

# Requirements for Meal Modifications in the Child and Adult Care Food Program (CACFP)

## Child Care Programs



Connecticut State Department of Education  
Bureau of Health/Nutrition, Family Services and Adult Education  
Child Nutrition Programs

# About this Presentation

This presentation provides general guidance regarding the requirements for meal modifications in CACFP child care programs



# About this Presentation

For specific questions  
or technical assistance,  
please contact the  
Connecticut State  
Department of  
Education (CSDE)



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

# CACFP Child Care Programs

- Child care centers
- Head start centers
- At-risk afterschool care centers
- Emergency shelters
- Family day care homes



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



## Objectives

- Review federal laws and requirements for meal modifications
- Identify requirements for medical statement



## Objectives

- Identify CACFP responsibilities for reasonable meal modifications



## Objectives

- Identify four actions to maintain safe eating environments for children with food allergies



## Objectives

- Identify resources for guidance and training

**Resources and websites are listed in the yellow bar**



# Acronyms

<b>ADA</b>	<b>Americans with Disabilities Act</b>
<b>CACFP</b>	<b>Child and Adult Care Food Program</b>
<b>CGS</b>	<b>Connecticut General Statutes</b>
<b>CSDE</b>	<b>Connecticut State Department of Education</b>
<b>ECP</b>	<b>Emergency Care Plan</b>
<b>FERPA</b>	<b>Family Educational Rights and Privacy Act</b>
<b>HIPAA</b>	<b>Health Insurance Portability and Accountability Act of 1996</b>
<b>IDEA</b>	<b>Individuals with Disabilities Education Act</b>
<b>IEP</b>	<b>Individualized Education Program</b>
<b>IHCP</b>	<b>Individualized Health Care Plan</b>
<b>USDA</b>	<b>U.S. Department of Agriculture</b>

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# Overview of Federal Nondiscrimination Legislation



# Federal Nondiscrimination Legislation

- Section 504 of the Rehabilitation Act of 1973
- Americans with Disabilities Act (ADA) of 1990, as amended (ADA Amendments Act of 2008)
- Individuals with Disabilities Education Act (IDEA)
- USDA Nondiscrimination Regulations (7 CFR 15b)



# Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112)

- Prohibits discrimination on the basis of disability in any federal government program that receives *federal financial assistance*



<https://www.hhs.gov/sites/default/files/knowyourrights504adafactsheet.pdf>

# The Americans with Disabilities Act of 1990 (ADA), As Amended

- Prohibits discrimination based on disability in the provision of state and local government services
  - **Title II:** State and local government services including *public schools*
  - **Title III:** Private entities offering public accommodations including *child care centers, emergency shelters, and family day care homes*

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

# ADA Amendments Act

- *Expanded* and *clarified* definition of disability
  - Viewed more broadly
  - Encompasses more impairments that limit a major life activity and require an accommodation
- Clarifies that emphasis is on *providing a reasonable modification*, not on disabled person having to “prove” their disability

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

# Individuals with Disabilities Education Act (IDEA)

- Federal grant program that provides financial assistance to states in the provision of *special education* and related services for eligible children
  - Section 619 of Part B defines the preschool program, which guarantees a free appropriate public education to children ages 3 5 with disabilities

<https://sites.ed.gov/idea/>



# Individuals with Disabilities Education Act (IDEA)

- *Nutrition-related services* included in a child's individualized education program (IEP) that are necessary for the child to receive a free appropriate public education *must be provided* at no cost to the child's family

<https://sites.ed.gov/idea/>

# Comparison of Federal Nondiscrimination Laws

Criteria	IDEA	Section 504	ADA Amendments Act
Child has a disability	Yes	Yes	Yes *
Child receives special education (public schools)	Yes	No	No
Meal modifications required	Yes	Yes	Yes *
Federal funding available	Yes	No	No

\* If child's medical condition meets the definition of disability under the ADA Amendments Act

# Comparison of Federal Nondiscrimination Laws

Criteria	IDEA	Section 504	ADA Amendments Act
Plan on file	<ul style="list-style-type: none"> <li>• Individualized Education Program (IEP)</li> <li>• Individualized Health Care Plan (IHCP)</li> <li>• May also have Emergency Care Plan (ECP)</li> </ul>	<ul style="list-style-type: none"> <li>• Section 504 Plan</li> <li>• IHCP</li> <li>• May also have ECP</li> </ul>	<ul style="list-style-type: none"> <li>• IHCP</li> <li>• May also have ECP</li> </ul>

# Comparison of Federal Nondiscrimination Laws

Criteria	IDEA	Section 504	ADA Amendments Act
Required documentation for meal modification	Medical statement signed by recognized medical authority *	Medical statement signed by recognized medical authority *	Medical statement signed by recognized medical authority
* Or IEP or Section 504 plan containing required information			

# CSDE Resource

## Summary of Requirements for Accommodating Special Diets for Children in the CACFP

### Summary of Requirements for Accommodating Special Diets for Children in the Child and Adult Care Food Program (CACFP)

This document summarizes the requirements for meal modifications for children in the U.S. Department of Agriculture's (USDA) CACFP. These requirements apply to all CACFP child care facilities, including child care centers, at-risk afterschool care centers, emergency shelters, and family day care homes. The USDA's nondiscrimination regulations (7 CFR 15b) and CACFP regulations (7 CFR 226.20(g)) require reasonable modifications for children whose disability restricts their diet, based on a written medical statement signed by a recognized medical authority.

Under the Americans with Disabilities (ADA) Amendments Act of 2008, 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. 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, a child whose digestion is impaired by a food intolerance (such as lactose intolerance) may be a person with a disability, regardless of whether consuming the food causes the child severe distress. All disability considerations must be reviewed on a case-by-case basis, i.e., specific to the individual medical condition and dietary needs of each child.

CACFP facilities may choose to make optional modifications (within the CACFP meal patterns) for children whose dietary restrictions do not constitute a disability. Examples of optional modifications include requests related to religious or moral convictions, general health concerns, and personal food preferences, such as a family's preference that their child eats a gluten-free diet or organic foods because they believe it is healthier. For information on the requirements for meal modifications, refer to the Connecticut State Department of Education's (CSDE) guide, *Accommodating Special Diets in CACFP Child Care Programs*, and visit the CSDE's [Special Diets in CACFP Child Care Programs](#) webpage.

Scenario	Determination of disability	Plan on file	Examples of medical conditions <sup>1</sup>	Modification required?	Required documentation	What medical statement must include
Child is determined to have a disability (physical or mental impairment) under Section 504, and the disability restricts the child's diet	Section 504 meeting	<ul style="list-style-type: none"> <li>504 plan and Individualized Health Care Plan (IHCP)</li> <li>May also have an Emergency Care Plan (ECP) depending on child's medical condition</li> </ul>	Medical conditions that substantially limit a major life activity and affect the child's diet, for example: <ul style="list-style-type: none"> <li>metabolic diseases, such as diabetes or phenylketonuria (PKU)</li> <li>food anaphylaxis (life-threatening food allergy)</li> </ul>	Yes	Medical statement signed by recognized medical authority <sup>2,3</sup>	<ul style="list-style-type: none"> <li>Information about how the child's physical or mental impairment restricts the child's diet</li> <li>An explanation of what must be done to accommodate the child</li> <li>The food or foods to be omitted and recommended alternatives, if appropriate</li> </ul>

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[https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Summary\\_Chart\\_Special\\_Diets\\_CACFP.pdf](https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Summary_Chart_Special_Diets_CACFP.pdf)

# Disability Definition





## Disability Definition (ADA)

- A *physical or mental impairment* that *substantially limits* one or more *major life activities* **OR**
- A *record* of such an impairment **OR**
- Being *regarded* as having such an impairment



## Disability Definition (ADA)

- Revises “substantially limits”
  - Not required to prevent or severely or significantly restrict a major life activity
  - Individualized assessment
  - Disregards ameliorative effects of mitigating measures
  - Episodic or in remission





- Includes more “major life activities”

## Disability Definition (ADA)

# ADA Amendments Act

## Expanded Definition of Disability

### Major life activities

- Caring for one's self
- Performing manual tasks
- Seeing
- Hearing
- *Eating*
- Sleeping
- Walking
- Standing
- Lifting
- Bending
- Speaking
- Breathing
- Learning
- Reading
- Concentrating
- Thinking
- Communicating
- Working



### New category

### Major bodily functions

- *Immune system*
- Normal cell growth
- *Digestive*
- *Bowel*
- *Bladder*
- Neurological
- Brain
- Respiratory
- Circulatory
- Endocrine
- Reproductive

## Cannot consider mitigating measures

- Mitigating measures *eliminate or reduce* the effects of an impairment
- Cannot be considered when determining if child has a disability

### Examples

- Using insulin to control diabetes
- Using medication to control a food allergy

## Disabilities include

conditions that are not life threatening or severe

- Could be a disability even if condition does *not* prevent or severely/significantly restrict a major life activity
  - Individualized assessment

**Example:** A child whose digestion is impaired by a food intolerance may have a disability, even if consuming the food does not cause the child severe distress

**Disabilities  
include  
episodic  
disabilities**

- Impairment is episodic or in remission but substantially limits a major life activity *when active*

**Examples**

- Mental illness
- Multiple sclerosis
- Crohn's colitis
- Some forms of cancer

**Disabilities  
may include  
temporary  
disabilities**

- Must consider *duration (or expected duration)* and extent to which impairment limits a major life activity

**Example:** A child is on medication for 2 weeks that requires avoidance of certain foods

- Does not include *temporary illness/injury* e.g., colds, flu, minor broken bone

# What Constitutes a Disability



- Any physical or mental impairment that *prevents a child from consuming USDA meals*
- Under ADA Amendments Act, *most physical and mental impairments* constitute a disability
- *Case-by-case basis* (consider each child's individual medical condition)

## Examples of Disabilities That May Require Meal Modifications \*

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Autism</li><li>• Cancer</li><li>• Celiac disease</li><li>• Cerebral palsy</li><li>• Diabetes</li><li>• Food allergies (including non-life-threatening)</li><li>• Food intolerances, e.g., lactose, gluten</li></ul> | <ul style="list-style-type: none"><li>• Heart disease</li><li>• Metabolic disorders</li><li>• Obesity</li><li>• Phenylketonuria (PKU)</li><li>• Seizure disorder</li><li>• Certain temporary disabilities</li></ul> |
|---|---|

\* Not all-inclusive and might not require meal modifications for all children (case-by-case basis)



# Determination of child's disability is based on

- Federal nondiscrimination laws
- Recognized medical authority's *diagnosis* of child's medical condition



# Recognized Medical Authority

A state-licensed health care professional *authorized to write medical prescriptions under state law* and recognized by Connecticut State Department of Public Health

- Physicians (MD)
- Physician assistants (PA or PAC)
- Doctors of osteopathy (DO)
- Advanced practice registered nurses (APRN)

**Cannot accept medical statements signed by any other individuals**

# Disabilities do not include

- **General health concerns**
- **Personal preferences**
- **Religious or moral convictions**
- **Vegetarianism**



# Knowledge Check: Is it a disability?

## Scenario 1

**A child with autism is very sensitive to food textures and will only eat foods with a smooth texture. The child's family provides a medical statement signed by a licensed physician indicating that the child requires texture modifications.**

# Knowledge Check: Is it a disability?

## Scenario 1

A child with autism is very sensitive to food textures and will only eat foods with a smooth texture. The child's family provides a medical statement signed by a licensed physician indicating that the child requires texture modifications.

**Yes**

**Meal modification required**

# Knowledge Check: Is it a disability?

## Scenario 2

**A child's condition is not listed under "categories of disease and conditions" in the ADA Amendments Act. The medical statement signed by a licensed physician indicates that the child's impairment requires specific meal modifications.**

# Knowledge Check: Is it a disability?

## Scenario 2

A child's condition is not listed under "categories of disease and conditions" in the ADA Amendments Act. The medical statement signed by a licensed physician indicates that the child's impairment requires specific meal modifications.



**Meal modification required**

# Knowledge Check: Is it a disability?

## Scenario 3

**A family believes a gluten-free diet is healthier for their child. The medical statement signed by a licensed physician indicates that the child does not have an impairment.**



# Knowledge Check: Is it a disability?

## Scenario 3

A family believes a gluten-free diet is healthier for their child. The medical statement signed by a licensed physician indicates that the child does not have an impairment.



**Meal modification NOT required  
(no disability)**

# Knowledge Check: Is it a disability?

## Scenario 4

A child has gluten intolerance. The medical statement signed by a licensed physician indicates that the gluten intolerance is an impairment for this child and requires a gluten-free diet.

# Knowledge Check: Is it a disability?

## Scenario 4

A child has gluten intolerance. The medical statement signed by a licensed physician indicates that the gluten intolerance is an impairment for this child and requires a gluten-free diet.

**Yes**

**Meal modification required**

# Knowledge Check: Is it a disability?

## Scenario 5

A child has lactose intolerance and experiences mild stomach discomfort when he eats dairy products. The medical statement signed by a licensed physician indicates that the child's lactose intolerance is an impairment and that child should have juice instead of milk.

# Knowledge Check: Is it a disability?

## Scenario 5

A child has lactose intolerance and experiences mild stomach discomfort when he eats dairy products. The medical statement signed by a licensed physician indicates that the child's lactose intolerance is an impairment and that child should have juice instead of milk.



**Meal modification required**

# Knowledge Check: Is it a disability?

## Scenario 6

**A child has a non-life-threatening food allergy that results in a rash when she eats certain foods. The medical statement signed by a recognized medical authority indicates that the food allergy is an impairment for this child and lists requested substitutions for these foods.**

# Knowledge Check: Is it a disability?

## Scenario 6

A child has a non-life-threatening food allergy that results in a rash when she eats certain foods. The medical statement signed by a recognized medical authority indicates that the food allergy is an impairment for this child and lists requested substitutions for these foods.

