 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 2-1 provides general guidance on foods to avoid and allow with celiac disease. When making meal modifications for celiac disease, adult day care centers must make a reasonable meal modification based on the specific guidance in each participant's medical statement signed by a state licensed healthcare professional or registered dietitian.

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

Avoid	Allow
<ul style="list-style-type: none"> • Barley (malt, malt flavoring, and malt vinegar are usually made from barley) • 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 ◦ Wheat bran • Processed foods unless labeled “gluten-free” or made with corn, rice, soy, or other gluten-free grain 	<p>These foods are acceptable if they are not processed or mixed with gluten-containing grains, additives, or preservatives.</p> <ul style="list-style-type: none"> • Beans, seeds, and nuts in their natural, unprocessed form • Fresh eggs • Fresh meats, fish, and poultry (not breaded, batter-coated, or marinated) • Fruits and vegetables • Most dairy products • Gluten-free grains <ul style="list-style-type: none"> ◦ Amaranth ◦ Arrowroot ◦ Buckwheat ◦ Corn flour and cornmeal ◦ Flax ◦ Gluten-free flours (rice, soy, corn, potato, bean) ◦ Hominy (corn) ◦ Millet ◦ Oats (must be labeled “gluten-free”) <p>Note: Pure oats are a gluten-free food, but most commercially processed oats have been contaminated during the growing, harvesting, or processing stages.</p> ◦ Quinoa ◦ Rice ◦ Sorghum ◦ Soy ◦ Tapioca ◦ Teff

The CSDE encourages adult day care centers to develop a one- or two-week gluten-free cycle menu (refer to [“Develop cycle menus for special diets”](#) in this section). Before using the same cycle menu for different participants with celiac disease, adult day care centers should check with each participant or their guardian/caregiver to ensure that the modified meals meet their specific dietary requirements.

For more information and resources on celiac disease, visit the [“Celiac Disease and Intolerance”](#) section of the CSDE’s Special Diets in the Child and Adult Care Food Program webpage.

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 participants 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 participants, it is reasonable to view the autism diagnosis as a dietary restriction that is part of their disability. If a state licensed healthcare professional or registered dietitian determines that a dietary restriction is part of a participant’s autism diagnosis, the adult day care center must provide a reasonable meal modification based on the participant’s medical statement (or Section 504 plan, if applicable). The examples below indicate the requirements for meal modifications for participants with autism.

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 vegetables. If a state licensed healthcare professional or registered dietitian supports the elimination of the vegetables component due to the

participant's autism, the adult day care center must provide meals and snacks that do not contain vegetables. The USDA allows reimbursement for these modified meals because the participant's disability restricts their diet.

It would be beneficial for the adult day care center to consult with the participant's participant or guardian/caregiver or state licensed healthcare professional or registered dietitian 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 vegetables. The USDA recommends collecting as much information as possible regarding the participant's condition to better meet the participant's nutritional needs. This information will also assist the menu planner with making appropriate meal modifications.

Food Preference versus Disability

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

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

Substitutes for Fluid Milk for Disability Reasons

When a participant has a medically documented disability that requires a substitute for fluid milk, the adult day care center must provide an appropriate substitute based on the participant's medical statement signed by a state licensed healthcare professional or registered dietitian. The medical statement for a milk modification for disability reasons must include the two elements below.

1. Information about the 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, i.e., 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 provide an appropriate substitute based on the participant's medical statement. This could be any beverage that meets the participant's specific dietary needs, such as juice, water, or a plant-based fluid milk substitute like soy milk.

Milk fat content for disability reasons

The CACFP adult meal patterns require low-fat or fat-free milk, either unflavored or flavored. However, if a participant has a medically documented disability that requires milk with a different fat content, the adult day care center must provide an appropriate substitute based on the medical statement signed by a state licensed healthcare professional or registered dietitian.

- **Example:** A participant's medical statement indicates that their disability requires whole milk instead of low-fat milk. The adult day care center must provide whole milk as a substitute for low-fat milk.

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

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

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

- **Example:** A participant's medical statement lists a specific brand of soy milk. The adult day care center could check with the participant or their guardian/caregiver to see if it would be safe and appropriate to provide a different brand of soy milk for the participant.

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

Identifying Participants with Special Dietary Needs

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 appropriate staff should have access to the applicable information in participants' medical statements to allow appropriate meal modifications.

The general guideline for identifying participants whose disability requires a meal modification is to ensure that 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 guardians/caregivers to relinquish confidential medical information through outward identification.

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

For some medical conditions, such as food allergies, it may be appropriate for 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.

Unacceptable practices for identifying participants

Adult day care centers cannot implement policies or practices that outwardly identify participants whose disability requires a meal modification. Examples of unacceptable practices include posting lists of participants' dietary needs in public areas or asking participants or their guardians/caregivers 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.

