

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

This document summarizes the requirements for meal modifications for adult participants in adult day care centers that participate in the U.S. Department of Agriculture (USDA) [CACFP](#).

Required modifications for participants whose disability restricts their diet

The USDA's nondiscrimination regulations ([7 CFR 15b](#)) and CACFP regulations ([7 CFR 226.20\(g\)](#)) require reasonable meal modifications for participants whose disability restricts their diet, based on written documentation from a recognized medical authority. A recognized medical authority is a state-licensed healthcare professional authorized to write medical prescriptions under state law, i.e., physicians (MD), physician assistants (PA) and certified physician assistants (PAC), doctors of osteopathy (DO), and advanced practice registered nurses (APRN). For information on the requirements for meal modifications, refer to the Connecticut State Department of Education's (CSDE) [Guide to Meal Modifications in CACFP Adult Day Care Centers](#). Additional resources and medical statement forms are available on the CSDE's [Special Diets in CACFP Adult Day Care Centers](#) webpage.

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. If a recognized medical authority determines that food intolerance is a disability for a particular child, the school food authority (SFA) must make a reasonable meal modification based on the medical statement.

Optional modifications for participants without a disability

CACFP adult day care centers may choose to make optional modifications within the CACFP adult meal patterns on a case-by-case basis for participants whose dietary restrictions are not related to a disability. For information on the CACFP adult meal patterns, visit the CSDE's [Meal Patterns for CACFP Adult Day Care Centers](#) webpage and review the CSDE's [Guide to Meeting the Meal Pattern Requirements for CACFP Adult Day Care Centers](#). For guidance on optional meal modifications, refer to section 3 of the CSDE's [Guide to Meal Modifications in CACFP Adult Day Care Centers](#).

Summary of Requirements for Accommodating Special Diets for Adult Participants in the CACFP

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

¹ These examples of medical conditions are not all-inclusive and might not require meal modifications for all participants. The determination of whether a participant has a physical or mental impairment that restricts their diet must be made on a case-by-case basis, i.e., specific to the individual medical condition and dietary needs of each participant.

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Scenario	Determination of disability	Plan on file	Examples of medical conditions ¹	Modification required?	Required documentation	Medical statement must include
Adult participant is not determined to have a disability (physical or mental impairment) under Section 504, but the adult participant's medical condition meets the definition of disability under the ADA Amendments Act; and the disability restricts the adult participant's diet	Recognized medical authority	<ul style="list-style-type: none"> • IHCP • May also have an ECP depending on adult participant's medical condition 	<p>Medical conditions that do not qualify for a disability under Section 504, but may meet the definition of disability under the ADA Amendments Act (any condition that substantially limits a major life activity), for example:</p> <ul style="list-style-type: none"> • celiac disease • gluten intolerance • lactose intolerance ⁴ • non-life-threatening food allergies • obesity • certain temporary disabilities 	Yes	Medical statement signed by recognized medical authority	<ul style="list-style-type: none"> • Information about how the adult participant's physical or mental impairment restricts the adult participant's diet. • An explanation of what must be done to accommodate the adult participant. • The food or foods to be omitted and recommended alternatives, if appropriate.

¹ These examples of medical conditions are not all-inclusive and might not require meal modifications for all participants. The determination of whether a participant has a physical or mental impairment that restricts their diet must be made on a case-by-case basis, i.e., specific to the individual medical condition and dietary needs of each participant.

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Scenario	Determination of disability	Plan on file	Examples of medical conditions	Modification required?	Required documentation	Medical statement must include
Personal food preferences	Not applicable	Not applicable	Not applicable	No ^{2, 3}	Not applicable	Not applicable
Vegetarianism	Not applicable	Not applicable	Not applicable	No ^{2, 3}	Not applicable	Not applicable
Religion	Not applicable	Not applicable	Not applicable	No ^{2, 3}	Not applicable	Not applicable

² Adult day care centers are not required to make meal modifications for participants whose dietary restrictions are not related to a disability, such as individual food preferences, general health concerns, and religious, ethnic, and moral reasons. Adult day care centers may choose to make these optional modifications on a case-by-case basis. A medical statement is not required for optional modifications within the meal patterns. A medical statement is required for optional modifications outside the meal patterns.

³ Adult day care centers may choose to offer one or more allowable milk substitutes for participants whose dietary needs do not constitute a disability. The allowable substitutes include: 1) lactose-reduced or lactose-free low-fat or fat-free milk (unflavored or flavored); and 2) nondairy milk substitutes that meet the USDA’s nutrition standards for fluid milk substitutes, such as certain brands of soy milk. Nondairy milk substitutes require a written request from participant or their guardian/caregiver that identifies the medical or other special dietary need that restricts the participant’s diet and requires the nondairy milk substitute. For more information, refer to the CSDE’s resource, [*Allowable Milk Substitutes for Adult Participants without Disabilities in the CACFP*](#).

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Resources

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

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

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

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

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

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

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

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

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

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

Medical Statements for CACFP Adult Day Care Centers (“Documents/Forms” section of CSDE’s Special Diets in CACFP Adult Day Care Centers webpage):

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

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

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

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

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

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

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

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

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

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For more information, visit the CSDE's [Special Diets in CACFP Adult Day Care Centers](#) webpage or contact the [CACFP staff](#) at the Connecticut State Department of Education, Bureau of Child Nutrition Programs, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.

This document is available at https://portal.ct.gov/-/media/SDE/Nutrition/CACFP/SpecDiet/Summary_Chart_Special_Diets_CACFP_Adults.pdf.

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

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