**Yes**

**Meal modification required**

# Meal Modifications for Children with Disabilities





# Overview of USDA Requirements for Children with Disabilities

- Must provide *reasonable* meal modification
  - Related to disability or limitations caused by disability
- Based on *medical statement* (or IEP or Section 504 plan, if applicable)
- *Case-by-case basis* (specific to individual medical condition and dietary needs of each child)

# Definition of Reasonable Modification

A *change or alteration in policies, practices, and/or procedures* to accommodate a disability that ensures children with disabilities have *equal opportunity* to participate in or benefit from a program

**General guideline:** Children with disabilities must be able to *participate in and receive benefits from* programs that are available to children without disabilities

# Is Meal Modification Required?

- Indicated in **Question 10** of CSDE's *Medical Statement for Meal Modifications in CACFP Child Care Programs*
  - **Yes** = required
  - **No** = optional (must meet CACFP meal patterns)

## Section B – Completed by child's recognized medical authority

This section must be completed by the child's physician, physician assistant, doctor of osteopathy, or advanced practice registered nurse (APRN). APRNs include nurse practitioners, clinical nurse specialists, and certified nurse anesthetists who are licensed as APRNs.

10. **Physical or mental impairment:** Does the child have a physical or mental impairment that restricts the child's diet?

No



**Yes:** Describe how the child's physical or mental impairment restricts the child's diet.

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

Does the child have a physical or mental impairment that meets the definition of *disability* under any of the federal nondiscrimination laws (Section 504, the ADA and ADA Amendments Act, the IDEA, and the USDA's nondiscrimination regulations 7 CFR 15 b)?

Yes

No

Does the physical or mental impairment *restrict the child's diet*?

Yes

No

CACFP facility is *not required* to make the meal modification

Did the child's parent/guardian provide a *medical statement* signed by a recognized medical authority (or IEP or Section 504 plan) that indicates

- how the child's physical or mental impairment restricts the child's diet
- an explanation of what must be done to accommodate the child
- if appropriate, the food or foods to be omitted and recommended alternatives

Yes

No

CACFP facility is *required* to make a reasonable meal modification and must work with child's parent/guardian to obtain a medical statement

CACFP facility is *required* to make a reasonable meal modification

# Denying Meal Modification Requests is Almost Never Appropriate

<b>Exception</b>	Request that would fundamentally alter the nature of the CACFP
<b>Emphasis</b>	Collaborate with parents or guardians to develop effective approach to provide a reasonable meal modification for the child

# Medical Statements



# Medical Statement Must Include Three Elements

1. *Information* about child's physical or mental impairment (disability) that is sufficient to allow the CACFP facility to understand how the impairment restricts the child's diet
2. An *explanation* of what must be done to accommodate the child's disability
3. If appropriate, the *foods to be omitted and recommended alternatives*

# Key Considerations for Medical Statements

- CSDE's form recommended
- Alternate forms must include USDA's three required elements
- Cannot require specific diagnosis by name or use "disabled" or "disability"
- IEP or 504 plan may replace medical statement if contains USDA's three required elements



## Medical Statement for Meal Modifications in CACFP Child Care Programs

- English
- Spanish

### Medical Statement for Meal Modifications in Child and Adult Care Food Program (CACFP) Child Care Programs

This form applies to requests for meal modifications for children participating in the U.S. Department of Agriculture's (USDA) CACFP child care facilities, which include child care centers, at-risk afterschool care centers, emergency shelters, and family day care homes. CACFP facilities are required to make reasonable meal modifications for children whose physical or mental impairment restricts their diet. For guidance on meal modifications and instructions for completing this form, see the Connecticut State Department of Education's (CSDE) document, *Guidance and Instructions for the Medical Statement for Meal Modifications in CACFP Child Care Programs*.

**Note:** The USDA requires that the medical statement includes: 1) information about the child's physical or mental impairment that is sufficient to allow the CACFP facility to understand how the impairment restricts the child's diet; 2) an explanation of what must be done to accommodate the child's disability; and 3) if appropriate, the food or foods to be omitted and recommended alternatives. **CACFP facilities should not deny or delay a requested meal modification because the medical statement does not provide sufficient information.** When necessary, CACFP facilities should work with the child's parent or guardian to obtain the required information. While obtaining additional information, the CACFP facility should follow the portion of the medical statement that is clear and unambiguous to the greatest extent possible.

#### Section A – Completed by parent or guardian

- Name of child: \_\_\_\_\_ 2. Birth date: \_\_\_\_\_
- Name of parent or guardian: \_\_\_\_\_
- Phone number (with area code): \_\_\_\_\_ 5. E-mail address: \_\_\_\_\_
- Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- In accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Family Educational Rights and Privacy Act (FERPA), I hereby authorize \_\_\_\_\_ *name of child's recognized medical authority* to release such protected health information of my child as is necessary for the specific purpose of special diet information to \_\_\_\_\_ *name of CACFP child care center or family day care home* and I consent to allow the recognized medical authority to freely exchange the information listed on this form and in my child's records with the child care program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for my child. I understand that I may rescind permission to release this information at any time, except when the information has already been released.
- Signature of parent or guardian: \_\_\_\_\_ 9. Date: \_\_\_\_\_

#### Section B – Completed by child's recognized medical authority

This section must be completed by the child's physician, physician assistant, doctor of osteopathy, or advanced practice registered nurse (APRN). APRNs include nurse practitioners, clinical nurse specialists, and certified nurse anesthetists who are licensed as APRNs.

- Physical or mental impairment:** Does the child have a physical or mental impairment that restricts the child's diet?  
 No  Yes: Describe how the child's physical or mental impairment restricts the child's diet.
- Diet plan:** Explain the meal modification for the child. Attach a specific diet plan, if needed.

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

## Guidance and Instructions: Medical Statement for Meal Modifications in CACFP Child Care Programs

- English
- Spanish

### Guidance and Instructions for the Medical Statement for Meal Modifications in Child and Adult Care Food Program (CACFP) Child Care Programs

The Connecticut State Department of Education's (CSDE) *Medical Statement for Meal Modifications in CACFP Child Care Programs* applies to requests for meal modifications for children participating in the U.S. Department of Agriculture's (USDA) CACFP child care facilities, which include child care centers, at-risk afterschool care centers, emergency shelters, and family day care homes. CACFP facilities:

- are **required** to make reasonable meal modifications for children whose physical or mental impairment (disability) restricts their diet; and
- have the **option** to make meal modifications for children whose special dietary needs do not constitute a disability if the requested modification complies with the CACFP meal patterns.

This document provides general guidance on the requirements for meal modifications (pages 1-7) and instructions for completing the CSDE's *Medical Statement for Meal Modifications in CACFP Child Care Programs* form (pages 8-9). For detailed guidance on the requirements for modified meals, refer to the CSDE's guide, *Accommodating Special Diets in CACFP Child Care Programs*.

#### Determining if a meal modification is required

CACFP facilities can determine if a child requires a meal modification by reviewing question 10 in section B of the CSDE's *Medical Statement for Meal Modifications in CACFP Child Care Programs* form. Question 10 asks if the child has a physical or mental impairment that restricts their diet. If the recognized medical authority's answer is "Yes," the CACFP facility must make the meal modification. If the recognized medical authority's answer is "No," the CACFP facility can choose, but is not required, to make the meal modification. For more information, refer to "What Constitutes a Disability" on page 3.

#### Meal Modifications for Children with Disabilities

Federal laws and USDA regulations require that CACFP facilities make reasonable meal modifications on a case-by-case basis to accommodate children whose disability restricts their diet. A "**reasonable modification**" is a change or alteration in policies, practices, and/or procedures to accommodate a disability that ensures children with disabilities have equal opportunity to participate in or benefit from a program.

A request for a reasonable modification must be related to the disability or limitations caused by the disability and requires a medical statement from a state-licensed healthcare professional who is authorized to write medical prescriptions under state law. The Connecticut State Department of Public Health defines a **recognized medical authority** as a physician, physician assistant, doctor of osteopathy, or advanced practice registered nurse (APRN). APRNs include nurse practitioners, clinical nurse specialists, and certified nurse anesthetists who are licensed as APRNs.

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

# Handling Missing Information



- ***Cannot deny or delay*** requested meal modification when medical statement has ***insufficient information***
  - Obtain appropriate clarification
  - Work with parent/guardian to obtain amended medical statement

# Handling Missing Information

While waiting for more information



- Follow portion of medical statement that is *clear and unambiguous*
- May *claim meals*

# Handling Missing Information

While waiting for more information



- **CACFP facility must**
  - 1. Document initial conversation**
  - 2. Follow up and maintain record of contact**
  - 3. Diligently continue to follow up until medical statement is received or request is rescinded**

# Handling Conflicting Information

- Request revised medical statement with updated information



**Example:** Child's medical statement indicates to avoid all foods containing lactose, but parent tells preschool teacher that her child can eat yogurt and cheese

# Updates to Medical Statements

- No USDA requirements for time limits or updates
- Develop *local plan* to ensure information is current
- Changes must be in *writing*
  - Medical statement **OR**
  - IEP or Section 504 plan if applicable



# Updates to Medical Statements

- USDA recommends maintaining documentation when *ending* a meal modification

**Example:** Ask parent/guardian to sign a statement or send e-mail indicating child no longer needs the meal modification



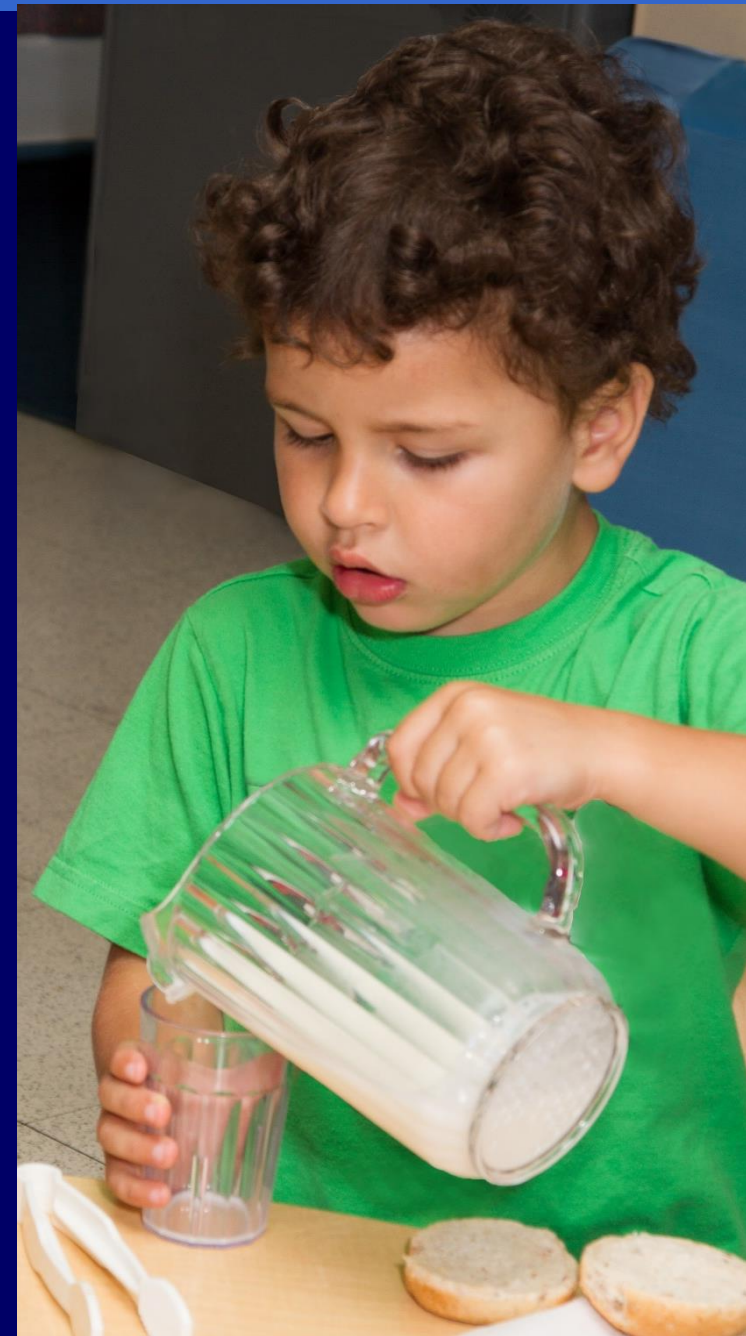


# Considerations for Reasonable Modifications



# General Guideline for Reasonable Meal Modifications

Must offer *medically appropriate* and *reasonable* modification that effectively *accommodates* child's disability and provides *equal opportunity* to participate in or benefit from the CACFP