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 guardian/caregiver requests a physical designation for the participant), this is less of a privacy concern and is acceptable because the participant (or guardian/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 adult day care centers to maintain participants' confidentiality, a participant or their guardian/caregiver can choose to self-identify, but the adult day care center cannot outwardly identify the participants or ask participants or their guardians/caregivers to agree to outward identification.

Acceptable practices for identifying participants

Adult day care centers can use several acceptable practices to identify participants with disabilities during the meal service, while avoiding outward designation. 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 staff who supervise 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 guardians/caregivers (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 (refer to "[Communicating with participants and their guardians/caregivers](#)" in section 1).

Adult day care centers that need additional guidance to determine if their practices for identifying participants are acceptable should [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 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 area and required to sit in another room during the meal service.

When separate tables are allowed

Under some circumstances it may be appropriate to require 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 one of the following:

- a designated table in the dining area cleaned according to food safety guidelines (to eliminate possible cross-contact of allergens on tables and seating); or
- an area away from the dining area, 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 the participants' needs.

Prior to developing a special seating arrangement, the adult day care center should determine, with input from the participant or their guardian/caregiver and state licensed healthcare professional or registered dietitian, 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 guardians/caregivers 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 adult day care center. Bans can create a false sense of security, which can lead to less responsible approaches to effective management strategies, education, and emergency responses. Banning foods 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.

Banning can also 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 might include:

- establishing allergen-free zones;
- establishing allergen-free tables or areas in the dining area;
- establishing food-free zones, such as in 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 individual privacy needs and preferences of participants in determining appropriate plans. Not all participants will need or want to use an

allergen-free zone in the adult day care setting. For more information, refer to “[Appropriate Eating Areas](#)” and “[Identifying Participants with Special Dietary Needs](#)” in this section.



3 — Modifications for Non-disability Reasons

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

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

Meal modifications within the CACFP adult meal patterns must meet all meal pattern requirements (refer to [“Meal Pattern Compliance”](#) in section 1).

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

The CSDE recommends obtaining a medical statement for modifications within the adult meal patterns to ensure clear communication between participants or their guardian/caregiver and the adult day care center regarding the appropriate modifications for the participant. This serves as a precaution to ensure safe and appropriate meals for the participant, protect the adult day care center, and minimize misunderstandings.

Modifications Outside the CACFP Adult Meal Patterns

Adult day care centers may choose to provide meal modifications outside the CACFP adult meal patterns (i.e., noncreditable foods) on a case-by-case basis for non-disability reasons. Noncreditable foods are foods and beverages that do not contribute to the CACFP adult meal

patterns. For more information on noncreditable foods, refer to the CSDE's resource, [Noncreditable Foods in the Child and Adult Care Food Program](#).

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

Allowable Substitutions for Regular Cow's Milk

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

1. Lactose-free/reduced milk

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

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

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

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

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

Requirements	Lactose-free/reduced milk	Fluid milk substitutes
Federal nutrition standards (USDA)	Must be low-fat or fat-free milk, either unflavored or flavored. The USDA recommended serving only unflavored lactose free/reduced milk.	Must meet the USDA's nutrition standards for fluid milk substitutes (refer to table 3-2).
Documentation	None: Lactose-free/reduced milk are fluid milk and credit as the milk component in the CACFP adult meal patterns.	Written request from the participant or their guardian/caregiver, a state licensed healthcare professional, or a registered dietitian that identifies the reason for the fluid milk substitute. substitute. Maintain on file with the participant's medical records (refer to " Storage of medical statements " in section 2).



USDA's Nutrition Standards for Fluid Milk Substitutes

Adult day care centers that choose to offer one or more fluid milk substitutes for non-disability reasons must use commercial products that meet the USDA's nutrition standards for fluid milk substitutes. These nutrition standards ensure that participants who require a fluid milk substitute receive the important nutrients found in milk.

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

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

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

Nutrients per cup (8 fluid ounces)	Unrounded % DV ¹	Rounded % DV ²
Calcium: 276 milligrams (mg)	21.23%	20%
Protein: 8 grams (g)	16%	16%
Vitamin A: 150 micrograms (mcg) retinol activity equivalent (RAE)	16.67%	20%
Vitamin D: 2.5 micrograms (mcg)	12.5%	15%
Magnesium: 24 mg	5.71%	6%
Phosphorus: 222 mg	17.76%	20%
Potassium: 349 mg	7.43%	10%
Riboflavin: 0.44 mg	33.85%	35%
Vitamin B12: 1.1 mcg	45.83%	45%

¹ The unrounded % DV is the minimum nutrients per cup divided by the current daily value for each nutrient (refer to the FDA's [Reference Guide: Daily Values for Nutrients](#)).