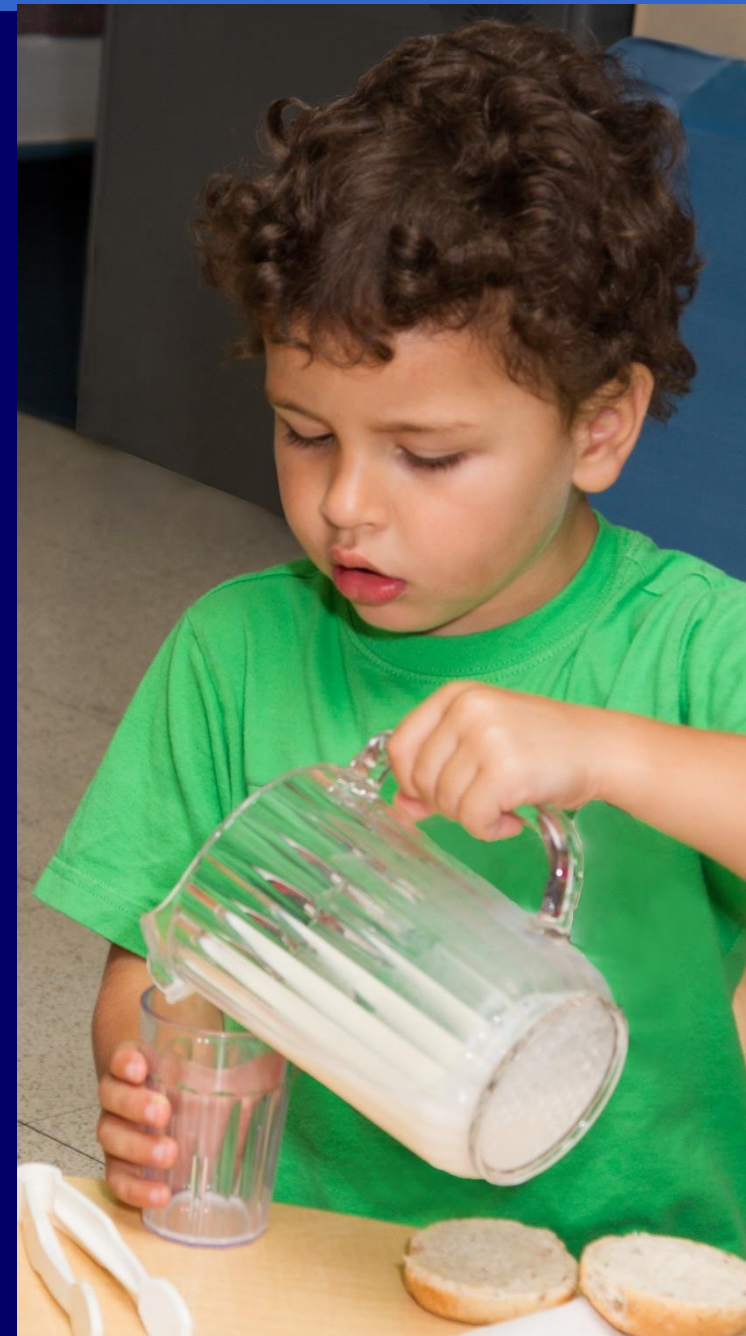
# Reasonable Meal Modifications

- Must be *related to child's disability* based on medical statement
- Must assess each request on *case-by-case basis* to determine appropriate modification



# Reasonable Meal Modifications

- Must serve a *safe meal* that accommodates the child's disability
- May consider *cost, efficiency, and child's age* when choosing most appropriate approach to accommodate a child's disability



**Reasonable meal modifications do not require**

**same meal as regular menu**



- **Must accommodate child's disability but not required to serve the *same meal***

**Example:** Child has lactose intolerance and lunch entree is macaroni and cheese

- **CACFP facility is not required to prepare macaroni with lactose-free cheese**
- **Must provide a lactose-free entree**

**Reasonable meal modifications do not require**

**specific brands of food**



- Not required to provide *exact substitution* requested in medical statement unless medically necessary

**Example:** Medical statement for a food allergy requests a specific brand of food as a substitute

- Not required to provide specific brand
- Must offer a substitute without child's allergen

**Reasonable meal modifications do not require**

**specific number of alternate meals**



- Depending on child's medical condition, a reasonable modification could be
  - the *same modified meal* that meets the child's specific dietary needs each time the child eats CACFP meals **OR**
  - a *cycle menu of modified meals* that meet the child's specific dietary needs

**Reasonable meal modifications do not require**

**specific number of alternate meals**

- Whenever possible, USDA encourages a *variety of options over the week* similar to the variety offered in the regular CACFP menu





# Best Practice: Cycle Menus

- Develop *cycle menus* of modified meals that meet specific dietary needs
  - Diabetes
  - Gluten-free
  - Specific food allergies
- Before using, check with parents/guardians to ensure the cycle menu meets their child's specific dietary requirements



# Nutrition Information

- Must make *nutrition information* available as needed to ensure a safe meal for the child
  - Families
  - Children (as age appropriate)
  - Medical personnel
  - Others as needed



# Nutrition Information

- May provide in different ways such as
  - CACFP menus
  - CACFP facility website
  - Binder of nutrition labels available for review



# Nutrition Information

- May need to *contact product's supplier or manufacturer* if label does not provide adequate nutrition information
- Communicate with families and provide menus in advance



# Texture Modifications

- Meals modified for texture consist only of *regular menu items*, unless otherwise specified
  - Meet CACFP meal pattern
- Medical statement not required but recommended to ensure clear communication



Chopped  
Ground  
Pureed

# Meal Services Outside USDA Programs

- CACFP facilities are not required to provide meal services, special foods, or supplements to children with disabilities when the *meal service is not normally available for all children*

**Example:** A CACFP facility that does not serve breakfast is not required to provide breakfast for children with disabilities



# Meal Services Outside USDA Programs

- *Exception for Children with IEP*

If child with a disability has an IEP that requires a meal the CACFP facility does not provide, the CACFP facility must provide the meal service at no cost to the family

# Identifying Children Who Require Meal Modifications





# Laws Protecting Children's Information

## 1. Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- Protects personal health information
- *Permits disclosure* for patient care and other important purposes, e.g., *meal modifications*



<https://www.hhs.gov/hipaa/index.html>

# Laws Protecting Children's Information

## 2. Family Educational Rights and Privacy Act (FERPA)

- Protects privacy of student education records in schools
- *Allows sharing* of confidential student information for a legitimate educational interest, e.g., *meal modifications*



<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

# CACFP Facility's Policies and Practices

- Must *protect privacy* of children who have a disability
- Must *maintain confidentiality* of each child's medical condition





## Federal Laws do NOT allow

- *Outward identification* of children whose disability requires a meal modification

**Example:** Posting lists of children's dietary needs in public areas



## Federal Laws do NOT allow

- Asking children or parents to *relinquish confidential medical information* through outward identification

**Example:** Asking children or their parents to consent to a physical designation, such as wearing a lanyard, bracelet, pin, sticker, or similar item

# USDA Recommended Practices

## Regular Staff Updates

- Post information about children's dietary needs in locations *visible only to applicable staff*
  - Kitchen
  - Behind counters and serving lines
  - Office



# USDA Recommended Practices



## Regular Staff Updates

- Conduct *daily pre-service meeting* with applicable staff \* to *identify menu items* that should be avoided for certain dietary restrictions

\* Food service staff and child care staff supervising CACFP meals and snacks

# USDA Recommended Practices



## Ongoing Communication

- Let parents/guardians know about CACFP facility's
  - menus
  - process for requesting meal modifications
  - procedures for ensuring meals meet child's dietary needs

Parent forums or meetings	E-mails
Child care policy	Newsletters
Website	Menu backs



# Appropriate Eating Areas



# Appropriate Eating Areas

- Must accommodate children with disabilities in *least restrictive* and *most integrated* setting



# Separate Tables

- May be appropriate under some circumstances **BUT**
  - Must always be based on what is *appropriate to meet children's needs*
  - Cannot segregate for convenience or disciplinary reasons



# Knowledge Check for Eating Areas: Is this practice appropriate?

A child requires a large degree of assistance from an aide in order to consume her meals. During the meal service, the child and aide are at a *separate table* that has more space.

# Knowledge Check for Eating Areas: Is this practice appropriate?

A child requires a large degree of assistance from an aide in order to consume her meals. During the meal service, the child and aide are at a *separate table* that has more space.



If this practice is in the *best interest* of meeting the child's needs

# Knowledge Check for Eating Areas: Is this practice appropriate?

A child care center designates a *separate table* where children with severe food allergies can safely consume their meals

# Knowledge Check for Eating Areas: Is this practice appropriate?

A child care center designates a *separate table* where children with severe food allergies can safely consume their meals



If this practice is in the *best interest* of meeting the child's needs

Must be cleaned according to food safety guidelines to eliminate possible cross-contact of allergens on tables and seating

# Knowledge Check for Eating Areas: Is this practice appropriate?

A child care center designates an *area away from the dining area* where children with severe food allergies can safely consume their meals



# Knowledge Check for Eating Areas: Is this practice appropriate?

A child care center designates an *area away from the dining area* where children with severe food allergies can safely consume their meals



If this practice is in the *best interest* of meeting the children's needs

Must be cleaned according to food safety guidelines to eliminate possible cross-contact of allergens on tables and seating

# Procured Meals



# Food Service Contracts

- Federal regulations specifically *prohibit disability discrimination* through contracts
- CACFP facilities should address requirements for vendors to
  - make meal modifications
  - provide nutrition information



# USDA Policy Memo

## USDA Memo SP 40-2016, CACFP 12-2016, SFSP 14-2016

## Updated Guidance: Contracting with Food Service Management



Food and Nutrition Service  
Park Office Center  
3101 Park Center Drive  
Alexandria VA 22302

DATE: June 2, 2016  
MEMO CODE: SP 40-2016, CACFP 12-2016, SFSP 14-2016  
SUBJECT: Updated Guidance: Contracting with Food Service Management Companies  
TO: Regional Directors  
Special Nutrition Programs  
All Regions  
State Directors  
Child Nutrition Programs  
All States

Attached is the updated guidance for State agencies and school food authorities (SFA) contracting with food service management companies (FSMC). The updated guidance for State agencies includes information on appropriate procurement methods, considerations when using prototype solicitations, the process of evaluating and scoring criteria for contract award, and monitoring responsibilities. The guidance also includes contract amendments to be avoided, unacceptable contract provisions, and how to address conflicting contract terms.

The updated guidance for SFAs includes responsibilities and considerations when using an FSMC and addresses program oversight and monitoring. Additionally, this guidance discusses factors to consider when choosing procurement methods, how to develop solicitation documents, and characteristics of comprehensive agreements to include meal service and financial provisions.

New appendices include worksheets, sample instructions, and checklists designed to assist State agencies and SFAs when contracting with FSMCs. Changes and additions to the guidance have been highlighted in yellow.

State agencies are reminded to distribute this memorandum to Program operators. Program operators should direct any questions concerning this guidance to their State agency. State agencies with questions should contact the appropriate Food and Nutrition Service Regional office.

Sincerely,

**Original Signed**

Sarah E. Smith-Holmes  
Director  
Program Monitoring and Operational Support Division  
Child Nutrition Programs

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The contents of this guidance document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

# Procedural Safeguards (7 CFR 15b.25)



# Procedural Safeguards

- **USDA encourages CACFP facilities to implement procedures for parents/guardians to**
  - **request a reasonable meal modification**
  - **resolve grievances**



# Procedural Safeguards

- At a minimum, must *provide notice of nondiscrimination and accessible services*, as outlined in USDA's nondiscrimination regulations (7 CFR 15b.7)



# Procedural Safeguards

- CACFP sponsors should ensure that center staff and family day care home providers *understand sponsor's procedures* for meal modification requests





# CACFP Facilities Employing at least 15 Individuals

- Must designate at least one person to *coordinate compliance with disability requirements* (often referred to as the Section 504 Coordinator)
- Must establish *grievance procedures* that incorporate appropriate due process standards and provide for prompt and equitable resolution of complaints

# Grievance Procedures Should

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

# Grievance Procedures Should

- Ensure that decision includes the *official USDA nondiscrimination statement*, which advises participants how to file a complaint with USDA's Food and Nutrition Service (FNS)
  - Available in CSDE's document, Civil Rights Requirements for the CACFP

[https://portal.ct.gov/-/media/SDE/Nutrition/CivilRights/Civil\\_Rights\\_CACFP\\_Requirements.pdf](https://portal.ct.gov/-/media/SDE/Nutrition/CivilRights/Civil_Rights_CACFP_Requirements.pdf)

# CACFP Facilities Employing Less than 15 Individuals


- USDA recommends having someone on staff who can provide *technical assistance* to centers and family day care homes regarding meal modifications for children with disabilities

# CSDE Resource


## Operational Memorandum No. 2C-18 and 2H-18

## Requirements for Meal Modifications in CACFP Child Care Centers and Family Day Care Homes

- Procedural safeguards on page 7



STATE OF CONNECTICUT  
DEPARTMENT OF EDUCATION



**TO:** Child and Adult Care Food Program (CACFP) Child Care Centers and Family Day Care Home Sponsors

**FROM:** John D. Frassinelli, Chief  
Bureau of Health/Nutrition, Family Services and Adult Education

**DATE:** October 20, 2017

**SUBJECT:** Operational Memorandum No. 2C-18 and 2H-18  
Requirements for Meal Modifications in CACFP Child Care Centers and Family Day Care Homes

On June 22, 2017, the U.S. Department of Agriculture (USDA) issued policy memo [CACFP 14-2017 SFSP 10-2017: Modifications to Accommodate Disabilities in CACFP and SFSP](#). This operational memorandum **significantly changes** the requirements and process for meal modifications for children with disabilities in CACFP child care centers (including Head Start centers, at-risk afterschool care centers, and emergency shelters) and family day care homes.

This operational memorandum provides an overview of the key requirements for meal modifications, including relevant legislation and definitions, and summarizes the Connecticut State Department of Education's (CSDE) special diets implementation resources for CACFP child care centers and family day care homes. For detailed guidance, review the CSDE's guide, [Accommodating Special Diets in CACFP Child Care Programs](#).

**REVISED RESOURCES**

The CSDE has recently revised the following documents to reflect the USDA's policy guidance in CACFP 14-2017 SFSP 10-2017:

- [Accommodating Special Diets in CACFP Child Care Programs](#);
- [Allowable Milk Substitutes for Children without Disabilities in the CACFP](#);
- [Medical Statement for Meal Modifications in CACFP Child Care Programs](#);
- [Guidance and Instructions: Medical Statement for Meal Modifications in CACFP Child Care Programs](#) (new resource); and
- [Summary of Requirements for Accommodating Special Diets in the CACFP](#) (new resource).