² The rounded % DV is based on the FDA labeling laws and is listed on the Nutrition Facts label (refer to Appendix H of the FDA's [A Food Labeling Guide: Guidance for Industry](#)).

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

Identifying Acceptable Fluid Milk Substitute Products

Commercial products that meet the USDA's nutrition standards for fluid milk substitutes are identified in the CSDE's resource, *Allowable Fluid Milk Substitutes for Non-disability Reasons for Adult Participants in the Child and Adult Care Food Program*. Certain brands of soy milk and oat milk are the only currently available commercial products that meet these requirements. Almond milk, cashew milk, rice milk, some brands of soy milk, most brands of oat milk, and other nondairy milk products do not meet these requirements and cannot be offered as fluid milk substitutes for non-disability reasons.

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

Screening products using the USDA's protein standard

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

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

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

Required Documentation for Fluid Milk Substitutes

Adult day care centers must have documentation on file to claim reimbursement for meals and snacks that contain fluid milk substitutes. Prior to providing a fluid milk substitute for a non-disability reason, adult day care centers must obtain a written request from the participant or their guardian/caregiver, a state licensed healthcare professional, or a registered dietitian that identifies the reason for the fluid milk substitute. For example, a participant may submit a written request for an allowable brand of soy milk because they are a vegetarian.

Adult day care centers must maintain all requests for fluid milk substitutes on file with participants' other medical records (refer to "[Storage of medical statements](#)" in section 2).

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

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

Considerations for Offering Fluid Milk Substitutes

The considerations below apply to adult day care centers that choose to offer allowable fluid milk substitutes for participants who do not consume regular cow's milk due to non-disability reasons.

Variety of choices

Since fluid milk substitutes are optional, adult day care centers may decide how many types to offer. Adult day care centers that offer more than one allowable milk substitute must inform all participants or their guardians/caregivers of the options and allow all participants or their guardians/caregivers to choose one.

Adult day care centers may choose to offer only one fluid milk substitute. If participants or their guardians/caregivers decide not to take this option, the adult day care center is not obligated to offer any other fluid milk substitutes.

Availability

If an adult day care center chooses to offer allowable fluid milk substitutes, they must be available for all participants when requested by the participant or their guardian/caregiver. If the adult day care center grants a request for any fluid milk substitute, all requests for that substitute must be granted.

- **Example:** A participant care center chooses to provide an allowable brand of soy milk at a parent's request. That allowable brand of soy milk must be available to all participants or their guardians/caregivers who make any request for fluid milk substitutes.

The participant's fluid milk substitute approval must remain in effect until the participant or their guardian/caregiver, state licensed healthcare professional, or registered dietitian revokes the request in writing, or until the adult day care center changes its fluid milk substitute policy.

Beverages Not Allowed for Non-disability Reasons

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

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

Adult day care centers can never substitute water and juice for milk for non-disability reasons in reimbursable meals and snacks.

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



Summary of Acceptable and Unacceptable Milk Substitutes

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

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

Adult day care center offers	Allowable?
Whole lactose-free/reduced milk, unflavored	No
Whole lactose-free/reduced milk, flavored	No
Reduced-fat (2%) lactose-free/reduced milk, unflavored	No
Reduced-fat (2%) lactose-free/reduced milk, flavored	No
Low-fat lactose-free/reduced milk, unflavored	Yes
Low-fat lactose-free/reduced milk, flavored	Yes
Fat-free lactose-free/reduced milk, unflavored	Yes
Fat-free lactose-free/reduced milk, flavored	Yes
Unflavored fluid milk substitutes that do not meet the USDA's nutrition standards, such as rice milk or almond milk	No
Flavored fluid milk substitutes that do not meet the USDA's nutrition standards, such as rice milk or almond milk	No
Unflavored fluid milk substitutes that meet the USDA's nutrition standards, such as soy milk	Yes ²
Flavored fluid milk substitutes that meet the USDA's nutrition standards, such as soy milk	Yes ²
Juice	No
Water	No
Powdered milk beverages	No
Nutrition supplement beverages	No

Modifications for Religious Reasons

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

The USDA grants religious exemptions for entities (schools, institutions, and sponsors), not individuals. Adult day care centers are not required to make meal modifications for participants whose dietary restrictions are based on religion. However, the USDA encourages adult day care centers to provide a variety of foods that participants can select, which helps to accommodate individual food preferences (refer to "[Food Preferences](#)" in this section).

Adult day care centers may choose to make modifications for individual participants based on religion by substituting different foods within the same meal component. For example, a participant who does not eat pork for religious reasons could be served another food from the MMA component (such as chicken or peanut butter) and still be provided a reimbursable meal.

Jewish sponsors

The USDA's [FNS Instruction 783-13 \(Rev. 3\)](#) summarizes the requirements for variations in meal patterns for Jewish schools, institutions, and sponsors.