Please discard any old versions of these documents and replace with the revised versions. CACFP sponsors must carefully review these resources to ensure compliance with the USDA requirements for meal modifications for children with disabilities in the CACFP.

Please note that there is only one medical statement for all meal modification requests for children with and without disabilities. This form replaces the previous two forms (medical statement for children with disabilities and medical statement for children without disabilities).

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# Managing Food Allergies in the CACFP



# Preventing Allergic Reactions

The only way to prevent an allergic reaction is to *avoid exposure* to the allergen

**Remember:** Even a tiny amount of an allergen can cause a severe and potentially life-threatening reaction for some children



# Terms to Know

## Food allergy

An exaggerated response by the immune system to a food that the body mistakenly identifies as being harmful

## Allergen

A food protein that triggers an immune response and causes an allergic reaction





# Managing Food Allergies in the CACFP

- Generally considered to be a disability, even if not life-threatening or severe
  - Meal modifications are required
- Can often be accommodated within CACFP meal patterns

**Example:** If a child has an allergy to a specific fruit or vegetable, the CACFP facility may substitute another fruit or vegetable in the child's meal



# Managing Food Allergies in the CACFP

- Follow *CACFP facility's procedures* for children with life-threatening food allergies
- Follow other *applicable requirements and guidance*
  - Food service policies
  - Standard Operating Procedures (SOPs)

# Food Bans

- *Not USDA policy* but could be appropriate depending on local circumstances
- If CACFP facility enacts universal ban, the specific allergen must *never be present in the CACFP facility*
  - Children and parents/guardians will assume the CACFP facility is a safe place based on the stated ban



# CACFP Facility's Overall Responsibilities for Food Allergies

1. Provide a *safe meal* and *safe environment* to consume the meal



# CACFP Facility's Overall Responsibilities for Food Allergies

2. Ensure modified meals *meet each child's prescribed guidelines* and are free of all ingredients suspected of causing an allergic reaction



# CACFP Facility's Overall Responsibilities for Food Allergies

3. Use *proper storage, preparation, and cleaning techniques* to prevent exposure to allergens through cross-contact



# CACFP Facility's Overall Responsibilities for Food Allergies

4. Make *nutrition information* available to families, health consultants, and others as needed



# Four Key Actions for CACFP Staff

1. Recognize children with food allergies
2. Read food labels
3. Prevent cross-contact of possible food allergens
4. Promote communication and teamwork





## Four Key Actions for CACFP Staff

# 1

### Recognize Children

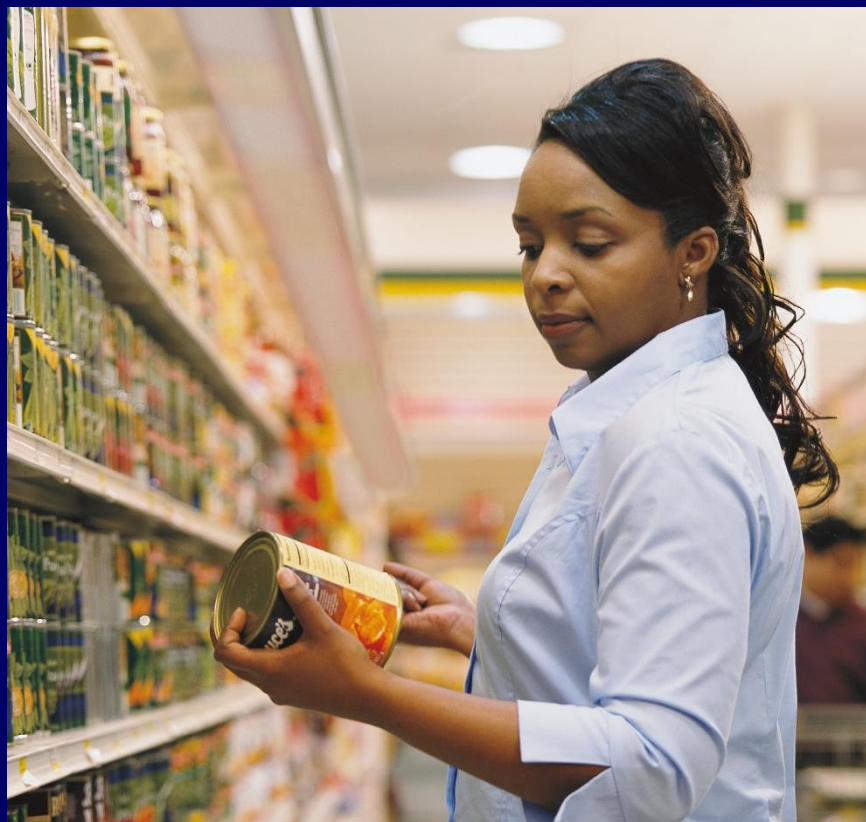
- Follow CACFP facility's procedures for identifying children with food allergies
- Get to know and recognize children with food allergies

**You are the first line of defense in ensuring safe meals for children!**

# Four Key Actions for CACFP Staff

2

## Read Food Labels



# Know What to Avoid

- Understand *how* to read food labels
- *Read all food labels* for potential food allergens
  - Check labels *each time* a food is purchased



# Know What to Avoid

- **Check** with manufacturer if unsure about an ingredient
  - Consumer hotlines
- **Maintain** food labels and recipes on file



# Work with Vendors to Obtain Food Labels

- Maintain *vendor contact* information to access food label information
- *Check deliveries* to ensure correct items are received



# Work with Vendors to Obtain Food Labels

- Ensure that vendors *alert food service staff* before making product substitutions
  - Read labels for all new products to check for potential allergens



# Food Allergen Labeling Laws

## 2004: Food Allergen Labeling and Consumer Protection Act (FALCPA)

Identifies *8 major food allergens* required on food labels (milk, eggs, fish, shellfish, tree nuts, peanuts, wheat, and soybeans)

## 2021: Food Allergy Safety, Treatment, Education and Research (FASTER) Act

Requires that *sesame* must be labeled on packaged foods beginning *January 1, 2023*

FALCPA: <https://www.fda.gov/food/food-allergensgluten-free-guidance-documents-regulatory-information/food-allergen-labeling-and-consumer-protection-act-2004-questions-and-answers>

FASTER Act: <https://www.congress.gov/117/plaws/publ11/PLAW-117publ11.pdf>

# Eight Major FALCPA Allergens + Sesame

1. Milk
2. Eggs
3. Peanuts
4. Tree nuts, e.g., almonds, cashews, pistachios, pecans, walnuts, hazelnuts
5. Wheat
6. Fish, e.g., bass, flounder, trout, cod, salmon
7. Crustacean shellfish, e.g., crab, lobster, shrimp
8. Soy
9. Sesame





# Three Ways to Identify Allergens



1. In *ingredients list*, using allergen's common name

## Examples

Milk, cod, shrimp, walnuts

# Three Ways to Identify Allergens



2. In *ingredients list in parentheses*, when ingredient is a less common form of the allergen

## Example

Ingredients: Whey protein (milk), lecithin (soy), cherry, sugar, natural flavors (almond), salt.

# Three Ways to Identify Allergens



## 3. Using the word “contains” followed by name of allergen

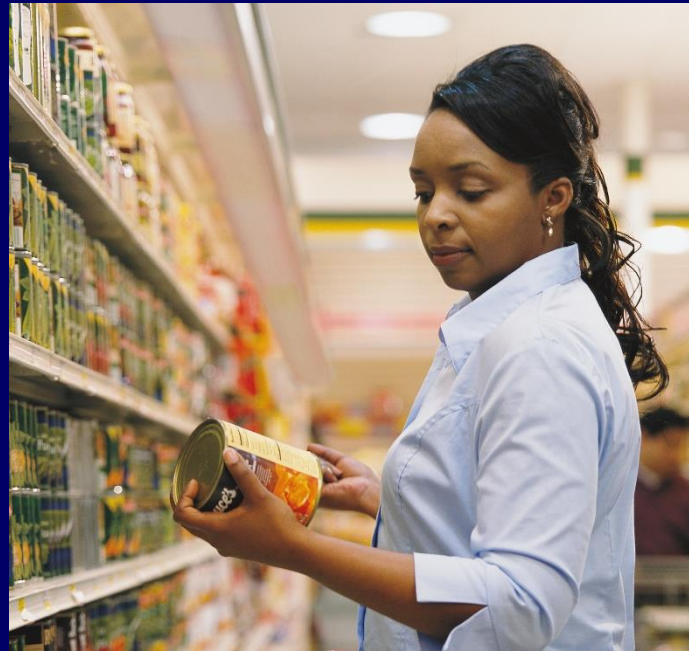
- Listed after ingredients

### Example

Ingredients: Whey protein, lecithin, cherry, sugar, natural flavors, salt. *Contains: Milk, soy, and almond.*

# Knowledge Check: What's in a name?

Indicate the major allergen for each ingredient



# Knowledge Check: What's in a name?

Ingredient	Allergen
Albumin	

# Knowledge Check: What's in a name?

Ingredient	Allergen
Albumin	egg

# Knowledge Check: What's in a name?

Ingredient	Allergen
Albumin	egg
Bulgur	

# Knowledge Check: What's in a name?

Ingredient	Allergen
Albumin	egg
Bulgur	<b>wheat</b>



# Knowledge Check: What's in a name?

<b>Ingredient</b>	<b>Allergen</b>
<b>Albumin</b>	<b>egg</b>
<b>Bulgur</b>	<b>wheat</b>
<b>Casein</b>	

# Knowledge Check: What's in a name?

Ingredient	Allergen
Albumin	egg
Bulgur	wheat
Casein	<b>milk</b>

# Knowledge Check: What's in a name?

<b>Ingredient</b>	<b>Allergen</b>
<b>Albumin</b>	<b>egg</b>
<b>Bulgur</b>	<b>wheat</b>
<b>Casein</b>	<b>milk</b>
<b>Peanut protein hydrolysate</b>	

# Knowledge Check: What's in a name?

Ingredient	Allergen
Albumin	egg
Bulgur	wheat
Casein	milk
Peanut protein hydrolysate	peanuts

# Knowledge Check: What's in a name?

<b>Ingredient</b>	<b>Allergen</b>
<b>Albumin</b>	<b>egg</b>
<b>Bulgur</b>	<b>wheat</b>
<b>Casein</b>	<b>milk</b>
<b>Peanut protein hydrolysate</b>	<b>peanuts</b>
<b>Textured vegetable protein</b>	

# Knowledge Check: What's in a name?

Ingredient	Allergen
Albumin	egg
Bulgur	wheat
Casein	milk
Peanut protein hydrolysate	peanuts
Textured vegetable protein	<b>soy</b>

# Knowledge Check: What's in a name?

<b>Ingredient</b>	<b>Allergen</b>
<b>Albumin</b>	<b>egg</b>
<b>Bulgur</b>	<b>wheat</b>
<b>Casein</b>	<b>milk</b>
<b>Peanut protein hydrolysate</b>	<b>peanuts</b>
<b>Textured vegetable protein</b>	<b>soy</b>
<b>Vitellin</b>	

# Knowledge Check: What's in a name?

Ingredient	Allergen
Albumin	egg
Bulgur	wheat
Casein	milk
Peanut protein hydrolysate	peanuts
Textured vegetable protein	soy
Vitellin	egg



# Knowledge Check: What's in a name?

<b>Ingredient</b>	<b>Allergen</b>
<b>Albumin</b>	<b>egg</b>
<b>Bulgur</b>	<b>wheat</b>
<b>Casein</b>	<b>milk</b>
<b>Peanut protein hydrolysate</b>	<b>peanuts</b>
<b>Textured vegetable protein</b>	<b>soy</b>
<b>Vitellin</b>	<b>egg</b>
<b>Whey</b>	

# Knowledge Check: What's in a name?

Ingredient	Allergen
Albumin	egg
Bulgur	wheat
Casein	milk
Peanut protein hydrolysate	peanuts
Textured vegetable protein	soy
Vitellin	egg
Whey	<b>milk</b>

# Knowledge Check: What's in a name?

<b>Ingredient</b>	<b>Allergen</b>
<b>Albumin</b>	<b>egg</b>
<b>Bulgur</b>	<b>wheat</b>
<b>Casein</b>	<b>milk</b>
<b>Peanut protein hydrolysate</b>	<b>peanuts</b>
<b>Textured vegetable protein</b>	<b>soy</b>
<b>Vitellin</b>	<b>egg</b>
<b>Whey</b>	<b>milk</b>
<b>Tahini</b>	

# Knowledge Check: What's in a name?

Ingredient	Allergen
Albumin	egg
Bulgur	wheat
Casein	milk
Peanut protein hydrolysate	peanuts
Textured vegetable protein	soy
Vitellin	egg
Whey	milk
Tahini	sesame

# Precautionary Language on Food Labels

*“May contain...”*

*“Processed in a facility that also processes...”*

*“Made on equipment with...”*

- Voluntary for manufacturers
- Not regulated
- *May or may not indicate* if product unintentionally contains (or has come in contact with) a specific allergen



# “\_\_\_-free” Statements for the 8 Allergens

Peanut-free

Egg-free

- Phrases like “peanut-free” and “egg-free” are *not regulated*
- Always contact manufacturer if unsure

# “Gluten-free” Labeling of Foods



- Different from allergen labeling
- FDA labeling requirements for voluntary use of “gluten-free”
  - 2013: Gluten-Free Labeling of Foods
  - 2020: Gluten-Free Labeling of Fermented or Hydrolyzed Foods

<https://www.federalregister.gov/documents/2013/08/05/2013-18813/food-labeling-gluten-free-labeling-of-foods>

<https://www.federalregister.gov/documents/2020/08/13/2020-17088/food-labeling-gluten-free-labeling-of-fermented-or-hydrolyzed-foods>

# Natural Flavors

Spice  
Fruit or fruit juice  
Vegetable or vegetable juice  
Edible yeast  
Herb  
Bark  
Bud  
Root  
Leaf or similar plant material  
Meat  
Seafood  
Poultry  
Eggs  
Dairy products

- Can hide many potential food allergens
- FALCPA requires natural flavors to list the 8 allergens
- For other allergens, check with manufacturer





# **Knowledge Check:**

## **How many of the 8 major allergens?**

**Roasted peanuts, corn syrup, sugar, whole grain oats, dark chocolate chunks (sugar, chocolate liquor, cocoa butter, natural flavor), palm kernel oil, rice flour, almonds, whole grain wheat, fructose, cocoa, vegetable glycerin, canola oil, salt, corn starch, barley malt extract, milk, baking soda, natural flavor, mixed tocopherols added to retain freshness.**

# Knowledge Check:

## How many of the 8 major allergens?

Roasted peanuts, corn syrup, sugar, whole grain oats, dark chocolate chunks (sugar, chocolate liquor, cocoa butter, natural flavor \*), palm kernel oil, rice flour, almonds, whole grain wheat, fructose, cocoa, vegetable glycerin, canola oil, salt, corn starch, barley malt extract, milk, baking soda, natural flavor \*, mixed tocopherols added to retain freshness.