Exemption for enrichment and WGR requirements

During the religious observance of Passover, Jewish institutions are exempt from the enrichment and WGR requirements of the USDA's regulations. Jewish institutions may substitute unenriched matzo for WGR or enriched products only during that period. At all other times of the year, matzo served as the grains component must be WGR or enriched.

For guidance on WGR and enriched grains, refer to the CSDE's resources, [Crediting Whole Grains in the Child and Adult Care Food Program](#), [Crediting Enriched Grains in the Child and Adult Care Food Program](#), and [Guide to Meeting the Whole Grain-rich Requirement for the Child and Adult Care Food Program](#).

Flexibilities for milk component

The USDA also allows flexibilities for Jewish institutions regarding the meal pattern requirement to offer milk with all meals. Jewish institutions may choose from four alternative options. These options apply only to meals containing meat or poultry when participants do not have the opportunity to refuse milk or meat/poultry through offer versus serve (OVS). For OVS guidance, refer to the CSDE's resource, [Offer versus Serve in Adult Day Care Centers in the Child and Adult Care Food Program](#).

1. Serve an equal amount of an allowable fluid milk substitute that is nutritionally equivalent to fluid milk (refer to "[USDA's Nutrition Standards for Fluid Milk Substitutes](#)" in this section).
2. Serve an equal amount of full-strength juice in place of milk with lunch or supper. When substituting juice for milk, juice cannot contribute to the meal pattern requirements for fruits or vegetables.
 - 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 above as an alternative to the standard regulatory meal requirements. For review and audit purposes, institutions electing to use these options must inform the CSDE in writing prior to implementation and must maintain a record of which option they have chosen.

Seventh-day Adventist sponsors

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

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

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

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

Menu planners cannot determine if an APP product meets these criteria by reading the product's label. The labeling laws of the USDA's Food Safety Inspection Service (FSIS) and FDA require manufacturers to list product ingredients, but percentage labeling is voluntary.

For example, a product may list whey protein concentrate and hydrolyzed soy protein in the ingredients but will not indicate the percentage of these protein ingredients by weight. This means that manufacturers must provide one of the appropriate crediting documents below.

1. The original Child Nutrition (CN) label from the product carton or a photocopy or photograph of the CN label shown attached to the original product carton. For more information, refer to the CSDE's resource, [Using Child Nutrition \(CN\) Labels in the Child and Adult Care Food Program](#).

2. A product formulation statement (PFS) from the manufacturer with supporting documentation on company letterhead that the APP ingredient meets the USDA's requirements. Sample APP documentation is on page 6 of the USDA's [Questions and Answers on Alternate Protein Products](#). For more information, refer to the CSDE's resource, [Using Product Formulation Statements in the Child and Adult Care Food Program](#).

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

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

Modifications for Vegetarians

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

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

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

Modifications for Food Preferences

The CACFP regulations do not require adult day care centers to make meal modifications based on the food choices or personal preferences of a participant or their guardian/caregiver.

Personal food preferences are not a disability and do not require meal modifications (refer to “[Food Preference versus Disability](#)” in section 2). Some examples of personal food preferences are listed below.

- A participant prefers a gluten-free diet because she believes it is healthier.
- A participant eats organic foods at home and wants to eat organic foods in the adult day care center.
- A participant prefers rice milk because he does not like the taste of cow's milk.
- A participant does not like lasagna and prefers to eat macaroni and cheese.

Section ([7 CFR 226.20\(g\)\(1\)](#)) of the CACFP regulations indicates that adult day care centers should consider participants’ dietary preferences when planning and preparing meals and snacks. Within individual program cost constraints and logistics (such as food service production capabilities), the CSDE encourages adult day care centers to work with participants or their guardians/caregivers to identify additional menu options that participants can eat.

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 state licensed healthcare professional or registered dietitian (refer to “[Modifications Outside the CACFP Adult Meal Patterns](#)” in this section).

4 — Policies and Procedures

Adult day care centers must comply with the applicable federal and state laws for developing and implementing written policies and procedures for meal modifications in the CACFP. The USDA regulations require 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 SOPs for meal modifications in the CACFP. More information is available below and in the [“Policy for Meal Modifications”](#) section of the CSDE’s Special Diets in the Child and Adult Care Food Program webpage.

Procedural Safeguards

The USDA encourages adult day care centers to develop and implement written procedures for participants and their guardians/caregivers regarding how to request meal modifications for disability reasons and resolve grievances. These procedures include providing the participant or their guardian/caregiver with a written final decision on each request.

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. 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.

Requirements for adult day care centers employing at least 15 individuals

Adult day care centers employing at least 15 individuals must designate at least one person to coordinate compliance with disability requirements, as required by the USDA’s nondiscrimination regulations (7 CFR 15b.6). This position is often referred to as the Section 504 Coordinator. The Section 504 Coordinator is responsible for addressing requests for accommodations in the adult day care center and may also be responsible for ensuring compliance with disability requirements related to meals and the meal service. The USDA does not require a separate Section 504 Coordinator who is only responsible for meal modifications.

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

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

Recommended Policy for Meal Modifications

The CDSE strongly encourages adult day care centers to develop a written policy addressing meal modifications in the CACFP. This 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).

Importance of policy

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

- **Provides clear guidelines:** Written policy serves as a comprehensive reference for participants and their guardians/caregivers, and adult day care center staff. It outlines expectations, procedures, and standards, ensuring that everyone understands their roles and responsibilities. This clarity helps to minimize misunderstandings and conflicts by providing a transparent framework for operational procedures.
- **Ensures consistent practices:** Consistency is crucial to effectively implement meal modifications. Written policy standardizes practices across different programs and among various staff members within the adult day care center. This uniformity ensures

that all participants receive equitable access to meal modifications according to federal and state laws and the adult day care center's local procedures.

- **Documents compliance:** Policy is essential for demonstrating adherence to federal and state laws. Written documentation helps ensure that adult day care centers comply with the legal requirements for meal modifications and adhere to best practices, such as developing cycle menus for common special diets and implementing acceptable methods for identifying participants during the meal service who require meal modifications.
- **Educates participants and their guardians/caregivers:** Clear policy informs participants and their guardians/caregivers about the adult day care center's process for submitting a meal modification request, procedural safeguards process, and procedures for implementing meal modifications. Providing a written document fosters transparency and builds trust and collaboration between the adult day care center and participants and their guardians/caregivers.
- **Evaluates process and staff:** Written policy offers a benchmark for assessing the meal modifications process and staff performance. It outlines procedures that adult day care centers can use to identify areas for improvement, audit compliance, ensure accountability, and support professional development of staff.

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

Policy's role in communicating meal modifications

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

- the adult day care center's process for participants and their guardians/caregivers to request meal modifications, including how to complete and submit the medical statement (refer to "[Medical Statement Requirements](#)" in section 2);
- the adult day care center's procedural safeguards process for participants with a disability (refer to "[Procedural Safeguards](#)" in this section);

- the documentation requirements for meal modifications and the adult day care center's procedure for ensuring participants' dietary information is up to date (refer to "[Updating medical statements](#)" in section 2);
- the adult day care center's SOPs for meal modifications, e.g., preparing foods for different types of special diets, and cleaning and handwashing procedures to prevent cross-contact of food allergens (refer to "[Preventing cross-contact](#)" in section 2);
- how the adult day care center handles requests for optional modifications for non-disability reasons;
- communication procedures among staff and between the adult day care center and participants and their guardians/caregivers to ensure awareness of each participant's dietary needs and specific accommodations (refer to "[Communicating with participants and their guardians/caregivers](#)" in section 1 and "[Promote communication and teamwork](#)" in section 2); and
- the adult day care center's monitoring process to ensure that meal modifications are appropriate and meet each participant's individual dietary needs.

The adult day care center's policy may communicate other procedures depending on local needs.



Standard Operating Procedures (SOPs)

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

Examples of SOP topics for meal modifications

The CSDE encourages adult day care centers to tailor SOPs for meal modifications to their specific needs. Some examples of potential SOP topics include:

- preparing foods for different types of special diets, such as texture modifications, food allergies, celiac disease, and diabetes;
- reviewing menus, reading food labels, and making nutrition information available to participants and their guardians/caregivers, health professionals, and others as needed (refer to “[Nutrition Information](#)” in section 2);
- cleaning to prevent cross-contact of possible allergens (refer to “[Preventing cross-contact](#)” in section 2 and the ICN’s [Sample SOP: Serving Safe Food to Students with Food Allergies](#));
- handwashing to prevent cross-contact of possible food allergens (refer to “[Use proper handwashing](#)” in section 2 and the ICN’s [Sample SOP: Serving Safe Food to Students with Food Allergies](#) and [Sample SOP: Washing Hands](#));
- ensuring that 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 disability reasons (refer to “[Team approach](#)” in section 1);
- obtaining consultation services (such as a registered dietitian) as needed, to plan CACFP meals and snacks for disability reasons; and
- training for food service staff, substitutes, and other staff involved with planning, preparing, and serving CACFP meals and snacks (refer to “[Staff Training](#)” in this section).

The adult day care center’s SOPs should ensure a comprehensive approach to effectively meet the needs of all participants.

SOP resources

The CSDE's *Sample Standard Operating Procedure (SOP) for Meal Modifications in Adult Day Care Centers in the Child and Adult Care Food Program* provides an example of a general SOP for meal modifications. The resources below were developed for schools but provide additional guidance that adult day care centers may modify.