4

- Peanuts
- Tree nuts
- Wheat
- Milk

\* Check with manufacturer about natural flavor

# **Knowledge Check:**

## **How many of the 8 major allergens?**

**Whole wheat flour, sugar, enriched flour (wheat flour, niacin, iron, thiamin mononitrate, riboflavin, folic acid), margarine (palm oil, butter [cream, salt], water, contains 2% or less of salt, mono & diglycerides, natural flavor, citric acid, vitamin A palmitate added, beta carotene [color]), eggs, invert sugar, water, soybean oil, contains 2% or less of: mono- and diglycerides, leavening (baking soda, sodium aluminum phosphate), salt, potassium chloride, natural and artificial flavor, turmeric and annatto (color). Contains wheat, milk, eggs, soy.**

# Knowledge Check:

## How many of the 8 major allergens?

Whole wheat flour, sugar, enriched flour (wheat flour, niacin, iron, thiamin mononitrate, riboflavin, folic acid), margarine (palm oil, butter [cream, salt], water, contains 2% or less of salt, mono & diglycerides, natural flavor, citric acid, vitamin A palmitate added, beta carotene [color]), eggs, invert sugar, water, soybean oil, contains 2% or less of: mono- and diglycerides, leavening (baking soda, sodium aluminum phosphate), salt, potassium chloride, natural flavor, turmeric and annatto (color). Contains wheat, milk, eggs, soy.

4

Wheat

Eggs

Milk

Soy (in natural flavor)

# Food Allergy Research & Education (FARE) Resource

## Understanding Food Labels English and Spanish

### Understanding Food Labels



#### The only way to prevent a serious allergic reaction is to avoid the food allergen.

Reading every food label, every time is one of the best ways to keep you or your loved one safe. Many people who are managing food allergies use the "Rule of 3" for reading ingredient labels—read the label at the store, when unloading your groceries, and before serving the food—to triple-check that a food is safe. Others use a system of colored stickers on foods in the pantry or refrigerator to indicate that an adult has read the ingredient label and determined whether the food is safe or contains the allergen.

There are a variety of approaches that can work, and laws like the Food Allergy Labeling and Consumer Protection Act (FALCPA) help make it easier to understand food labels so that you can safely manage your or your child's food allergies.

#### What is FALCPA?

This law requires that food labels show in plain English when a "major food allergen" or any ingredient that contains protein from a major food allergen is added as an ingredient in that product.

#### What foods have to be labeled?

Imported (when sold in the United States) or domestic (made in the United States) pre-packaged foods are required to have a label that lists the major food allergens when they are intentionally added as an ingredient, or when any ingredient contains protein from one of the major food allergens.

#### Which foods are considered major food allergens under FALCPA?

The U.S. Food and Drug Administration (FDA) considers the following foods major food allergens: milk, wheat, egg, peanuts, tree nuts, fish, crustacean shellfish, and soy. These foods account for 90 percent of food allergy reactions in the United States.



foodallergy.org 4/2022

#### How do the labels show the major food allergens?

Manufacturers have two options to indicate a major food allergen on product labels. The first option is to list the allergen in parentheses after the ingredient. The second option is to list the allergen at the end of the ingredient list. Often this "Contains" statement is bolded. See the box below for examples of these two options.

#### Example 1:

Ingredients: Whey protein (milk), lecithin (soy), cherry, sugar, natural flavors (almond), salt.

#### Example 2:

Ingredients: Whey protein, lecithin, cherry, sugar, natural flavors, salt.  
**Contains: Milk, soy, and almond.**

#### Does the label have to include the "Contains" statement at the end with the major allergens bolded?

No. The "Contains" statement is one of two options that food manufacturers have for listing the presence of major food allergens.

#### Should we avoid products with precautionary warnings (e.g., May contain...)?

Most allergists recommend avoiding these products. Studies have shown that some of the products actually do contain allergens in amounts significant enough to cause an allergic reaction.

1

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

Connecticut State Department of Education • Revised April 2022

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## Tips for Avoiding Your Allergen

### English and Spanish

### Tips for Avoiding Your Allergen

- All FDA-regulated manufactured food products that contain a "major food allergen" (milk, wheat, egg, peanuts, tree nuts, fish, crustacean shellfish, and soy) as an ingredient are required by U.S. law to list that allergen on the product label. For tree nuts, fish and crustacean shellfish, the specific type of nut or fish must be listed.
- Read all product labels carefully before purchasing and consuming any item.
- Be aware of unexpected sources of allergens, such as the ingredients listed below.
- \*Note: This list does not imply that the allergen is always present in these foods; it is intended to serve as a reminder to always read the label and ask questions about ingredients.

#### For a Milk-Free Diet

**Avoid foods that contain milk or any of these ingredients:**

butter, butter fat, butter oil, butter acid, butter extracts	ice cream
cream	milk (in all forms, including condensed, sterilized, dry, sweetened, goat's milk, and milk from other animals, butters, melted, sweetened, powder, protein, skimmings, whole)
cream cheese	milk protein hydrolysates
cheese	powdering
colleges cheese	rice/cornstarch
cream	natural cream
couscous	sour cream, sour cream solids
custard	sour milk solids
dough	sourness
glaze	whey (in all forms)
half-and-half	whey protein hydrolysates
lactulose, lactulose, phosphate	yogurt
lactose	

**Avoid foods that contain milk or any of these ingredients:**

artificial butter flavor	lambton meat, hot dogs, sausage
baked goods	margarine
caramel candies	rice
chocolate	rice/cornstarch
fruits and berries, culture and other	roux
lactulose	

**Keep the following in mind:**

- Individuals who are allergic to cow's milk are often advised to also avoid milk from other domestic animals. For example, goat's milk protein is similar to cow's milk protein and may, therefore, cause a reaction in individuals who have a milk allergy.

#### For an Egg-Free Diet

**Avoid foods that contain eggs or any of these ingredients:**

albumin (also spelled albumen)	margarine
egg dried, powdered, white, whole, yolk	meringue (meringue powder)
egg yolk	sauce
gelatin	white
leaven	words starting with "ovo" or "ova" (such as omelette)
lecithin	

**Egg is sometimes found in the following:**

baked goods	leathin
breaded items	meringue
dried beans (leathin, specialty coffee)	meringue
egg substitutes	meringue or meringue
fried rice	roux
hot sauce	sauce

**Keep the following in mind:**

- Individuals with egg allergy should also avoid eggs from duck, turkey, guinea, quail, etc., as these are known to be cross-reactive with chicken egg.
- While the whites of an egg contain the allergenic proteins, patients with an egg allergy must avoid all eggs completely.

#### For a Wheat-Free Diet

**Avoid foods that contain wheat or any of these ingredients:**

bread crumbs	protein
biscuits	sauce
cereal extract	malt, malted malt (also spelled as malted, malted, or maces)
club wheat	pasta
couscous	saffron
crustacean meal	saffron
durum	spelt
ektom	spiced wheat
flour	vitamins
flour (all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pasta, self-rising, soft wheat, stone ground, stone ground, whole wheat)	vital wheat gluten
flour	wheat bran, durum, green, gluten, green, malt, sprouts, starch
flour (all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pasta, self-rising, soft wheat, stone ground, stone ground, whole wheat)	wheat bran hydrolysates
flour (all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pasta, self-rising, soft wheat, stone ground, stone ground, whole wheat)	wheat germ oil
flour (all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pasta, self-rising, soft wheat, stone ground, stone ground, whole wheat)	wheat protein isolate
flour (all purpose, bread, cake, durum, enriched, graham, high gluten, high protein, instant, pasta, self-rising, soft wheat, stone ground, stone ground, whole wheat)	whole wheat bran

**Wheat is sometimes found in the following:**

glucose syrup	starch (acidified starch, modified starch, modified food starch, vegetable starch)
oil	sauce
soy sauce	

#### For a Soy-Free Diet

**Avoid foods that contain soy or any of these ingredients:**

adzuki	soy protein (concentrate, hydrolyzed, isolate)
miso	soy
natto	soy sauce
soy (any amount, soy cheese, soy flour, soy flour, soy grits, soy ice cream, soy milk, soy nuts, soy sprouts, soy yogurt)	teriyaki
soy	textured vegetable protein (TVP)
soybean (oil, granules)	tofu

**Soy is sometimes found in the following:**

Asian cuisine	vegetable gum
vegetable broth	vegetable starch

**Keep the following in mind:**

- The FDA exempts highly refined soybean oil from being labeled as an allergen. Studies show most allergic individuals can safely eat soy oil that has been highly refined (not cold pressed, expeller pressed, or extruded soybean oil).
- Most individuals allergic to soy can safely eat soy lecithin.
- Follow your doctor's advice regarding these ingredients.

1

foodallergy.org

<https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/common-allergens/tips-avoiding-your-allergen>

# Asthma and Allergy Foundation of American

## Allergen Avoidance Lists (Kids with Food Allergies Webpage)

- Peanut allergy
- Tree nut allergy
- Milk allergy
- Egg allergy
- Wheat allergy
- Soy allergy

The screenshot shows the website for Kids with Food Allergies, a division of the Asthma and Allergy Foundation of America. The page is titled "Living With Food Allergies" and features a navigation menu with options like Home, About KFA, Living With Food Allergies, Recipes & Diet, Research, Get Involved, Latest News, and Community. The main content area is titled "Allergen Avoidance Lists" and includes a section for "FOOD ALLERGENS" with links to Peanut Allergy, Tree Nut Allergy, Milk Allergy, Egg Allergy, Soy Allergy, Wheat Allergy, and Sesame Allergy. Below this is a "FOOD ALLERGY RECALL ALERTS" section with links to Tree Nut (Almond) Allergy and Egg, Milk, Wheat Allergy. The "Allergen Avoidance Lists" section explains the FDA food allergen label law and provides a list of items that may use "hidden" names: Foods that are not regulated by the FDA, Cosmetics and personal care products, Prescription and over-the-counter medications, and Pet food, toys and crafts. It also states that it is important to read every label, every time, and provides small travel-size cards for print. The page features six images of allergens: Peanut Allergy, Tree Nut Allergy, Milk Allergy, Egg Allergy, Wheat Allergy, and Soy Allergy.

<https://www.kidswithfoodallergies.org/top-food-allergens.aspx>

# Institute of Child Nutrition (ICN) Resource

## Food Allergy Fact Sheets

- Egg Allergies Fact Sheet
- Fish Allergies Fact Sheet
- Milk Allergies Fact Sheet
- Peanut Allergies Fact Sheet
- Tree Nut Allergies Fact Sheet
- Shellfish Fact Sheet
- Soy Fact Sheet
- Wheat Fact Sheet

**FOOD ALLERGY FACT SHEET**

### Peanut Allergies

**Why should special precautions be taken with peanut allergies?**  
Peanuts are one of the most dangerous allergies because peanuts tend to cause particularly severe reactions. Peanut allergies account for the largest number of allergy-related deaths and the greatest incidence of anaphylaxis (a serious allergic reaction that can cause death). For some individuals, even small amounts of peanuts can cause a severe reaction. Non-ingestion contact (such as touching peanuts or inhaling peanut particles) is less likely to trigger severe reactions compared with ingestion. Even so, extreme caution should always be used because proximity to peanuts increases the opportunity for ingestion.

The prevalence of peanut allergies in American children tripled from 1997 to 2008. Still, approximately 20-25% of children with a peanut allergy do outgrow it.

**What are the symptoms?**  
The most common symptoms of an allergic reaction to peanuts include:

- Eczema
- Hives
- Asthma
- Runny nose
- Digestive symptoms
- Anaphylaxis

**What foods contain peanuts?**  
There are many unexpected sources of peanuts so reading food labels is important to eliminate exposure to peanuts. Peanuts are often found in prepared products and in ethnic cuisines, African, Chinese, Indonesian, Mexican, Thai, Vietnamese. Artificial nuts can be peanuts that have been decaffeinated and re-flavored with pecan, almond. Mandelonias are peanuts soaked in almond flavoring.

Many items may not contain peanuts but may be produced in a facility where peanuts are processed or used as an ingredient. As a result, cross contact

**FOOD ALLERGY FACT SHEET**

### Milk Allergies

**What age group is most likely to have a milk allergy?**  
Two to five percent of children under the age of three have a milk allergy, and cow's milk allergy is the most common cause of allergic reactions in young children. This allergy is usually outgrown in the first few years of life, so it is more common in infants and young children than in adults.

Many proteins in milk can cause an allergic reaction. There are two main categories of proteins in milk:

1. Casein—proteins found in the solid part or curd (part of milk that curdles)
2. Whey—proteins found in the liquid part of milk (what remains after milk curdles)

**What are the symptoms?**  
Milk allergies can cause a range of symptoms that occur within a few minutes to a few hours after exposure. Milk rarely causes anaphylaxis, which is a life-threatening allergic reaction.

Immediate symptoms of a milk allergy might include:


- Hives (urticaria)
- Wheezing
- Vomiting


Symptoms that may take more time to develop include:

- Loose stools, which may contain blood
- Diarrhea
- Abdominal cramps
- Coughing or wheezing
- Runny nose
- Watery eyes
- Itchy skin rash, often around the mouth
- Colic in babies

**What foods contain milk?**  
Individuals with a milk allergy need to follow a completely milk-free diet to avoid possible reactions. Eliminating fluid milk and other dairy products such as cheese from the diet is obvious, but many non-dairy products and processed foods contain casein and whey (the proteins in milk). Reading food labels is important to eliminate exposure to ingredients that contain milk. Below is a list of products that contain milk and should be avoided.

- Butter
- Cheese (all types)
- Cottage cheese
- Cream
- Cream cheese
- Curds
- Custard
- Half and half
- Ice cream
- Margarine
- Milk
- Nougat
- Pudding
- Sour cream
- Yogurt





National Food Service Management Institute • The University of Mississippi • 2014

USDA

<https://theicn.org/icn-resources-a-z/food-allergy-fact-sheets>



# ICN Resource

## Online Training: Food Allergies in School Nutrition Programs, Part 2: Reading Food Labels



Food Allergies in SNPs – Reading Food Labels

ID: E-D19N41

- Duration: 1h - ★★★★★

### ABOUT THIS COURSE

### CONTENT

### ADDITIONAL INFORMATION

This course is part two of a four-part series designed to give you tips and tools for preparing and serving safe food for children with food allergies. Part two discusses reading labels for food allergens.

**Intended Audience:** School Nutrition Managers, School Nutrition Directors,  
School Nutrition Employees/Staff, Chefs

**Hours of Instruction:** 1

**Key Area:** 2

**Professional Standards Code(s):** 2600

<https://theicn.docebosaaS.com/learn/course/external/view/elearning/126/food-allergies-in-snps-reading-food-labels>

# Four Key Actions for CACFP Staff

3

## Prevent Cross-contact



# Terms to Know

## Cross-contamination

Transfer of **microorganisms** from a food, person, or surface to another food

- Can cause *foodborne illness*

## Cross-contact

Transfer of **allergen** from one food to another food or surface

- Can cause *allergic reaction*

# Effect of Cooking



- Destroys most microorganisms

**BUT**

- Does *not* destroy food allergens (proteins)

**CACFP facilities must prevent cross-contact**

## Example of Cross-contact

- Using same spatula for peanut butter cookies and chocolate chip cookies



## Example of Cross-contact

- Using a knife to make peanut butter sandwiches, wiping the knife, then using that same knife to cut a grilled cheese sandwich



# Knowledge Check: Is this cross-contact?

Touching almonds then  
handling pasta without proper  
handwashing

Yes  No



# Knowledge Check: Is this cross-contact?

Touching almonds then  
handling pasta without proper  
handwashing

Yes  No





# Knowledge Check: Is this cross-contact?

Preparing different kinds of sandwiches on the same countertop

Yes  No



# Knowledge Check: Is this cross-contact?

Preparing different kinds of sandwiches on the same countertop

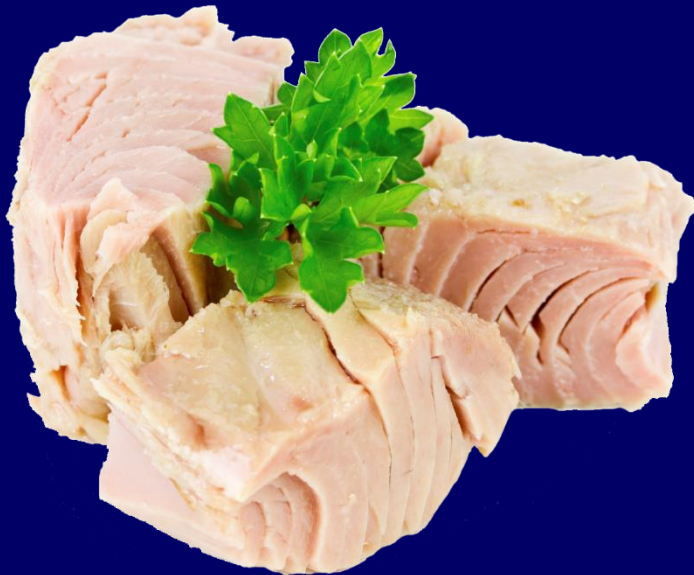
Yes  No



# Knowledge Check: Is this cross-contact?

Steam from cooking fish or shellfish touches nearby foods

Yes  No



# Knowledge Check: Is this cross-contact?

Steam from cooking fish or shellfish touches nearby foods

Yes  No



# Knowledge Check: Is this cross-contact?

Using the same spatula to flip a  Yes  No  
hamburger after a cheeseburger



# Knowledge Check: Is this cross-contact?

Using the same spatula to flip a  Yes  No  
hamburger after a cheeseburger



# Knowledge Check: Is this cross-contact?

Cutting cheese then vegetables  Yes  No  
on the same cutting board  
without proper cleaning



# Knowledge Check: Is this cross-contact?

Cutting cheese then vegetables  Yes  No  
on the same cutting board  
without proper cleaning

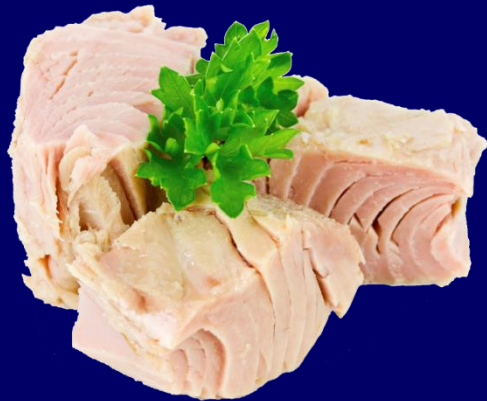




# Knowledge Check: Is this cross-contact?

Cooking fish and chicken on  
the same flat-top grill or in  
the same pan

Yes  No



# Knowledge Check: Is this cross-contact?

Cooking fish and chicken on the same flat-top grill or in the same pan

Yes  No



# Knowledge Check: Is this cross-contact?

Dipping a knife used to spread peanut butter into a jelly jar  Yes  No



# Knowledge Check: Is this cross-contact?

Dipping a knife used to spread peanut butter into a jelly jar

Yes  No



# Knowledge Check: Is this cross-contact?

Milk leaking onto margarine  
stored on the shelf below

Yes  No



# Knowledge Check: Is this cross-contact?

Milk leaking onto margarine stored on the shelf below

Yes  No



# Preventing Cross-contact: Handwashing

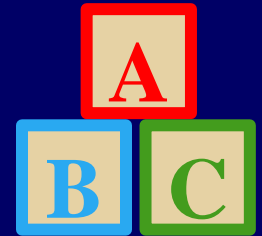
- Use *proper handwashing* during food preparation and service
- Encourage children and staff to wash hands before and after handling or consuming food
- Use single-use gloves



# Proper Handwashing Steps



1. Wet hands with clean running water and apply soap
2. Rub hands together, scrubbing backs of hands, between fingers, and under nails for *20 seconds*
  - Amount of time to sing “ABC” song
3. Rinse hands under running water
4. Dry hands using a clean towel, or air dry







## Not Effective in Removing Allergens

- Alcohol-based hand sanitizers or antibacterial gels \*
- Handwashing with water alone \*

\* Does **not** deactivate the proteins that cause food allergy

# Preventing Cross-contact: Cleaning

- Properly *clean and sanitize* all work surfaces between uses
  - Surface areas, counters, and cutting surfaces
  - Equipment and utensils
  - Pots and pans
- Use hot soapy water or all-purpose cleaning agents



## Follow Proper Cleaning Procedures



- Cleaning with soap, warm water, and friction removes allergen residue

**BUT**

- Sanitizing to reduce microorganisms does *not* remove allergen residue

# Follow Proper Cleaning Procedures



**Example:** After slicing cheese, clean the slicer thoroughly before slicing other foods

- Cheese protein on the slicer can contaminate the next food sliced



# Follow Proper Cleaning Procedures



**Example:** Wash trays or sheet pans after each use even if using liners

- Oils can seep through liners and contaminate the next food cooked on the sheet pan or put on the tray



# Preventing Cross-contact: Handling and Storage

- Proper *handling and storage* of food
  - Prepare food items that do not contain allergens first
  - Label and store allergen-free items separately (color coding)



# Preventing Cross-contact: Handling and Storage

- Designate *allergen-safe* food preparation area
- Use *separate pans and utensils* during food preparation and service
  - Color-coded cutting boards and utensils
  - Use clean potholders, oven mitts, and aprons








# FARE Resource

## Prevent Cross-Contact English and Spanish

### Prevent Cross-Contact

Keep diners with food allergies safe. Even a tiny amount of an allergen can cause a severe and potentially life-threatening allergic reaction.

Cross-Contact	Cross-Contamination
Occurs when an allergen is unintentionally transferred from one food to another	Occurs when microorganisms like bacteria contaminate food
Can cause food allergy reactions	Can cause foodborne illnesses
Proper cooking does NOT reduce or eliminate the chances of a food allergy reaction	Proper cooking may reduce or eliminate the chances of foodborne illness

-  Always wash hands and change gloves between preparing different menu items
-  Clean and sanitize surfaces between every menu item: countertops, cutting boards, flat-top grills, etc.
-  Always use clean kitchen tools for food preparation: pots, baking sheets, utensils, cutting boards, etc.
-  Prepare meals on top of barriers like cutting boards, foil, deli paper, etc.
-  **Remember:** If a mistake is made, you must start over and remake the allergy-friendly meal

#### Proper Cleaning to Remove Allergens



Wash with warm, soapy water



Rinse with clean water



Dry with a fresh cloth



MILK



WHEAT



EGGS



SOY



SHELLFISH



PEANUTS



TREE NUTS



FISH

#### Top 8 Allergens

But over 170 foods have caused food allergy reactions

[www.foodallergy.org](http://www.foodallergy.org)

©2018, Food Allergy Research & Education (FARE)



<https://www.foodallergy.org/resources/avoiding-cross-contact>



# FARE Resource

## How to Avoid Cross-Contact English and Spanish

### How to Avoid Cross-Contact



#### What is cross-contact?

Cross-contact happens when one food comes into contact with another food and their proteins mix. As a result, each food then contains small amounts of the other food. These amounts are so small that they usually can't be seen.

Even this tiny amount of food protein has caused reactions in people with food allergies!

The term "cross-contact" is fairly new. Some people may call this "cross-contamination."

#### Why don't we use the term cross-contamination?

Cross-contamination usually refers to bacteria or viruses that get on food and make it unsafe to eat. In cross-contamination, cooking the food will lower the chance of a person getting sick.

This is not the same with food allergies and cross-contact. Cooking does not remove an allergen from a food!

The only way to stop you from having a reaction is to avoid the food and carefully clean anything that came in contact with it using soap and water.

Examples of cross-contact	
Direct Cross-Contact (allergen was directly applied and then removed)	Indirect Cross-Contact (allergen was not directly applied)
Peeling cheese off a cheeseburger to make it a hamburger	Using the same spatula that flipped a cheeseburger to flip a hamburger
Removing shrimp from a salad	Not washing hands after handling shrimp before making the next salad
Scraping peanut butter off a piece of bread and using it to make a different sandwich	Wiping off—not properly cleaning—a knife used to spread peanut butter before using it to spread jelly

#### Tips to avoid cross-contact

- Use utensils, cutting boards and pans that have been thoroughly washed with soap and water. Consider using separate utensils and dishes for making and serving safe foods. Some families choose a different color to identify the safe kitchen tools.
- If you are making several foods, cook the allergy-safe foods first.
- Keep the safe foods covered and away from other foods that may splatter.
- If you make a mistake, you can't just remove an allergen from a meal. Even a small amount of cross-contact makes a food unsafe.
- Wash your hands with soap and water before touching anything else if you have handled a food allergen. Soap and water or commercial wipes will remove a food allergen. Sanitizing gels or water alone will not remove an allergen.
- Scrub down counters and tables with soap and water after making meals.
- Do not share food, drinks or utensils. Teach children not to share these when they are at school or with friends.

## Standard Operating Procedures (SOPs)

- Cleaning and Sanitizing Food Contact Surfaces
- Preventing Cross Contamination During Storage and Preparation
- Washing Hands
- Serving Safe Food to Students with Food Allergies

### HACCP-Based SOPs

#### Cleaning and Sanitizing Food Contact Surfaces (Sample SOP)

**PURPOSE:** To prevent foodborne illness by ensuring that all food contact surfaces are properly cleaned and sanitized.

**SCOPE:** This procedure applies to school nutrition employees involved in cleaning and sanitizing food contact surfaces.