- Preparation of Foods with Potential to Cause Allergic Reaction: Standard Operating Procedure (Wisconsin Department of Public Instruction):
https://dpi.wi.gov/sites/default/files/imce/school-nutrition/doc/sop_allg.doc
- “Standard Operating Procedures” in the CSDE’s Food Safety Resource List (CSDE):
https://portal.ct.gov/-/media/sde/nutrition/resources/resources_food_safety.pdf
- Standard Operating Procedures (SOP): Serving Safe Food to Students with Food Allergies (Institute of Child Nutrition):
<https://theicn.org/resources/181/food-safety-standard-operating-procedures/105719/serving-safe-food-to-students-with-food-allergies-3.docx>
- Standard Operating Procedures (SOPs): Handling a Food Recall (Institute of Child Nutrition):
<https://theicn.org/resources/181/food-safety-standard-operating-procedures/105684/handling-a-food-recall.docx>
- Standard Operating Procedures (SOPs): Washing Hands (Institute of Child Nutrition):
<https://theicn.org/resources/181/food-safety-standard-operating-procedures/105741/washing-hands.docx>

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

Strategies for Policy Development

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

Step 1 – Conduct a self-assessment

Conduct a self-assessment of the adult day care center's current policies, practices, and procedures for meal modifications. The CSDE's [*Self-assessment of Adult Day Care Center Practices for Meal Modifications in the Child and Adult Care Food Program*](#) can assist adult day care centers with this process.

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

Step 2 – Identify essential practices and determine SOP needs

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

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

Step 3 – Identify personnel and resources

Identify the personnel and resources needed for planning, developing, implementing, and evaluating the adult day care center’s policy and SOPs for meal modifications.

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

Step 4 – Develop an action plan

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

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

Step 5 – Develop SOPs

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

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

Step 6 – Identify training needs and professional development

Identify staff training needs and appropriate professional development.

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

Step 7 – Identify effective communication strategies

Identify effective communication strategies between staff and participants or their guardians/caregivers to ensure that everyone is aware of the adult day care center's policy and SOPs for meal modifications.

- **Communication channels:** Establish clear channels for communication among all staff and between the adult day care center and participants or their guardians/caregivers, including email updates, meetings, and newsletters. Include meal modification policy and SOPs on the adult day care center's website and in program handbooks. Provide links to medical statements and meal modification guidance on menu backs, in program handouts and newsletters, and at center events.
- **Regular updates:** Provide regular updates about policy changes and meal modifications to participants, their guardians/caregivers, and applicable staff. For example, adult day care centers should inform participants, their guardians/caregivers, and staff that effective July 1, 2024, medical statements may be signed by a registered dietitian (refer to ["Final rule updates to meal modifications for program year 2025-26"](#) in section 1).
- **Feedback mechanisms:** Create systems for receiving and addressing feedback from participants and their guardians/caregivers, and staff regarding the process for meal modifications.
- **Incorporate into SOPs:** Include communication strategies in the SOPs and train staff on how to implement them.

Step 8 – Implement monitoring procedures

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

- **Develop monitoring protocols:** Create procedures for regularly reviewing the effectiveness of the meal modification process and its adherence to the adult day care center's policy and SOPs, and federal and state regulations.
- **Conduct audits:** Perform periodic audits to ensure compliance with SOPs and regulatory requirements.
- **Review and adjust:** Use monitoring results to make necessary adjustments to policy and SOPs.
- **Document findings:** Keep detailed records of monitoring activities, including any issues identified and corrective actions taken.

Staff Training

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

CACFP annual training requirement

CACFP regulations ([7 CFR 226.16\(d\)\(3\)](#)) require that all sponsors provide training at least annually for key staff members. This training must include instruction that is appropriate to the level of staff experience and duties. At a minimum, training must address the CACFP adult meal patterns, meal counts, claim submission and review procedures, recordkeeping requirements, and the reimbursement system.

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

The CSDE strongly recommends that adult day care centers include regular training on meal modifications.

Food allergy training

Appropriate training is especially critical for the effective management of life-threatening food allergies. Food service staff require training on how to read food labels and identify potential allergens in processed foods. They also need to know how to avoid cross-contact with potential allergens during food preparation, service, and cleaning. All staff need training on how to identify the symptoms of an allergic reaction and how to respond in an emergency. For more information and resources on food allergies, refer to [“Food Allergies”](#) in section 2.

Annual required civil rights training

The USDA requires annual civil rights training for all staff interacting with applicants or participants of the CACFP. The USDA’s civil rights requirements address meal modifications for participants 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.