**KEY WORDS:** Food Contact Surface, Cleaning, Sanitizing

#### INSTRUCTIONS:

1. Train school nutrition employees on using the procedures in this SOP.
2. Follow state or local health department requirements.
3. Follow manufacturer's instructions regarding the use and maintenance of equipment and use of chemicals for cleaning and sanitizing food contact surfaces. Refer to Storing and Using Poisonous or Toxic Chemicals SOP.
4. If state or local requirements are based on the FDA Food Code, wash, rinse, and sanitize food contact surfaces of sinks, tables, equipment, utensils, thermometers, carts, and equipment:
  - Before each use.
  - Between uses when preparing different types of raw animal foods, such as eggs, fish, meat, and poultry.
  - Between uses when preparing ready-to-eat foods and raw animal foods, such as eggs, fish, meat, and poultry.
  - Any time contamination occurs or is suspected.
5. Wash, rinse, and sanitize food contact surfaces of sinks, tables, equipment, utensils, thermometers, carts, and equipment using the following procedure:
  - Wash surface with detergent solution.
  - Rinse surface with clean water.
  - Sanitize surface using a sanitizing solution mixed at a concentration specified on the manufacturer's label.
  - Place wet items in a manner to allow air drying.
6. If a 3-compartment sink is used, setup and use the sink in the following manner:
  - In the first compartment, wash with a clean detergent solution at or above 110 °F or at the temperature specified by the detergent manufacturer.
  - In the second compartment, rinse with clean water.
  - In the third compartment, sanitize with a sanitizing solution mixed at a concentration specified on the manufacturer's label or by immersing in hot water at or above 171 °F for 30 seconds. Test the chemical sanitizer concentration by using an appropriate test kit.



# ICN Resource

## Family Child Care Food Allergy Fact Sheets

14 fact sheets

- Major food allergens
- How to handle a food allergy emergency
- How to read food labels for allergens
- How to avoid cross-contact
- Making meal modifications for children with food allergies



### Accommodating Children with Food Allergies

**Family Child Care Food Allergy Fact Sheets**

Providers participating in the USDA Child Care Food Program (CACFP) must make modifications to accommodate documented disabilities. This includes abilities like food allergies and ADA details these requirements in their *Regulations to Accommodate Disabilities: Adult Care Food Program and Summer Program*. Care must be taken to ensure children with allergies are not exposed to any food that causes an allergic reaction. This fact sheet provides information on how to accommodate children with food allergies in family child care.

**Reading Food Labels for Food Allergens**

Reading the ingredients lists on food labels for food allergens is the first step in protecting children with food allergies. This fact sheet will discuss how there are over 170 foods that can cause food allergies, 90% of all food-allergic reactions in the United States.

**What are the laws and regulations for food allergens?**

In 2006, the *Food Allergen Labeling and Consumer Protection Act* (FALCPA) became effective. This Federal law requires that food manufacturers list the top eight major food allergens (crustacean shellfish, egg, fish, milk, peanut, soy, tree nut, and wheat) on the ingredient list on the food label.

In 2011, the *Food Safety and Inspection Service* (FSIS) issued a rule that requires meat and poultry products to list the top eight major food allergens (egg, milk, soy, wheat, fish, shellfish, tree nut, and peanut) on the ingredient list on the food label.

**Nine Major Allergens**

Crustacean shellfish*	Milk
Egg	Peanuts
Fish	Sesame

\*Mollusk shellfish are not considered as a major allergen. Mollusks may not be on the label.

**Family Child Care Food Allergy Fact Sheets**

**Accommodating Children with Food Allergies**

Under the Americans with Disabilities Act (ADA) Amendments Act, the question of whether a child has a disability has been simplified, most physical and mental impairments will be considered disabilities. The question of whether a child has a particular physical or mental impairment should be ensuring equal access to the program.

**Meal Modifications for Children with Food Allergies**

Documented food-related allergies (e.g., nut, egg, or shellfish) that do not meet the criteria for a medical statement on a child's Individualized Education Program (IEP) require meal modifications. If a child has a documented medical statement, the provider should follow the documented medical statement if it requires meal modifications.

**Family Child Care Food Allergy Fact Sheets**

**Peanut Allergies**

Peanuts are one of the nine major allergens in the United States. Together, they cause about 90% of all food-related allergic reactions. This fact sheet will discuss how to manage peanut allergies in a family child care setting.

**How are children affected by peanut allergies?**

According to the Food Allergy Research and Education (FARE) organization, peanut allergies are the most common food allergy for children and the second most common for adults. The American College of Allergy, Asthma and Immunology (ACAAI) found that peanut allergies among children have increased by 21% from 2010 to 2017. Currently, about 2.5% of children in the United States are allergic to peanuts. However, about 20% of children with a peanut allergy do outgrow it.

**Why should precautions be taken with peanut allergies?**

For some children, even small amounts of peanuts can cause a severe reaction. Touching or inhaling peanut dust is less likely to cause severe reactions compared with eating them. Always be extremely careful to prevent children with peanut allergies from accidentally having contact with peanuts.

**What foods contain peanuts?**

There are many unexpected sources of peanuts, so reading ingredient lists on food labels is important to prevent exposure. The following charts list items that could contain peanuts and should be avoided.

<https://theicn.org/icn-resources-a-z/family-child-care-food-allergy-fact-sheets>

# ICN Resource

## Online Training: Food Allergies in School Nutrition Programs, Part 3: Avoiding Cross-Contact



Food Allergies in School Nutrition Programs – Avoiding Cross-Contact

ID: E-E04XR0

- Duration: 1h - ★★★★★

### ABOUT THIS COURSE

### CONTENT

### ADDITIONAL INFORMATION

This course is part three of a four-part series designed to give you tips and tools for preparing and serving safe food for children with food allergies. Part three discusses how to avoid cross-contact – the accidental spread of allergens – while storing, preparing, and serving meals to students with food allergies.

**Intended Audience:** School Nutrition Staff/Employees, School Nutrition Managers, and School Nutrition Directors

**Hours of Instruction:** 1

**Key Area:** 2

**Professional Standards Code(s):** 2600

**OSSE DEL Core Knowledge Area:** -

<https://theicn.docebosaas.com/learn/course/external/view/elearning/153/food-allergies-in-school-nutrition-programs-avoiding-cross-contact>

# Four Key Actions for CACFP Staff

4

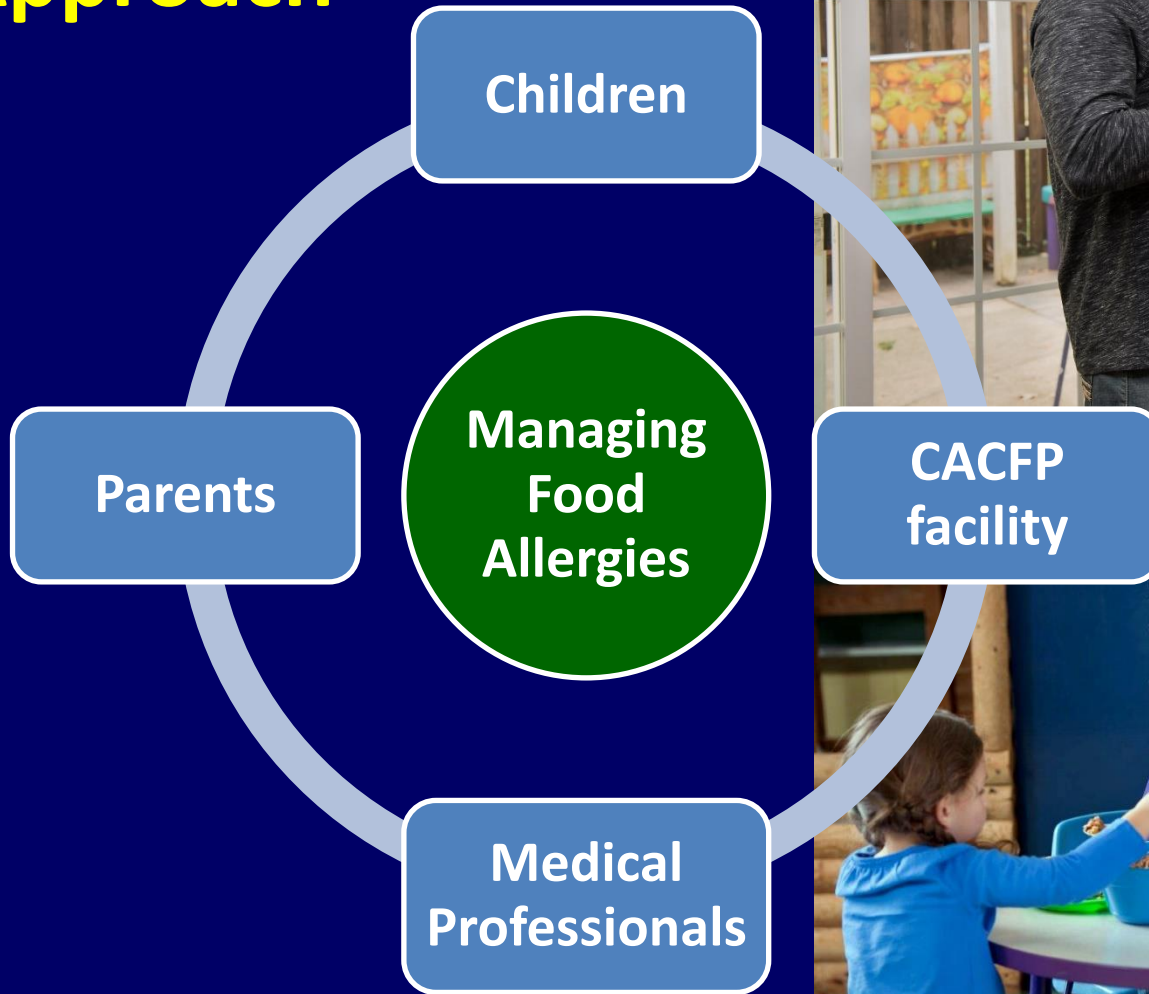
## Promote Communication and Teamwork



# Good communication is essential for providing a safe environment for children with food allergies



# Inclusive Team Approach



# Strategies for Communication: Child's Diet Plan

- *Understand* what you need to do to follow the child's medical statement
- *Ask questions* if unsure





# Strategies for Communication: Child's Diet Plan

- Help communicate information to *all food service and child care staff* involved with managing a child's food allergy



# Strategies for Communication: Child's Diet Plan

- Provide *advance copies of menus* for parents to use in planning
- *Share information* about ingredients in recipes and foods served in CACFP menus



# Meal Modifications for Children without Disabilities





# Overview of USDA Requirements for Children without Disabilities

- Meal modifications are *optional*
- Modified meals must always *meet CACFP meal patterns*
- Medical statement *not required but recommended* to ensure clear communication



# Milk Substitutes for Children without Disabilities

Two Allowable Milk Substitutes	Requires written parent/guardian request?
<p>1. <i>Lactose-free or lactose-reduced milk</i> (must meet fat content/flavor restrictions for each age group)</p> 	No
<p>2. <i>Nondairy milk substitutes</i> that meets USDA's nutrition standards for fluid milk substitutes</p> 	Yes

# Additional Requirements for Nondairy Milk Substitutes

- Apply only to child care centers in *public schools*
- Connecticut's Beverage Statute (C.G.S. Section 10-221q)
  - No artificial sweeteners
  - $\leq 4$  grams of sugars per fluid ounce
  - $\leq 35\%$  calories from fat
  - $\leq 10\%$  calories from saturated fat



# What Milk Substitutes Are Allowed

Allowed	Not Allowed
<p data-bbox="102 468 639 644">Soy milk (only certain brands)</p> 	<ul data-bbox="703 468 1638 1229" style="list-style-type: none"><li>• Most brands of soy milk</li><li>• Almond milk</li><li>• Cashew milk</li><li>• Rice milk</li><li>• Oat milk</li><li>• Other nondairy milk products</li></ul> 

# Prohibited Milk Substitutes

- CACFP facilities can *never* offer juice, water, or any other beverages as a milk substitute for children without a disability, *even if specified on the medical statement*





# Summary of Milk Substitutes in the CACFP

Beverage	Allowable?	
	Disability	No Disability
Juice	Yes *	No
Water	Yes *	No
Nutrition supplement beverages, e.g., Abbott's Pediasure	Yes *	No
* If specified in child's medical statement		

# Summary of Milk Substitutes in the CACFP

Beverage	Allowable?	
	Disability	No Disability
Powdered milk beverages, such as Nestle's NIDO	Yes *	No
Lactose-free or lactose-reduced milk that meets fat content and flavor restrictions for each age group	Yes *	Yes

\* If specified in child's medical statement

# Summary of Milk Substitutes in the CACFP

Beverage	Allowable?	
	Disability	No Disability
Nondairy milk substitutes that <i>meet USDA's nutrition standards</i> , e.g., certain brands of soy milk	Yes *	Yes
* If specified in child's medical statement		

# Summary of Milk Substitutes in the CACFP

Beverage	Allowable?	
	Disability	No Disability
Nondairy milk substitutes that <i>do not meet USDA's nutrition standards</i> , e.g., almond milk, rice milk, cashew milk, oat milk, and some brands of soy milk	Yes *	No
* If specified in child's medical statement		

## Allowable Milk Substitutes for Children without Disabilities in the CACFP

- Summarizes requirements for nondairy milk substitutes
- Indicates how to identify allowable milk substitutes
- List of allowable commercial products

### Allowable Milk Substitutes for Children without Disabilities in the Child and Adult Care Food Program

The requirements in this document apply only to milk substitutes for children whose dietary needs do not constitute a disability. Meal modifications for children with a disability that restricts their diet must follow the federal nondiscrimination laws and regulations. For more information, refer to the Connecticut State Department of Education's (CSDE) guide, *Accommodating Special Diets in CACFP Child Care Programs*.



Child care facilities (including child care centers, Head Start centers, at-risk afterschool care centers, emergency shelters, and family day care homes) that participate in the Child and Adult Care Food Program (CACFP) must follow the U.S. Department of Agriculture's (USDA) requirements for milk substitutes for children without a disability. These requirements apply only to meal modifications for children *without* a disability who cannot drink milk.

CACFP facilities have the option to offer one or more allowable fluid milk substitutes for children without a disability. If the CACFP facility chooses to make allowable milk substitutes available, they must be available for all children when requested by a parent or guardian. The USDA does not provide additional reimbursement for these substitutions.



#### Allowable Fluid Milk Substitutes

The USDA allows two types of milk substitutes for children whose dietary needs do not constitute a disability.

1. **Lactose-free or lactose-reduced milk** that meets the appropriate fat content for each age group. Lactose-free or lactose-reduced milk must be unflavored whole milk for age 1 and unflavored low-fat (1%) or fat-free milk for ages 2 and older. CACFP facilities may serve flavored fat-free milk to ages 6 and older, but the USDA's *CACFP Best Practices* recommends serving only unflavored nondairy milk substitutes. The USDA recommends that lactose-free or lactose-reduced milk is the first choice for children with lactose intolerance.
2. **Nondairy milk substitutes** that meet the USDA's nutrition standards for fluid milk substitutes (refer to table 1), such as certain brands of soy milk.

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

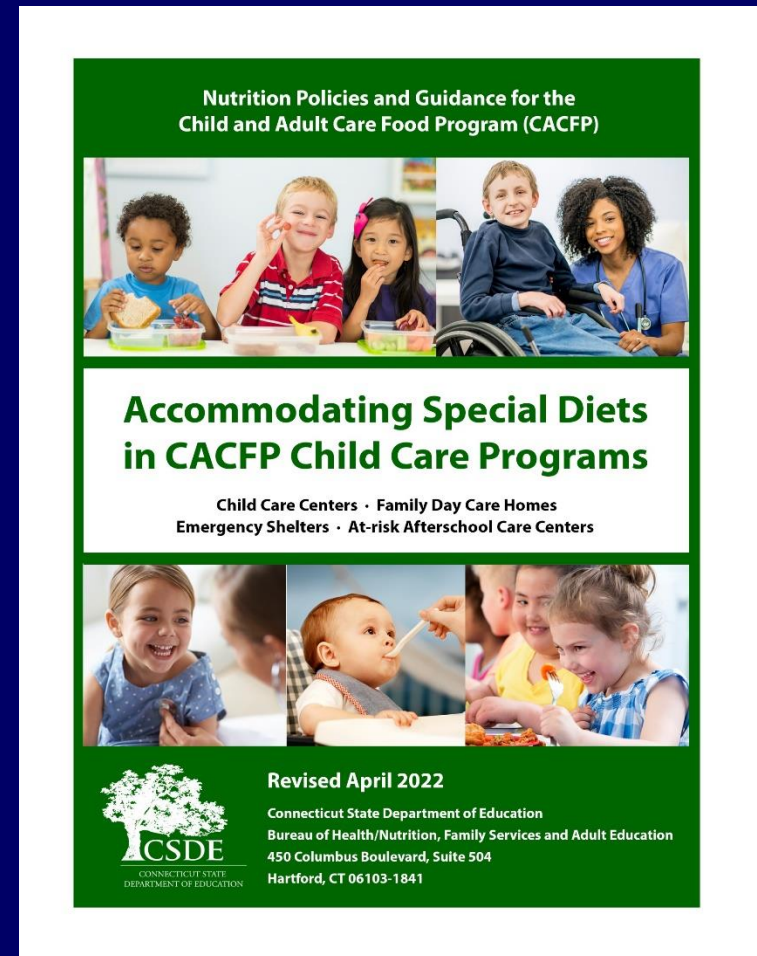
# More Resources



# CSDE Resource

## Accommodating Special Diets in CACFP Child Care Programs


- Required meal modifications for children with a disability
- Optional meal modifications for children without a disability




[https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/SpecDiet/Special\\_Diets\\_Guide\\_SNP.pdf](https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/SpecDiet/Special_Diets_Guide_SNP.pdf)

# CSDE Resource

## Operational Memorandum No. 2C-18 and 2H-18 Requirements for Meal Modifications in CACFP Child Care Centers and Family Day Care Homes



STATE OF CONNECTICUT  
DEPARTMENT OF EDUCATION



**TO:** Child and Adult Care Food Program (CACFP) Child Care Centers and Family Day Care Home Sponsors

**FROM:** John D. Frassinelli, Chief  
Bureau of Health/Nutrition, Family Services and Adult Education

**DATE:** October 20, 2017

**SUBJECT:** Operational Memorandum No. 2C-18 and 2H-18  
Requirements for Meal Modifications in CACFP Child Care Centers and Family Day Care Homes

On June 22, 2017, the U.S. Department of Agriculture (USDA) issued policy memo [CACFP 14-2017 SFSP 10-2017: Modifications to Accommodate Disabilities in CACFP and SFSP](#). This operational memorandum **significantly changes** the requirements and process for meal modifications for children with disabilities in CACFP child care centers (including Head Start centers, at-risk afterschool care centers, and emergency shelters) and family day care homes.

This operational memorandum provides an overview of the key requirements for meal modifications, including relevant legislation and definitions, and summarizes the Connecticut State Department of Education's (CSDE) special diets implementation resources for CACFP child care centers and family day care homes. For detailed guidance, review the CSDE's guide, [Accommodating Special Diets in CACFP Child Care Programs](#).

**REVISED RESOURCES**

The CSDE has recently revised the following documents to reflect the USDA's policy guidance in CACFP 14-2017 SFSP 10-2017:

- [Accommodating Special Diets in CACFP Child Care Programs](#);
- [Allowable Milk Substitutes for Children without Disabilities in the CACFP](#);
- [Medical Statement for Meal Modifications in CACFP Child Care Programs](#);
- [Guidance and Instructions: Medical Statement for Meal Modifications in CACFP Child Care Programs](#) (new resource); and
- [Summary of Requirements for Accommodating Special Diets in the CACFP](#) (new resource).

Please discard any old versions of these documents and replace with the revised versions. CACFP sponsors must carefully review these resources to ensure compliance with the USDA requirements for meal modifications for children with disabilities in the CACFP.

Please note that there is only one medical statement for all meal modification requests for children with and without disabilities. This form replaces the previous two forms (medical statement for children with disabilities and medical statement for children without disabilities).

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[https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/Memos/OM2018/OM02C18\\_02H18.pdf](https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/Memos/OM2018/OM02C18_02H18.pdf)



# USDA Resource

## USDA Policy Memo CACFP 14-2017 SFSP 10-2017

### Modifications to Accommodate Disabilities in CACFP and SFSP



Food and Nutrition Service  
Park Office Center  
3101 Park Center Drive  
Alexandria VA 22302

DATE: June 22, 2017

MEMO CODE: CACFP 14-2017, SFSP 10-2017

SUBJECT: Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program

TO: Regional Directors  
Special Nutrition Programs  
All Regions

State Directors  
Child Nutrition Programs  
All States

This memorandum outlines the requirements for Child and Adult Care Food Program (CACFP) institutions and facilities and Summer Food Service Program (SFSP) sponsors (Program operators) to provide reasonable modifications to Program meals or the meal service to accommodate children or adults (participants) with disabilities. This memorandum supersedes FNS Instruction 783-2, Rev. 2. With the release of this memorandum, FNS Instruction 783-2, Rev. 2 has been rescinded.

#### BACKGROUND

This guidance only addresses modifications required to accommodate disabilities that restrict a participant's diet. Program operators have the option to accommodate special dietary needs that do not constitute a disability, including those related to religious or moral convictions or personal preference. Additional guidance on accommodating special dietary needs and preferences that are not related to a disability will be provided separately.

Program regulations require Program operators to ensure that breakfast, lunch, snack, or milk (meals) offered through the CACFP and SFSP meet the respective meal pattern requirements established in the Program regulations. Federal law and USDA regulations further require Program operators to make reasonable modifications to accommodate participants with disabilities. This includes providing special meals, at no extra charge, to participants with a disability that restricts the participant's diet.

Program operators are required to make substitutions to meals for participants with a disability that restricts participant's diet on a case-by-case basis and only when supported by a written statement from a State licensed healthcare professional.

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# CSDE Resource

## Self-assessment of Child Care Practices for Special Diets in the CACFP

### Self-assessment of Child Care Practices for Special Diets in the Child and Adult Care Food Program

This tool is intended to help child care centers and family day care homes that participate in the U.S. Department of Agriculture’s (USDA) Child and Adult Care Food Program (CACFP) assess current practices for meal modifications and identify areas in need of improvement. The USDA’s nondiscrimination regulations (7 CFR 15b) and CACFP regulations (7 CFR 226.20(g)) require reasonable meal modifications for children whose disability restricts their diet, based on documentation from a recognized medical authority. A recognized medical authority is a state-licensed healthcare professional who is authorized to write medical prescriptions under state law. This includes physicians, physician assistants, doctors of osteopathy, and advanced practice registered nurses. For information on the requirements for meal modifications, refer to the Connecticut State Department of Education’s (CSDE) guide, *Accommodating Special Diets in CACFP Child Care Programs*, and visit the CSDE’s *Special Diets in CACFP Child Care Programs* webpage.

For children whose dietary restrictions are not related to a disability, CACFP facilities may choose to make optional modifications within the CACFP meal patterns. For information on the CACFP meal patterns, visit the CSDE’s *Meal Patterns for CACFP Child Care Programs* webpage and review the CSDE’s guide, *Meal Pattern Requirements for CACFP Child Care Programs*.



**Step 1 — Assessment.** Check the appropriate box to indicate if each practice is fully implemented, partially implemented, or not implemented by the CACFP facility. Refer to the CACFP facility’s policies, guidelines, and standard operating procedures (SOPs) for special diets and meal modifications. Check “Not known” if additional information is needed to determine whether the CACFP facility implements the practice.

Federal and state requirements	Implementation			
	Full	Partial	None	Not known
1. The CACFP facility complies with the federal requirements for meal modifications including the USDA CACFP regulations (7 CFR 226), USDA nondiscrimination regulations (7 CFR 15b), Section 504 of the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act (IDEA), the Americans with Disabilities Act (ADA), and the ADA Amendments Act. For more information, refer to section 1 of the CSDE’s guide, <i>Accommodating Special Diets in CACFP Child Care Programs</i> .				
2. The CACFP facility makes reasonable meal modifications for children whose disability restricts their diet, based on the medical statement signed by a recognized medical authority. The medical statement identifies: 1) how the child’s physical or mental impairment restricts the child’s diet; 2) an explanation of what must be done to accommodate the child; and 3) the food or foods to be omitted and recommended alternatives, if appropriate. <b>Note:</b> The CSDE’s <i>Medical Statement for Meal Modifications in CACFP Child Care Programs</i> is available in English and Spanish in the “Documents/Forms” section of the CSDE’s <i>Special Diets in CACFP Child Care Programs</i> webpage.				
3. The CACFP facility maintains a medical statement for each child who requires a meal modification due to a disability. <b>Note:</b> A separate medical statement is not required if the child has an Individualized Education Program (IEP) or Section 504 Plan that includes the required information (refer to item 2), or the required information is obtained during the development or review of the IEP or 504 Plan.				

# CSDE Webpage

## Special Diets in CACFP Child Care Programs

### Special Diets in CACFP Child Care Programs

- Overview
- What's Next
- Documents/Forms
- Related Resources
- Laws/Regulations
- Contact

Provided by:  
[Department of Education](#)

#### Overview

[CACFP](#) | [Program Guidance](#) | [Forms for Centers](#) | [Forms for Homes](#)  
[Operational Memos](#) | [Resources](#)

The Connecticut State Department of Education's (CSDE) guide, [Accommodating Special Diets in CACFP Child Care Programs](#)<sup>PDF</sup>, provides guidance on meal modifications for children and infants with special dietary needs, based on the federal nondiscrimination laws and U.S. Department of Agriculture (USDA) regulations. This guide applies to CACFP child care centers (including at-risk afterschool care centers and emergency shelters) and family day care homes.

#### Children with a Disability

The USDA **requires** reasonable meal modifications on a case-by-case basis for children whose disability restricts their diet, based on a medical statement signed by a recognized medical authority. "Case-by-case basis" means that the meal modifications are specific to the individual medical condition and dietary needs of each child. The Connecticut State Department of Public Health defines a recognized medical authority as a state-licensed health care professional who is authorized to write medical prescriptions under state law. This includes licensed physicians (doctors of medicine or osteopathy), physician assistants, and advanced practice registered nurses (APRN).

#### Children without a Disability

The USDA **allows**, but does not require, meal modifications for children whose special dietary needs do not constitute a disability. Examples of optional modifications include requests related to religious or moral convictions, general health concerns, and personal food preferences, such as parents who prefer that their children eat a gluten-free diet or organic foods because they believe it is healthier. CACFP facilities may choose to make these accommodations on a case-by-case basis. Meal modifications for children without disabilities must comply with the [CACFP meal patterns for children](#)<sup>PDF</sup>. Meal modifications for infants without disabilities must comply with the [CACFP infant meal patterns](#)<sup>PDF</sup>.

# CSDE Resource

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

Includes roles and responsibilities for staff



# Questions?

Contact the CSDE's CACFP staff



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

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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**Inquiries regarding the Connecticut State Department of Education’s nondiscrimination policies should be directed to: Levy Gillespie, Equal Employment Opportunity Director/Americans with Disabilities Coordinator (ADA), Connecticut State Department of Education, 450 Columbus Boulevard, Suite 505, Hartford, CT 06103, 860-807-2071, [levy.gillespie@ct.gov](mailto:levy.gillespie@ct.gov).**