5 — Resources

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

CACFP Guidance and Resources

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

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

CACFP Adult Day Care Centers (CSDE webpage):

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

Civil Rights for Child Nutrition Programs (CSDE webpage):

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

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

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

Forms ("Forms" section of CSDE's CACFP Adult Day Care Centers webpage):

<https://portal.ct.gov/sde/nutrition/cacfp-adult-day-care-centers/forms>

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

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

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

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

Menu Planning for Child Nutrition Programs (CSDE webpage):

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

Nutrition Education (CSDE webpage):

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

Operational Memoranda for the CACFP (CSDE webpage):

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

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

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

Resources for Child Nutrition Programs (CSDE webpage):

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

Food Safety

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

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

Food Code 2022 (FDA):

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

Food Safety for Child Nutrition Programs (CSDE webpage):

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

Meal Modifications

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

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

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

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

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

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

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

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

CSDE Operational Memorandum No. 2A-18: Requirements for Meal Modifications in CACFP Adult Day Care Centers:

<https://portal.ct.gov/-/media/sde/nutrition/cacfp/memos/om2018/om02a18.pdf>

Guidance for Special Diets (CSDE's Special Diets in the Child and Adult Care Food Program webpage):

<https://portal.ct.gov/sde/nutrition/special-diets-in-the-child-and-adult-care-food-program/guidance-for-special-diets>

Guide to Meal Modifications in CACFP Adult Day Care Centers (CSDE):

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

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

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

Milk Substitutes (CSDE's Special Diets in the Child and Adult Care Food Program webpage):

<https://portal.ct.gov/sde/nutrition/special-diets-in-the-child-and-adult-care-food-program/milk-substitutes>

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

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

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

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

Special Diets in the Child and Adult Care Food Program (CSDE webpage):

<https://portal.ct.gov/sde/nutrition/special-diets-in-the-child-and-adult-care-food-program/food-allergies>

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

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

USDA Memo CACFP 01-2025: Nutrition Requirements for Fluid Milk and Fluid Milk Substitutions in the Child and Adult Care Food Program, Questions and Answers:

<https://fns-prod.azureedge.us/sites/default/files/resource-files/CACFP01-2025os.pdf>

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

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

Meal Patterns and Crediting

CACFP Adult Meal Patterns (CSDE's Meal Patterns for the Child and Adult Care Food Program webpage):

<https://portal.ct.gov/sde/nutrition/meal-patterns-cacfp-adult-centers>

Crediting Documentation for the Child Nutrition Programs (CSDE webpage):

<https://portal.ct.gov/sde/nutrition/crediting-documentation-for-the-child-nutrition-programs>

Crediting Foods in the Child and Adult Care Food Program (CSDE webpage):

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

Crediting Handbook for the Child and Adult Care Food Program (USDA):

<https://www.fns.usda.gov/tn/crediting-handbook-child-and-adult-care-food-program>

Crediting Summary Charts for the CACFP Adult Meal Patterns (CSDE):

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

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

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

Meal Patterns for the Child and Adult Care Food Program (CSDE webpage):

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

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

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

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

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

Medical Statements

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

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

Instructions for the Medical Statement for Meal Modifications in CACFP Adult Day Care Centers (Spanish): Instrucciones para la declaración médica para modificaciones de alimentos para participantes adultos en los programas de cuidado infantil Programa de Alimentos para el Cuidado de Niños y Adultos (CACFP) (CSDE):

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

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

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

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

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

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

Medical Statements (CSDE's Special Diets in the Child and Adult Care Food Program webpage):

<https://portal.ct.gov/sde/nutrition/special-diets-in-the-child-and-adult-care-food-program/medical-statements>

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>

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/knownyourrights504adafactsheet.pdf>

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

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

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

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

Nutrition Information

Food Labels (CSDE's Nutrition Education webpage):

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

How to Read a Food Label (FARE webpage):

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

USDA Foods Database (USDA webpage):

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

Policy Development

Action Planning Form (CSDE):

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

Policy for Meal Modifications (CSDE's Special Diets in the Child and Adult Care Food Program webpage):

<https://portal.ct.gov/sde/nutrition/special-diets-in-the-child-and-adult-care-food-program/policy-for-meal-modifications>

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

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

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

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

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

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

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

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

USDA Regulations and Policy

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

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

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

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

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

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

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

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

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

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

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

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

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

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

USDA Memo CACFP 17-2016: Nutrition Requirements for Fluid Milk and Fluid Milk

Substitutions in the CACFP, Q&As:

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

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

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

Glossary

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

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

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

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

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

alternate protein products (APPs): Food ingredients processed from soy or other vegetable protein sources (e.g., dehydrated granules, particles, or flakes) that may be used alone or in combination with meat, poultry, or seafood. Some examples include soy flours, soy concentrates, soy isolates, whey protein concentrate, whey protein isolates, and casein. The USDA has specific requirements for the crediting of APPs in Child Nutrition Programs. For more information, refer to the CSDE's resource, [Requirements for Alternate Protein Products in the Child and Adult Care Food Program](#).

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

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

body mass index: A calculated measure of body weight relative to height. For more information, visit the CDC’s [Adult BMI Calculator](#) 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 “[CACFP Adult Meal Patterns](#)” section of the CSDE’s Meal Patterns for the Child and Adult Care Food Program 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 the section [7 CFR 226.2](#) of the CACFP regulations.

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

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

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

Child and Adult Care Food Program (CACFP): The USDA’s federally assisted meal program providing nutritious meals and snacks to 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 labels include main dish entrees that provide at least ½ oz eq of the MMA component, e.g., beef patties, cheese or meat pizzas, meat or cheese and bean burritos, egg rolls, and breaded fish portions. CN labels usually indicate the contribution of other meal components (such as vegetables, grains, and fruits) that are part of these products. For more information, refer to the CSDE’s resource, [Using Child Nutrition \(CN\) Labels in the Child and Adult Care Food Program](#), and visit the “[Child Nutrition \(CN\) Labels](#)” section of the CSDE’s Crediting Documentation for the Child Nutrition Programs webpage.

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

creditable food: A food or beverage that counts toward the meal pattern requirements for reimbursable meals and snacks in the USDA’s Child Nutrition Programs. For more information, visit the CSDE’s [Crediting Foods in the Child and Adult Care Food Program](#) webpage.

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

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

dietitian: Refer to “registered dietitian” in this section.

disability: A condition in which a person has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. For more information, refer to “[Definition of Disability](#)” in section 2.

Emergency Care Plan (ECP): A written plan that provides specific directions about what to do in a medical emergency such as an accidental exposure to the allergen or safety emergency such as a fire drill or lockdown. The ECP is often part of the IHCP. This written plan helps medical professionals, program personnel, and emergency responders react to an emergency in a prompt, safe, and individualized manner.

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

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

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

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

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

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

fortification: Adding nutrients (usually vitamins or minerals) that were not originally present in a food or beverage, or adding nutrients at levels that are higher than originally present.

Fortification is used for naturally nutrient-rich products based on scientifically documented health needs (such as fortifying milk with vitamin D to increase the body's absorption of calcium), or to enhance the perceived nutritional value of products with little or no natural nutritional value, e.g., fortifying “energy” bars made from processed flour with multiple vitamins and minerals. Fortification nutrients are added to products in varying amounts, from small percentages up to amounts greater than recommended intakes.

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

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

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

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

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

Individualized 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 program 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.

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

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

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

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

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

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

meal components: The five food groups that comprise reimbursable meals and snacks in the CACFP (milk, fruits, vegetables, grains, and meats/meat alternatives). For more information, visit the CSDE's [Crediting Foods in the Child and Adult Care Food Program](#) webpage.

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

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

medical statement: A document signed by a state-licensed healthcare professional or registered dietitian that identifies the specific medical conditions and appropriate meal modifications for a participant with special dietary needs due to disability or non-disability reasons. The USDA requires that medical statements for disability reasons must include: 1) information about the 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.

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

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

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

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

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

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

nutrition standards for fluid milk substitutes: The nutrition requirements for plant-based beverages (such as soy milk) used as fluid milk substitutes in the USDA Child Nutrition Programs. The USDA requires that any fluid milk substitutes are nutritionally equivalent to cow's milk and meet the following nutrients per cup (8 fluid ounces): 276 milligrams (mg) of calcium; 8 grams (g) of protein; 150 micrograms (mcg) retinol activity equivalents (RAE) of vitamin A; 2.5 mcg of vitamin D; 24 mg of magnesium; 222 mg of phosphorus; 349 mg of potassium; 0.44 mg of riboflavin; and 1.1 micrograms (mcg) of vitamin B-12. For more information, refer to "fluid milk substitutes" in this section and the CSDE's resources, [Allowable Fluid Milk Substitutes for Non-disability Reasons for Adult Participants in the Child and Adult Care Food Program](#) and [Identifying Products that Meet the USDA's Nutrition Standards for Fluid Milk Substitutes in the Child and Adult Care Food Program](#).

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

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

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

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

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

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

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

reasonable modification: A change or alteration in policies, practices, and/or procedures to accommodate a disability that ensures participants with disabilities have equal opportunity to participate in or benefit from a program. A request for a reasonable modification must be related to a participant's disabling condition and must be in writing on a medical statement signed by a state licensed healthcare professional or registered dietitian, or if applicable, in the participant's Section 504 plan.

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

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

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

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

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

standard operating procedure (SOP): A detailed explanation of how to implement a policy through specific practices or tasks. SOPs standardize the process and provide step-by-step instructions that enable everyone to perform the task in a consistent manner. This ensures that all staff follow the same procedures each time.

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

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

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

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

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

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



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